

Tapering plan for mirtazapine – ‘Even slower’ taper

This plan gives step-by-step instructions to slowly decrease and stop antidepressants. Following a plan like this can help to minimise antidepressant withdrawal symptoms. **Take this tapering plan to discuss with your doctor.**

- Aim to reduce your antidepressant dose every **2-4 weeks**. The tapering speed is **flexible** – you can pause, go more slowly or more quickly depending on any withdrawal symptoms you may experience.
- If you experience withdrawal symptoms, you can return to your previous dose for symptom relief. When ready to try again, you could decrease your dose in even smaller reductions and leave longer between dose reductions.
- Do NOT skip the final steps with small dose reductions – these are very important to prevent withdrawal symptoms.
- Do not skip a day or alternate days or doses. Do not suddenly stop antidepressants.
- Mirtazapine has higher risk for withdrawal symptoms. Read about withdrawal symptoms on the next page.

Availability: Mirtazapine is available in 45mg, 30mg and 15mg scored soluble tablets. Mini doses are available in capsules on prescription from a compounding chemist or by making your own liquid suspension following the instructions below.

Step	Daily dose	Daily tablet and/or liquid 2mg/ml	Date I started this dose	Tick when done	Step	Daily dose	Daily liquid / solution	Date I started this dose	Tick when done
1	45mg	3 x 15mg tablets			21	These steps are most important. Do not skip.	5mg	2.5ml liquid	
2	37.5mg	2½ x 15mg tablets			22		4.6mg	2.3ml liquid	
3	33mg	2 x 15mg tabs & 1.5ml liquid			23		4.2mg	2.1ml liquid	
4	30mg	2 x 15mg tablets			24		3.8mg	1.9ml liquid	
5	26mg	1 x 15mg tabs & 5.5ml liquid			25		3.4mg	1.7ml liquid	
6	22.5mg	1½ x 15mg tablets			26		3.1mg	1.55ml liquid	
7	18.5mg	1 x 15mg tabs & 1.75ml liquid			27		2.8mg	1.4ml liquid	
					28		2.5mg	1.25ml liquid	
8	17.8mg	1 x 15mg tab & 1.4ml liquid			29	2.2mg	1.1ml liquid		
9	15mg	1 x 15mg tablet			Using 0.5mg/ml mirtazapine dilute solution				
10	14.2mg	7.1ml liquid			30	These steps are most important. Do not skip.	1.95mg	3.9ml dilute solution	
11	12.8mg	6.4ml liquid			31		1.7mg	3.4ml dilute solution	
12	11.5mg	5.75 ml liquid			32		1.47mg	2.94ml dilute solution	
13	10.5mg	5.25ml liquid			33		1.25mg	2.5ml dilute solution	
14	9.6mg	4.8ml liquid			34		1.04mg	2.08ml dilute solution	
15	8.7mg	4.35ml liquid			35		0.85mg	1.7ml dilute solution	
16	8mg	4ml liquid			36		0.66mg	1.32ml dilute solution	
17	7.5mg	½ x 15mg tablet			37		0.48mg	0.96ml dilute solution	
18	6.6mg	3.3ml liquid			38		0.31mg	0.62ml dilute solution	
19	6mg	3ml liquid			39		0.15mg	0.3ml dilute solution	
20	5.5mg	2.75ml liquid			40	0	STOP		

Acknowledgement: Dr Mark Horowitz for guidance on dosing schedule (see Maudsley Deprescribing Guidelines for more information). 20 Mar 2026

To make 7.5ml of mirtazapine 2mg/ml liquid:

1. Crush **1 x 15mg** tablet between two teaspoons over a small plate.
2. Place crushed tablet into **7.5ml** water in a jar.

To make 15ml mirtazapine 0.5mg/ml dilute solution:

1. Cut a 15mg tablet into 2 halves. Crush **½ x 15mg** tablet between two teaspoons over a small plate.
2. Place crushed **½** tablet into **15ml** water in a jar.

3. Shake or stir vigorously to spread the drug evenly through the mixture. Dispersal and suspension of the tablet may take some time.
4. Measure prescribed daily liquid using a syringe and consume. The solution may have a bitter taste and slight numbing effect on the tongue. Take care with hot drinks and food.
5. Make fresh solution daily. Discard unused into rubbish.
6. You will need 10ml, 5ml and 1ml syringes, a pill cutter and a jar (or similar) for mixing.

Additional information: Pharmaceutical guidance advises that mirtazapine tablets can be crushed and dispersed in water for administration eMIMS: <https://app-emimselite-com.ap1.proxy.openathens.net/Drtc?id=289> UK NEWT guidelines, NHS pharmaceutical guidance. www.sps.nhs.uk/articles/ssri-suggestions-for-adults-with-swallowing-difficulties/ Video demonstrating how to crush and disperse tablets, and measure liquid: www.medicinesforchildren.org.uk/advice-guides/giving-medicines/part-dose-of-a-tablet-or-capsule/.



Is it withdrawal or relapse?

The body adapts to being on antidepressants and, when stopping, must re-adapt. This takes time and is why hyperbolic tapering may be necessary.

Antidepressant withdrawal symptoms are common, particularly if you have been taking antidepressants for a long time or at higher doses. You may be feeling anxious, irritable and tearful and wondering whether you are experiencing withdrawal symptoms or relapse.

Antidepressant withdrawal symptoms

Emotional	anxiety/nervousness, worsened mood, irritability, bouts of crying, mood swings, anger outbursts, feelings of panic
Physical	dizziness/light-headedness, fatigue/tiredness, sensation of spinning/vertigo, insomnia, agitation, feeling of inner restlessness, brain 'zaps' or electric shock sensations, headache, rapid heartbeat, nausea, diarrhoea, muscle cramps, unsteady gait, tinnitus
Cognitive	brain fog, increased sensitivity to light or sound, memory problems, vivid dreams

Distinguishing withdrawal from relapse

Maintain a high index of suspicion. A good rule of thumb is that if new symptoms appear when you are decreasing your dose then 'the symptoms are likely to be withdrawal until proven otherwise'.

If you are experiencing physical symptoms, such as dizziness or light-headedness, that were never part of your original problem then you are likely experiencing withdrawal symptoms.

If your symptoms are relieved on reverting to a higher dose, then it is likely to be withdrawal.

Generally, relapse (depression or anxiety) takes longer to manifest and to respond to treatment.

For supporting evidence and further information see www.releasetoolkit.com.au or [click here](#) or scan below



How long do withdrawal symptoms last?

Withdrawal symptoms often gradually subside over weeks, reflecting the time that it takes for the brain and body to adapt to being without antidepressants (not the antidepressant half-life). Unfortunately, for some people, withdrawal symptoms can be severe and protracted.

How to relieve withdrawal symptoms

Returning to your previous dose will often relieve symptoms. When ready to try again, decrease your dose even more slowly, making smaller reductions and leaving longer between reductions, for example reducing dose by 2.5-5% every few weeks or months.

How to minimise withdrawal symptoms

The best way to minimise withdrawal symptoms is by slowly decreasing your dose, through to very low doses. This can take many months. You may think that the low doses in hyperbolic tapering are not needed, but small dose changes can have large effects. Do NOT skip the second half of the tapering plan. Do NOT skip a day or alternate days or doses, and do not suddenly stop.

Build a support team around you, as you may not recognise withdrawal symptoms in yourself. Look after yourself. Try physical activity and relaxation, sleep and eat well, limit alcohol and other drugs.

Why stop antidepressants?

For the health and quality of life benefits. You may feel more alert and energetic and you may begin to feel your emotions again. You may find it easier to manage your weight, and your sexual functioning may improve. You may prefer living your life free of antidepressant medication.

There are benefits in reducing your dose, even if you cannot stop. It is not a failure if you do not manage to stop. You can always try again at some point in the future, tapering even more slowly.

