RELEASE
Redressing long-term antidepressant use

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Tapering plan for sertraline – '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.
- Sertraline has **moderate** risk for withdrawal symptoms. Read about withdrawal symptoms on the next page.

Availability: *Sertraline (Zoloft, Eleva, Sertra, and Setrona) is available in 100mg and 50mg scored tablets. Mini doses are available in capsules on prescription from a compounding chemist or making your own liquid suspension following the instructions below.*

Step	Daily dose	Daily tablets / liquid (1mg/ml)	Date I started this dose	Tick when done	Step	Daily dose	Daily liquid (1mg/ml)	Date I started this dose	Tick when done
1	**200mg**	4 x 50mg tablets			21	**8.6mg**	8.6ml liquid		
2	**150mg**	3 x 50mg tablets			22	**7.7mg**	7.7ml liquid		
3	**100mg**	2 x 50mg tablets			23	**7mg**	7ml liquid		
4	**87mg**	1½ x 50mg tablets & 12ml liquid			24	**6.3mg**	6.3ml liquid		
5	**75mg**	1½ x 50mg tablets			25	**5.6mg**	5.6ml liquid		
6	**60mg**	1 x 50mg tablet & 10ml liquid			26	**5mg**	5ml liquid		
7	**50mg**	1 x 50mg tablet			27	**4.4mg**	4.4ml liquid		
8	**44mg**	½ x 50mg tablet & 19ml liquid			28	**4mg**	4ml liquid		
9	**37mg**	½ x 50mg tablet & 12ml liquid			29	**3.6mg**	3.6ml liquid		
10	**33mg**	½ x 50mg tablet & 8ml liquid			30	**3.2mg**	3.2ml liquid		
11	**29mg**	½ x 50mg tablet & 4ml liquid			31	**2.8mg**	2.8ml liquid		
12	**25mg**	½ x 50mg tablet			32	**2.4mg**	2.4ml liquid		
13	**22mg**	22ml liquid			33	**2.1mg**	2.1ml liquid		
14	**19mg**	19ml liquid			34	**1.7mg**	1.7ml liquid		
15	**17mg**	17ml liquid			35	**1.4mg**	1.4ml liquid		
16	**15mg**	15ml liquid			36	**1.2mg**	1.2ml liquid		
17	**13mg**	13ml liquid			37	**0.9mg**	0.9ml liquid		
18	**12mg**	12ml liquid			38	**0.65mg**	0.65ml liquid		
19	**11mg**	11ml liquid			39	**0.45mg**	0.45ml liquid		
20	**9.6mg**	9.6ml liquid			40	**0.2mg**	0.2ml liquid	**Then STOP**	

These steps are most important. Do not skip.

Acknowledgement: Dr Mark Horowitz for guidance on dosing schedule (see Maudsley Deprescribing Guidelines for more information). *4 Aug 2026*

How to make sertraline liquid suspension

You will get 25ml of sertraline 1mg/ml liquid suspension

1. You will need a pill cutter, 10ml, 5ml and 1ml syringes, and a jar (or similar) for mixing.
2. Cut a 50mg tablet in half. Crush ½ tablet between two spoons over a small plate. Keep the other ½ tablet for tomorrow.
3. Place the crushed ½ tablet into 25ml water in jar or similar. Shake or stir to disperse.
4. Measure prescribed daily liquid using a syringe and consume. The liquid may have a bitter taste and slight numbing effect on the tongue. Take care with hot drinks and food.
5. Make this liquid suspension fresh daily. Discard any unused into the rubbish.

Pharmaceutical guidance advises that sertraline tablets can be crushed and dispersed in water for administration. eMIMS: https://app-emimselite-com.ap1.proxy.openathens.net/Drtc?id=410 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: https://vimeo.com/1170454505?share=copy&fl=sv&fe=ci

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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.

RACGP Accepted clinical resource

Research Lead: Professor Katharine Wallis. Further information is available via the RELEASE website: medical-school.uq.edu.au/release

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