



The RELEASE research team from The University of Queensland.



Stopping Antidepressants

For supporting evidence and further information please visit www.releasetoolkit.com.au, or scan below:



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CREATE CHANGE



This brochure provides information about long-term antidepressant use (longer than 12-months) and stopping antidepressants.

Please take this brochure to discuss with your doctor.

1 in 7 Australians is now taking antidepressants



While antidepressants can help some people, long-term use is not recommended for most people.

Clinical guidelines recommend non-drug therapy as first line for anxiety and less severe depression and only 6-12 months antidepressant therapy for a single episode of major depression.

Why stop taking antidepressants?

> For the health benefits.

All medicines have potential benefits and harms

Antidepressants affect nearly every system in the body.

Most people experience at least one adverse-effect from long-term antidepressant use.

Antidepressant adverse effects can include:

- Emotional numbing, feeling detached or not caring
- Fatigue, lethargy, lack of motivation
- Weight gain
- Sexual problems including low sex drive and difficulty reaching orgasm in both men and women
- Increased risk of falls in older age

Why do people not stop antidepressants?

- They fear relapse
- They experience withdrawal symptoms when they attempt to stop and they interpret these symptoms as relapse
- They are unaware of the risks in long-term use
- They believe that depression is a life-long condition caused by a chemical imbalance in the brain, which we now know is not grounded in science
- They expect that their GP would suggest stopping if it were warranted

Antidepressant withdrawal symptoms

are common and can be severe and long-lasting.

Withdrawal symptoms can include:

Emotional symptoms: anxiety/nervousness, worsened mood, irritability, bouts of crying, mood swings, anger outbursts, feelings of panic.

Physical symptoms: dizziness/light-headedness, fatigue/tiredness, sensation of spinning/vertigo, insomnia, agitation, feeling of inner restlessness, electric zaps, headache, rapid heartbeat, nausea, diarrhoea, muscle cramps, unsteady gait, tinnitus.

Cognitive symptoms: brain fog, increased sensitivity to light or sound, memory problems, vivid dreams.

Recognising withdrawal symptoms

Emotional withdrawal symptoms such as anxiety, irritability, tearfulness and panic are often mistaken for 'relapse', by both doctors and patients.

Yet it is possible to tell withdrawal symptoms from relapse as withdrawal symptoms tend to:

- **Start soon** after decreasing or stopping antidepressants (a few days but can be weeks) whereas relapse would take longer
- **Improve soon** after re-starting antidepressants (often within a few days)
- **Include physical symptoms** that are not part of anxiety or depression such as dizziness or 'brain zaps'

How to minimise withdrawal symptoms when stopping antidepressants

The most effective way to minimise withdrawal symptoms is to slowly reduce antidepressant dose over time. This approach is called tapering.

At lower,
Go slower

The lower the dose, the slower you should go. This is necessary because at lower doses, small changes can have exponentially larger effects.

Following a careful tapering plan and slowly reducing dose can help, giving your body and brain time to slowly adjust. Never skip doses or suddenly stop antidepressants.

The risk for withdrawal symptoms is higher with:

- Longer-term use (longer than 12 months)
- Some antidepressants such as paroxetine, venlafaxine, desvenlafaxine or duloxetine
- Higher doses
- Previous experience of withdrawal symptoms, for example after missing one or two doses on going away for the weekend

Dose tapering helps to minimise withdrawal symptoms. However, we do not yet know the optimal tapering schedule or whether this approach will work in everyone.

It is possible that some people will not be able to stop antidepressants due to the severity of withdrawal symptoms.

If you have concerns or questions,