

# Discontinuation of Antidepressants

Antidepressants are among the most commonly prescribed medications in the United States and indicated for multiple conditions. Abruptly discontinuing or decreasing the dose of antidepressants can lead to discontinuation symptoms.

## Care teams and patients may decide to stop the medication due to:

- side effects
- remission of symptoms
- patient's preference
- lack of therapeutic response
- limited knowledge about the risks associated with it

## Share the potential risks of discontinuation.

### Help to decrease the likelihood of patients stopping medication on their own.

Reassure patients of these common concerns:

- The presence of discontinuation symptoms does not mean that they are addicted to the medication.
- It is possible to decrease the likelihood of discontinuation symptoms.
- Mild symptoms usually resolve with time.

### Some of the most frequent discontinuation symptoms include:

- Agitation
- Anxiety
- Chills
- Diaphoresis
- Dizziness
- Dysphoria
- Fatigue
- Headache
- Insomnia
- Irritability
- Myalgias
- Nausea
- Paresthesias
- Rhinorrhea
- Tremors

A shorter elimination half-life (higher risk with paroxetine and venlafaxine, lowest risk with fluoxetine), higher doses, and longer duration of treatment increase the likelihood of symptoms.



Regardless of the antidepressant class, the standard approach to minimize discontinuation symptoms is to taper the dose for **at least two to four weeks**. A slower (longer than 2 weeks) and more gradual taper (dose reductions not higher than 50% of the dose at a time) has been associated with lower risk of discontinuation. Some patients will benefit from a slower taper in the lower dose ranges when the largest reduction in receptor occupancy occurs.

### Sample taper schedule for commonly prescribed antidepressants:

Medication	Maximum dose	Step 1*	Step 2*	Step 3*	Step 4*	Step 5*
Sertraline (slower)	200mg QD	150mg QD	100mg QD	75mg QD	50mg QD	25mg QD**
Sertraline (faster)	200mg QD	100mg QD	50mg QD	25mg QD**		
Escitalopram (slower)	20mg QD	15mg QD	10mg QD	7.5mg QD	5mg QD	2.5mg QD**
Escitalopram (faster)	20mg QD	10mg QD	5mg QD	2.5mg QD**		

\*1 or 2 weeks depending on presence of discontinuation symptoms

\*\* consider every other day dosing after completing the last step if presence of symptoms

### What to do if your patient is experiencing discontinuation symptoms:

Severity	Intervention
Mild	Reassurance
Moderate	Decrease the pace and taper over 6-12 weeks
Severe	Restart at the dose at which there were no symptoms. Taper at a slower pace.

### References:

Vinkers, C et al. Antidepressant Discontinuation, In Need of Scientific Evidence. Journal of Clinical Psychopharmacology, 2021 Sep;41(5)512-5

Ogle, N.; Akkerman, S. Guidance for the discontinuation or switching of antidepressant therapies in adults. Journal of Pharmacy Practice, 2013 Aug;26(4):389-96