

# Stopping antidepressants

This information is for anyone who wants to know more about stopping antidepressants.

## It describes:

- symptoms that you may get when stopping an antidepressant
- some ways to reduce or avoid these symptoms.

This patient information accurately reflects recommendations in the NICE guidance on depression in adults

## Disclaimer

This resource provides information, not advice.

The content in this resource is provided for general information only. It is not intended to, and does not, amount to advice which you should rely on. It is not in any way an alternative to specific advice. You must therefore obtain the relevant professional or specialist advice before taking, or refraining from, any action based on the information in this resource.

If you have questions about any medical matter, you should consult your doctor or other professional healthcare provider without delay.

If you think you are experiencing any medical condition, you should seek immediate medical attention from a doctor or other professional healthcare provider.

Although we make reasonable efforts to compile accurate information in our resources and to update the information in our resources, we make no representations, warranties or guarantees, whether express or implied, that the content in this resource is accurate, complete or up to date.

## What are antidepressants?

They are medications prescribed for depressive illness, anxiety disorder or obsessive-compulsive disorder (OCD). You can find out more about how they work, why they are prescribed, their effects and side-effects, and alternative treatments in our separate resource on antidepressants.

Usually, you don't need to take antidepressants for more than 6 to 12 months. While they can make you feel better, you can get withdrawal symptoms when you

stop taking them. Some people will get no symptoms when reducing or stopping an antidepressant – but many do. These symptoms can be physical and mental, although they are different for everyone – and they can be different for individual antidepressants (see Appendix 1).

This resource aims to help you avoid getting any withdrawal symptoms – or get the fewest possible. Talk this over with your doctor so you can find the best way to stop taking them.

## What symptoms might you experience when stopping antidepressants and how severe can they be?

The NICE guidelines suggest that for some, withdrawal symptoms can be mild and go away relatively quickly, without the need for any help. Other people can have more severe symptoms which last much longer (sometimes months or more).

At the moment we cannot predict who will get the more serious withdrawal symptoms.

### Symptoms of antidepressant withdrawal

If you do get any of the symptoms listed below, tell your doctor.

You may notice:

- dizziness (this is usually mild, but can be so bad that you can't stand up without help)
- anxiety which comes and goes, sometimes in intense 'surges'
- difficulty in getting to sleep and vivid or frightening dreams
- low mood, feeling unable to be interested in or enjoy things
- a sense of being physically unwell
- rapidly changing moods
- anger, sleeplessness, tiredness, loss of co-ordination and headache
- the feeling of an electric shock in your arms, legs, or head (those are sometimes called 'zaps' and turning your head to the side can make them worse)
- a feeling that things are not real ('derealisation'), or a feeling that you have 'cotton wool in your head'
- difficulty in concentrating
- suicidal thoughts
- queasiness
- a feeling of inner restlessness and inability to stay still (akathisia).

## What causes antidepressant withdrawal symptoms?

This is still poorly understood. Brain chemicals called neurotransmitters (such as serotonin and noradrenaline) are involved. They allow nerve cells to communicate with each other by acting on nerve endings. Antidepressants increase levels of these chemicals in the space between nerve cells in the brain. Over time, the brain seems to slowly adjust to these increased levels.

If an antidepressant is stopped quickly, the brain will need time to adjust back again. The sudden lowering of neurotransmitter levels seems to produce withdrawal symptoms, while the brain adjusts to the change. The more gradual the changes, the milder and more tolerable symptoms should be – or, indeed, they may not happen at all.

This is why it is usually best to stop an antidepressant slowly.

## Who is affected by antidepressant withdrawal symptoms?

Between a third and half of people who take an antidepressant will experience such symptoms to some extent. We cannot yet predict who will get these symptoms.

The risk seems to be greater if you have taken a high dose for a long time, but it can happen if you have taken an antidepressant for just a month. It can also depend on the type of antidepressant you have been taking. You are more likely to get these symptoms (and for them to be worse) if you stop taking an antidepressant suddenly or if you reduce the dose quickly.

## How can I tell if it is withdrawal symptoms, or my depression/anxiety coming back?

Some withdrawal symptoms can feel like the symptoms you had before you started the antidepressant. The low mood and difficulty in sleeping of withdrawal can feel like the symptoms of depression. Dizziness is a common symptom of anxiety. In this case, you should carry on taking your antidepressant at the prescribed dose – and talk with your doctor.

If you do get withdrawal symptoms, you can still stop your antidepressant – but may need to do so more slowly (see section on ‘When and how to stop antidepressants’)

These are some of the ways you and your doctor can tell whether you are having withdrawal symptoms or whether it is the symptoms of a return of anxiety or depression:

1. Withdrawal symptoms normally start soon after your medication is reduced or stopped. This may be one or two days for some antidepressants – or even after missing a single dose. Usually they take a few days to start, and then get worse. The return of depression or anxiety usually takes longer – typically weeks or months. Some antidepressants, like fluoxetine, take a lot longer to leave the body. So, with these, symptoms can start days or even weeks after stopping or reducing your dose. This can make it harder to tell if symptoms are due to withdrawal or the return of your original symptoms of anxiety or depression.

2. Some withdrawal symptoms do not happen in anxiety or depression – such as ‘electric shocks’ or ‘zaps’. People often say, “I’ve never felt this before” or “This doesn’t feel like my depression.” Your doctor should ask whether you are getting these symptoms
3. Withdrawal symptoms usually improve quickly (in days or even hours) if you restart your antidepressant. This is much quicker than the weeks that antidepressants will normally take to relieve symptoms of anxiety or depression that have returned.

## Does this mean that antidepressants are addictive or can cause dependence?

Stopping an antidepressant can give you unpleasant withdrawal symptoms – which stop if you start taking it again. It can certainly feel as though you are addicted to the antidepressant – but it’s not quite the same as being addicted.

You don’t get the craving or constantly having to increase the dose that you do with substances like alcohol, nicotine or benzodiazepines. But it can still be hard to stop taking an antidepressant.

## When and how to stop antidepressants

How long you take an antidepressant for depends on why you were prescribed them and whether you have had to take them before. Ask your doctor when is best to start to reduce and then stop taking your antidepressant.

### You may need to balance:

- The benefits that you get from an antidepressant such as relief from your symptoms of anxiety or depression.

### Against:

- The problems that can occur after using them for a long period. These include increased side-effects, weight gain – and sometimes they just seem to stop working.

When you agree that it is time to stop, your doctor can help you put together a withdrawal plan. This must be flexible. It should allow you to reduce the dose at a rate that you find comfortable – as slowly as you need to avoid distressing withdrawal symptoms. This is also called ‘dose tapering’. Dose reductions will usually get smaller as the dose decreases – some people need to get down to a very low dose before stopping.

## How slow should the tapering be?

This is different for everyone. If you have been taking an antidepressant for only a few weeks you may be able to reduce, and stop, over a month or so. Even if you have only

mild (or no) withdrawal symptoms, it is best to do this over at least four weeks.

If you have been taking antidepressants for many months or years, it's best to taper more slowly (again, at a rate you find comfortable). This will usually be over a period of months or longer. It's also best to reduce the dose slowly if you have had withdrawal symptoms in the past.

Do remember – if you do get withdrawal symptoms it doesn't mean that you can't stop your antidepressant. You will just need to taper more slowly, with smaller reductions in dose, over a longer period of time.

Only occasionally, where an antidepressant causes serious side-effects, should it be stopped suddenly, without tapering. If this does happen, see your doctor urgently.

## How should I gradually reduce my dose?

There is some general advice on how to do this below but it's best to work this out with your doctor, so that they can prescribe the appropriate preparation and dose(s) for you. They will be able to work out any special requirements with your pharmacist, so that the prescription is tailored to what you need.

- If you have been taking antidepressants for only a few weeks then start, as a test, by reducing your regular dose by a quarter (25%) or a half (50%). Allow two to four weeks to adjust to the new dose, to see how things go.
- If you don't get any distressing symptoms, try a further reduction of a quarter (25%) or a half (50%) of the current dose. Allow another 2 to 4 weeks and repeat, with further periods of lowering the dose and waiting.
- If uncomfortable symptoms develop with your first dose reduction, or at any further reduction, stop the reduction. Go back to the last dose at which you felt comfortable and wait until you feel ready to try again – perhaps using a more gradual taper, reducing by smaller amounts – 5% or 10% .
- How you reduce your dose of antidepressant will depend on what dosages are available in tablet and liquid form in the UK. You can switch to a liquid form of your antidepressant – or, if the one you are taking is only available in tablets or capsules, you can change to a similar antidepressant that is available as a liquid. Your doctor and pharmacist can advise you on how best to do this. We don't recommend splitting tablets or capsules yourself, or making your own liquid. It can be difficult to measure the right amount, particularly with small doses. Tapering strips (a roll or strip of pouches containing consecutively slightly lower doses to be taken each day) are prescribed in some countries. They are not yet approved in the UK, so your doctor cannot prescribe them on the NHS.
- Don't try missing medication on some days, this will lead to the amount of the drug in your body fluctuating and make withdrawal symptoms more likely.
- Regular monitoring will allow you and your doctor to recognise any problems quickly, particularly if you have to switch from one antidepressant to another.
- If you have:
  - ◆ been taking antidepressants at a high dose for many months or longer

- ◆ developed distressing withdrawal symptoms when you have previously tried to reduce or stop antidepressants

It is probably best, right from the start, to use more gradual reductions of a twentieth (5%) or a tenth (10%) of the original dose – and to see your doctor regularly, so that they can keep an eye on how it is going.

- Long-acting antidepressants, like fluoxetine, can take weeks to leave your body (most take just days). So, any withdrawal symptoms may develop several days, or even weeks, after reducing the dose. It is best to wait at least four weeks to see if withdrawal symptoms start.
- No matter how low the dose you get to, you can still get withdrawal symptoms when you stop completely. If this happens you may need to re-start the medication at a low dose for a while before completely stopping it. This may be a dose of 1mg or less.
- If you start to get suicidal ideas when reducing and stopping an antidepressant, this could be a withdrawal symptom – or the return of depression. You should go back to the last dose at which you felt well and see your doctor as soon as possible. Make sure you know how to get help quickly if you need it.

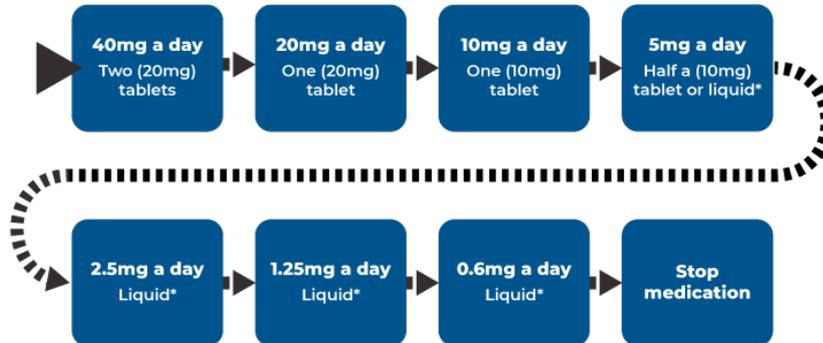
## Examples of tapering plans

It's best to agree your tapering plan with your doctor and pharmacist. Below you will find example plans for tapering at different speeds. In your plan, you may not want or need to follow every step, but some people will find that they need to. You may want to make even smaller reductions (such as reducing by a quarter of the dose, not half, or even as small as 1/10th or 1/20th of the last dose at each step). The time between dose reductions should be as long as withdrawal symptoms take to disappear.

You may need to use both tablet and liquid (as in the paroxetine example). If so, this will need to be very carefully managed so that there are no mistakes with the dose.

## Citalopram

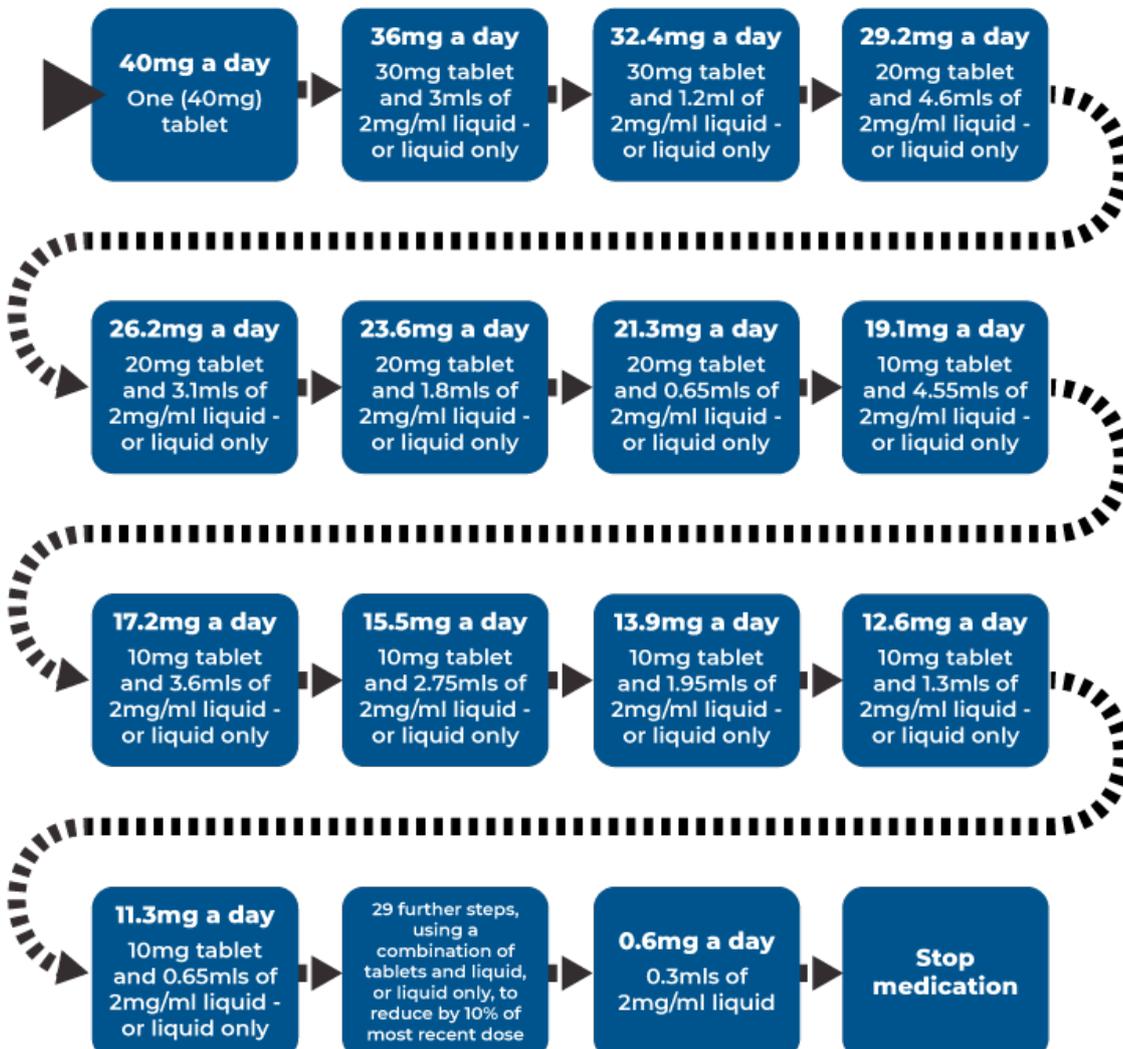
Reduction of dose by 50%, every 2-4 weeks. Some people may need to reduce more slowly. (Updated October 2020)



\* Note: 8mg of citalopram (as hydrochloride) from oral drops is equivalent to 10mg of citalopram (as hydrobromide) in tablet form, so care should be taken when converting dose.

## Paroxetine

Reduction by 10% of the last dose, every 2-4 weeks using tablets and liquid. Some people may need to reduce more slowly. (Updated October 2020)



## Appendix 1: Risk of withdrawal symptoms with individual antidepressant

Highest Risk	Moderate Risk	Low Risk	Lowest Risk
Amitriptyline	Citalopram	Bupropion	Agomelatine
Clomipramine	Escitalopram	Fluoxetine	
Paroxetine	Fluvoxamine		
Venlafaxine	Imipramine		
Duloxetine	Lofepramine		
	Nortriptyline		
	Mirtazapine		
	Reboxetine		
	Sertraline		
	Trazodone		
	Vortioxetine		

## Appendix 2: Potential types of withdrawal symptoms

Physical symptoms	Sleep symptoms	Emotional symptoms
Nausea	Insomnia	Anxiety
Headache	Increased dreaming	Depression
Dizziness	Vivid dreams	Panic
Abdominal cramps	Nightmares	Agitation
Diarrhoea		Irritability
Fatigue		Mood changes
Flu-like symptoms		
Electric shock sensations ('zaps')		
Loss of appetite		
Visual disturbances (double vision; visual trailing)		
Palpitations		
Missed beats		
Sweating		
Flushing		
Tremor		
Tinnitus		
A feeling of inner restlessness and inability to stay still (akathisia)		

## Acknowledgements

Produced by the RCPsych Public Engagement Editorial Board.

### Contributing authors:

- Professor Wendy Burn, Immediate Past President, Royal College of Psychiatrists
- Dr Mark Abie Horowitz BA BSc MBBS MSc PhD, Clinical Research Fellow (UCL)
- George Roycroft, Head of Policy and Campaigns, Royal College of Psychiatrists
- Professor David Taylor MSc PhD FFRPS FRPharmS, Professor of Psychopharmacology (KCL)

We are grateful to the Royal College of General Practitioners, the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence for endorsing this work, and to all those who provided comments and supported its development.

**Series Editor:** Dr Phil Timms

**Series Manager:** Thomas Kennedy