RELEASE
Redressing long-term antidepressant use

The University Of Queensland
AUSTRALIA
CREATE CHANGE

Tapering plan for paroxetine – '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.

Paroxetine has higher risk for withdrawal symptoms. Read about withdrawal symptoms on the next page.

Availability: *Paroxetine (Aropax, Extine, Paroxo, Paxtine, Roxet, Roxtine) is available in 20mg scored tablets. Mini doses are available in capsules on prescription from a compounding chemist or making your own liquid suspension following the instructions below.*
Warning: Do not crush the tablet if you are pregnant. Contact a pharmacist or medicines information service for advice.

Step	Daily dose	Daily tablet / liquid	Date I started this dose	Tick when done	Step	Daily dose	Daily liquid / solution	Date I started this dose	Tick when done
1	**40mg**	2 x 20mg tablets			20	**4.8mg**	2.4ml liquid		
2	**35mg**	1½ x 20mg tabs & 2.5ml liquid			21	**4.3mg**	2.15ml liquid		
3	**30mg**	1½ x 20mg tablets			22	**3.9mg**	1.95ml liquid		
4	**25mg**	1 x 20mg tablet & 2.5ml liquid			23	**3.5mg**	1.75ml liquid		
Switch to paroxetine 2mg/ml liquid					24	**3.1mg**	1.55ml liquid		
5	**23mg**	1 x 20mg tablet & 1.5ml liquid			25	**2.8mg**	1.4ml liquid		
6	**20mg**	1 x 20mg tablet			26	**2.5mg**	1.25ml liquid		
7	**18mg**	½ x 20mg tablet & 4ml liquid			27	**2.2mg**	1.1ml liquid		
8	**16mg**	½ x 20mg tablet & 3ml liquid			28	**1.9mg**	0.95ml liquid		
9	**14mg**	½ x 20mg tablet & 2ml liquid			29	**1.7mg**	0.85ml liquid		
10	**13mg**	½ x 20mg tablet & 1.5ml liquid			30	**1.4mg**	0.7ml liquid		
11	**12mg**	½ x 20mg tablet & 1ml liquid			31	**1.2mg**	0.6ml liquid		
12	**11mg**	½ x 20mg tablet & 0.5ml liquid			32	**1mg**	0.5ml liquid		
13	**10mg**	½ x 20mg tablet			33	**0.8mg**	0.4ml liquid		
14	**9mg**	4.5ml liquid			34	**0.64mg**	0.32ml liquid		
15	**8.1mg**	4.05ml liquid			35	**0.5mg**	0.25ml liquid		
16	**7.2mg**	3.6ml liquid			**Switch to paroxetine 0.2mg/ml dilute solution**				
17	**6.5mg**	3.25ml liquid			36	**0.3mg**	1.5ml solution		
18	**5.9mg**	2.95ml liquid			37	**0.15mg**	0.75ml solution		
19	**5.3mg**	2.65ml liquid			38	**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 paroxetine liquid (5ml of 2mg/ml)

1. Cut a 20mg tablet in half. Crush ½ tablet between two teaspoons over a small plate. Keep the other ½ tablet for tomorrow.
2. Place the crushed ½ tablet into **5ml** water in a jar.

How to make paroxetine dilute solution (50ml of 0.2mg/ml)

1. Cut a 20mg tablet in half. Crush ½ tablet between two teaspoons over a small plate. Keep the other ½ tablet for tomorrow.
2. Place the crushed ½ tablet into **50ml** water in a jar.

3. You will need 10ml, 5ml and 1ml syringes, a pill cutter and a jar (or similar) for mixing.
4. Shake or stir vigorously to spread the drug evenly through the mixture. The crushed tablet will disperse in 1-5 minutes.
5. 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.
6. Make this liquid or dilute solution fresh daily. Discard any unused into the rubbish.

Additional information: Pharmaceutical guidance advises that paroxetine tablets can be crushed and dispersed in water for administration eMIMS: https://app-emimselite-com.ap1.proxy.openathens.net/Drtc?id=339
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

RELEASE
Redressing long-term antidepressant use

The University Of Queensland
AUSTRALIA
CREATE CHANGE

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.

THE ROYAL NEW ZEALAND COLLEGE OF GENERAL PRACTITIONERS ENDORSED ACTIVITY CUM SCIENTIA CARITAS VALID UNTIL 31 JANUARY 2027 TE WHARE TOHU RATA O AOTEAROA

RACGP Accepted clinical resource

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

Ethical approval: The University of Queensland Human Research Ethics Committee (2022/HE001667).

Funding: Commonwealth Department of Health, Medical Research Future Fund, Clinician Researchers Applied Research in Health - MRFAR000079. National Health and Medical Research Council (NHMRC) 2021 Partnership Projects PRC3 - 2015744.

© Copyright 2025 The University of Queensland. These materials are subject to copyright and may only be reproduced with permission of the University of Queensland. CRICOS Provider 00025B | TEQSA PRV12080. Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice. Read here for the Terms and Conditions.