

Tapering plan for vortioxetine – ‘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.
- Vortioxetine has moderate risk for withdrawal symptoms. Read about withdrawal symptoms on the next page.

Vortioxetine (Trintellix and Brintellix) is available in 5mg, 10mg, 15mg, and 20mg tablet. Mini doses are available in capsules on prescription from a compounding chemist or by making your own liquid suspension following the instructions below.

Step	Daily dose	Taper using Liquid or Capsules		Date (I started this step)	Tick when completed	
		Liquid option (1mg/ml)	Capsules option			
1.	20mg	4 x 5mg tablets				
2.	15mg	3 x 5mg tablets				
3.	12.5mg	2½ x 5mg tablets				
4.	10mg	2 x 5mg tablets				
5.	8.5mg	1 x 5mg tablet & 3.5ml liquid	1½ x 5mg tablet & 1 x 1mg capsule			
6.	7.5mg	1½ x 5mg tablets				
7.	6mg	1 x 5mg tablet & 1ml liquid	1 x 5mg tablet & 1 x 1mg capsule			
8.	5mg	1 x 5mg tablet				
9.	4mg	4ml liquid	4 x 1mg capsules			
10.	3mg	3ml liquid	3 x 1mg capsules			
11.	2.5mg	½ x 5mg tablet				
12.	2mg	2ml liquid	2 x 1mg capsules			
13.	1.5mg	1.5ml liquid	3 x 0.5mg capsules			
14.	1mg	1ml liquid	1 x 1mg capsule			
15.	0.75mg	0.75ml liquid	3 x 0.25mg capsules			
16.	0.5mg	0.5ml liquid	1 x 0.5mg capsule			
17.	0.25mg	0.25ml liquid	1 x 0.25mg capsule			
18.	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). 23 Oct 2025

How to make vortioxetine liquid suspension: You will get 5ml of 1mg/ml liquid suspension

1. You will need a pill cutter, 5ml and 1ml syringes, and a jar (or similar) for mixing.
2. Crush a 5mg tablet between two teaspoons over a small plate.
3. Place crushed tablet into 5ml water in a jar. Shake or stir vigorously to spread the drug evenly through the mixture. The liquid may be cloudy because some parts of the tablet (the outer covering) do not dissolve.
4. Measure prescribed daily liquid using a syringe and consume.
5. Make this liquid suspension fresh daily. Discard any unused into the rubbish.

Pharmaceutical guidance advises that vortioxetine tablets can be crushed and dispersed in water for administration eMIMS: <https://app-emimselite-com.ap1.proxy.openathens.net/Drtc?id=1064> (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: www.medicinesforchildren.org.uk/advice-guides/giving-medicines/part-dose-of-a-tablet-or-capsule/.



Why stop taking antidepressants?

There are adverse effects associated with long-term (>12 months) use of antidepressants including:

- Fatigue, lethargy, lack of motivation
- Weight gain
- Sexual problems in both men and women including low sex drive and difficulty reaching orgasm
- Emotional numbing or blunting. People describe feeling detached or not caring, and inability to feel joy, love or excitement. Antidepressants do not selectively numb.
- Increased risk of falls in older age.

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

Depression is not a long-term condition caused by a chemical imbalance in the brain. There is no scientific evidence showing that depression is caused by a lack of serotonin in the brain.

Physical dependence can develop when taking antidepressants. This leads to people experiencing withdrawal symptoms when they attempt to stop (the body misses the drug).

Antidepressant withdrawal symptoms are common, especially with longer term use. Withdrawal symptoms usually lessen over time, but can be severe and long-lasting. Slowly decreasing drug dose helps to minimise withdrawal symptoms by giving the body and brain time to adjust.

Even if you cannot stop, there are health benefits in reducing your dose. You may feel more alert and energetic and begin to feel emotions again.

For supporting evidence and further information please see www.releasetoolkit.com.au or [click here](#) or scan below



Recognising withdrawal symptoms

Antidepressant withdrawal symptoms are often mistaken for relapse. Emotional symptoms, such as anxiety, irritability, worsened mood and trouble sleeping, are common to both. You may think that the problem is you, when it is the drug.

Distinguishing withdrawal from relapse

Withdrawal symptoms:

- Can include physical symptoms such as dizziness, nausea, headache, brain zaps, increased sensitivity to light and sound, muscle aches
- Can start within a day or two of decreasing or stopping antidepressants, although can start weeks after stopping.
- Are often readily relieved on restarting antidepressants.

Minimising withdrawal symptoms: Slowly decreasing dose is the best strategy: At lower, go slower. You may think that the tiny doses in the final steps cannot be doing anything, but tiny doses can help to suppress withdrawal symptoms.

Looking after yourself: It can be challenging weaning off antidepressants. It is common to feel overwhelmed at times. Build a support team around you of family and friends. You may not recognise withdrawal symptoms in yourself.

Prioritise self-care: Physical activity, rest, sleeping and eating well, limiting alcohol and other drugs and relaxation are all important. Look for areas in your life where you can reduce stress. Don't take on too much.

See your GP or therapist for regular follow-up. You may need help, for example, learning to navigate your emotions again.



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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.

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