

Tapering plan for desvenlafaxine – ‘Even slower’ taper (via venlafaxine)

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.**

To wean off desvenlafaxine, you can switch to venlafaxine, as the pharmacology is similar, and taper following the venlafaxine tapering plan. A wash out period is not required. The manufacturer advises against dividing, crushing, chewing, or dissolving desvenlafaxine 50mg and 100mg extended-release tablets (Pristiq, Desfax, Desven).

- 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 minimize withdrawal symptoms.
- Do not skip a day or alternate days or doses. Do not suddenly stop antidepressants.
- Desvenlafaxine has **higher** risk for withdrawal symptoms. Read about withdrawal symptoms on the next page.

Step	Daily dose	Daily capsules	Date I started this dose	Tick when done	Step	Daily dose Venlafaxine	Daily capsules Venlafaxine	Date I started this dose	Tick when done
1	150mg desvenlafaxine	(3 x 50mg tablets)			22	6mg	2 x 3mg		
2	100mg desvenlafaxine	(2x 50mg tablets)			23	5.5mg	1 x 5mg & 1 x 0.5mg		
Switch to venlafaxine (100mg desvenlafaxine = 150mg venlafaxine)					24	5mg	1 x 5mg		
2	150mg venlafaxine	capsule			25	4.6mg	2 x 2mg & 2 x 0.3mg		
3	75mg ven	2 x 37.5mg capsules			26	4.2mg	1 x 3mg & 3 x 0.4mg		
4	57.5mg	1 x 37.5mg & 2 x *10mg			27	3.8mg	1 x 3mg & 2 x 0.4mg		
5	47.5mg	1 x 37.5mg & 1 x 10mg			28	3.5mg	1 x 3mg & 1 x 0.5mg		
6	37.5mg	1 x 37.5mg			29	3.2mg	1 x 3mg & 1 x *0.2mg		
7	30mg	3 x 10mg			30	3mg	1 x 3mg		
8	25mg	2 x 10mg & 1 x *5mg			31	2.6mg	1 x 2mg & 2 x 0.3mg		
9	22.5mg	2 x 10mg & 1 x *2.5mg			32	2.3mg	1 x 2mg & 1 x 0.3mg		
10	20mg	2 x 10mg			33	2mg	1 x 2mg		
11	17.5mg	1 x 10mg & 3 x 2.5mg			34	1.9mg	1 x 1mg & 3 x 0.3mg		
12	15mg	1 x 10mg & 1 x 5mg			35	1.6mg	1 x 1mg & 2 x 0.3mg		
13	14mg	1 x 10mg & 2 x *2mg			36	1.4mg	1 x 1mg & 1 x 0.4mg		
14	12.5mg	1 x 10mg & 1 x 2.5mg			37	1.2mg	1 x 1mg & 1 x 0.2mg		
15	11.5mg	1 x 10mg & 1 x *1.5mg			38	1.1mg	1 x 1mg & 1 x *0.1mg		
16	10.4mg	1 x 10mg & 1 x *0.4mg			39	0.9mg	3 x 0.3mg		
17	9.4mg	3 x *3mg & 1 x 0.4mg			40	0.73mg	2 x 0.3mg & 1 x *0.13mg		
18	8.5mg	2 x 3mg & 1 x 2.5mg			41	0.56mg	1 x 0.3mg & 2 x 0.13mg		
19	7.8mg	3 x 2.5mg & 1 x *0.3mg			42	0.39mg	3 x 0.13mg		
20	7.5mg	1 x 5mg & 1 x 2.5mg			43	0.26mg	2 x 0.13mg		
21	6.5mg	1 x 5mg & 1 x *1.5mg			44	0.13mg	1 x 0.13mg		Then STOP

These steps are most important. Do not skip.

Acknowledgement: Dr Mark Horowitz for guidance on dosing schedule (Maudsley Deprescribing Guidelines for more information). 13 Jan 2026

Venlafaxine (Efexor, Elaxine, Enlafax) is available in 37.5mg, 75mg, and 150mg modified release capsules. Capsules contain small spheroid beads coated in a membrane which controls diffusion. Mini dose capsules are available on prescription from a compounding pharmacy OR by opening a capsule, weighing or counting beads using clean, dry hands and a ruler or tweezers, and putting dose of beads back into the capsule or another gelatine capsule bought from a pharmacy or online for ingestion. The manufacturer advises that capsules may be opened. If the beads are not crushed, then their absorption profile is unaffected. The beads should not be swallowed without a capsule and should not be chewed. eMIMS: <https://app-emimselite-com.ap1.proxy.openathens.net/Drct?id=482>
 Each capsule contains the same weight of drug but because the beads vary in size, capsules may contain different numbers of beads. If your 37.5mg capsule contains around 250 beads, then a 5mg dose is around 33 beads, and 0.15mg dose is around 1 bead.

Is it withdrawal or is it relapse?

It can be challenging weaning off antidepressants. You may be feeling anxious, irritable and tearful and wondering whether you are experiencing withdrawal or relapse. It is not always easy to tell.

Antidepressant withdrawal symptoms are common, and more likely if you have been taking an antidepressant for a long time or at higher doses.

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 decreasing by 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.

