



# How to taper desvenlafaxine safely

A clear, practical walk-through of how people reduce desvenlafaxine gradually – written to read alongside the advice your prescriber gives you, never instead of it. About a 7-minute read.

 **This is a dose conversion calculator, not a tapering plan.** Get a safe tapering plan from your healthcare team before starting any reduction. The [Maudsley Deprescribing Guidelines](#) and the [RELEASE Toolkit](#) are good resources to discuss with your doctor, or [book a telehealth appointment with the TaperMate Clinic](#) to get a personalised tapering plan.

## Why come off slowly

Stopping desvenlafaxine is usually harder than starting it. The relationship between the dose you take and its effect on the brain isn't a straight line – at lower doses, even a small reduction in milligrams can be a large change in effect. This is why prescribers increasingly recommend **hyperbolic tapering**: smaller and smaller reductions as the dose gets lower, rather than fixed steps.

In practice that means the standard strengths – designed for the treatment range, not for coming off – often can't give you the small doses the end of a taper needs. That's where a method like the one below, so you can measure a precise fraction, comes in.

## Combining capsule strengths, step by step

1. Check which capsule strengths your pharmacy can dispense or compound.
2. Use the calculator below to find a combination of whole capsules that reaches your target dose.
3. Take the combination together as a single daily dose.
4. Re-check the combination with your prescriber at each reduction step.

[Open the desvenlafaxine calculator to work out your dose →](#)

# Your step-by-step taper schedule

This is the Desvenlafaxine schedule from the RELEASE Toolkit, reproduced with permission. It's a starting point to **discuss with your prescriber** — you can pause, slow down or speed up depending on how you feel. Aim to reduce roughly every 2–4 weeks.

STEP	DAILY DOSE	DAILY TABLETS / CAPSULES
1	200mg	4 × 50mg tablets
2	150mg	3 × 50mg tablets
3	100mg	2 × 50mg tablets
4	80mg	1 × 50mg tablet & 3 × 10mg capsules
5	60mg	1 × 50mg tablet & 1 × 10mg capsule
6	50mg	1 × 50mg tablet
7	40mg	4 × 10mg capsules
8	30mg	3 × 10mg capsules
9	25mg	2 × 10mg & 1 × 5mg capsules
10	20mg	2 × 10mg capsules
11	17mg	1 × 10mg, 1 × 5mg & 1 × 2mg capsules
12	15mg	1 × 10mg & 1 × 5mg capsules
13	12mg	1 × 10mg & 1 × 2mg capsules
14	9mg	1 × 5mg & 2 × 2mg capsules
15	7mg	1 × 5mg & 1 × 2mg capsules
16	5mg	1 × 5mg capsule
17	4mg	2 × 2mg capsules
18	3mg	1 × 2mg & 1 × 1mg capsules
19	2mg	1 × 2mg capsule
20	1mg	1 × 1mg capsule
21	Stop	You've completed the taper 🎉

Highlighted steps are the most important — do not skip them.

- Do **not** skip the final small-dose steps — they're the most important for preventing withdrawal.
- Don't skip days, alternate days, or suddenly stop.
- If withdrawal symptoms appear, you can return to your previous dose; when ready, reduce more slowly.

Schedule © The University of Queensland (RELEASE Toolkit), reproduced with permission. Dosing guidance: Dr Mark Horowitz.

## Measuring smaller doses accurately

Use the right tool for your method — an **oral syringe** for liquids (your pharmacist can supply 1 mL, 5 mL and 10 mL sizes), or a **milligram scale** for weighing. Choose the smallest measuring tool that fits your dose: it's far more accurate for tiny amounts.

- Measure slowly and double-check before you take your dose.
- Read at eye level, against the syringe plunger's flat edge.
- Keep the concentration or method the same each day so doses stay consistent.

## What withdrawal can feel like

Withdrawal effects vary a lot between people. They often come in **waves** — harder days followed by **windows** of feeling more like yourself. Common, usually-manageable effects include dizziness, "brain zaps", nausea, vivid dreams, irritability and low mood. They tend to ease if you hold at your current dose for a while before reducing again.

**Seek advice promptly** if you have thoughts of harming yourself, severe or worsening mood, or symptoms that don't settle. Contact your prescriber, or in an emergency call **000**. In Australia you can also call **Lifeline on 13 11 14**.

## Questions for your appointment

- How quickly is it safe for me to reduce, and by how much each step?
- How long should I hold at each dose before the next reduction?
- What should I do on a bad day — hold, slow down, or pause?
- Which symptoms mean I should contact you sooner?
- Would a compounded oral liquid be more accurate for my lowest doses?

NEXT STEP

# Plan your full taper in TaperMate

This calculator handles one dose. The TaperMate app calculates a full reduction schedule with hold periods, microtapering and symptom monitoring – so each new dose is one tap away, not a daily maths problem.



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App Store



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## Sources to discuss with your prescriber

- Horowitz MA, Taylor D. *The Maudsley Deprescribing Guidelines: Antidepressants, Benzodiazepines, Gabapentinoids and Z-drugs*. Wiley, 2024.
- **RELEASE Toolkit** – Reducing & Eliminating LongtErm AntidepreSsant usE. [releasetoolkit.com.au](https://releasetoolkit.com.au)
- **Therapeutic Goods Administration**. Therapeutic Goods (Excluded Goods) Determination 2018, item 14L.