



How to taper escitalopram safely

A clear, practical walk-through of how people reduce escitalopram 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 escitalopram 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.

The liquid method, step by step

1. Cut a tablet to the portion you need with a pill cutter.
2. Crush the piece between two spoons over a small plate.
3. Stir it into a measured volume of water to make a known concentration — it will look cloudy, which is expected.
4. Stir again immediately before drawing your dose; the active ingredient settles quickly.
5. Measure your prescribed dose with an oral syringe and take it.
6. Make a fresh liquid each day and discard any unused liquid in the rubbish.

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

Your step-by-step taper schedule

This is the Escitalopram 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	LIQUID / DROPS / DILUTE SOLUTION	CAPSULES OPTION
1	20mg	2 × 10mg tablets	—
2	15mg	1½ × 10mg tablets	—
3	12mg	1 × 10mg tablet & 2 drops liquid (20mg/ml)	—
4	10mg	1 × 10mg tablet	—
5	7mg	7 drops liquid (20mg/ml)	—
6	5mg	½ × 10mg tablet	—
7	4mg	4 drops liquid (20mg/ml)	—
8	3.5mg	3.5ml dilute solution (1mg/ml)	—
9	3mg	3 drops liquid (20mg/ml)	—
10	2mg	2 drops liquid (20mg/ml)	—
11	1.6mg	1.6ml dilute solution (1mg/ml)	4 × 0.4mg capsules
12	1.2mg	1.2ml dilute solution (1mg/ml)	3 × 0.4mg capsules
13	1mg	1 drop liquid (20mg/ml)	—
14	0.8mg	0.8ml dilute solution (1mg/ml)	2 × 0.4mg capsules
15	0.7mg	0.7ml dilute solution (1mg/ml)	1 × 0.4mg & 3 × 0.1mg
16	0.5mg	0.5ml dilute solution (1mg/ml)	1 × 0.4mg & 1 × 0.1mg
17	0.3mg	0.3ml dilute solution (1mg/ml)	3 × 0.1mg capsules
18	0.1mg	0.1ml dilute solution (1mg/ml)	1 × 0.1mg capsule
19	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.



Download on the
App Store



Get it on
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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
- **Therapeutic Goods Administration**. Therapeutic Goods (Excluded Goods) Determination 2018, item 14L.