



Guide to Tapering Antidepressant Medications

How to navigate the decision and process of tapering an antidepressant in a personalized and supportive way.

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Introduction

Antidepressant medication tapering is a process that takes time, energy, and flexibility. Due to the often chronic use of antidepressants to treat anxiety and depression without supporting data, providers are often ill-equipped to assist with taper plans, and some patients may find themselves being taken off the medication too quickly for their bodies and minds to adapt. The process of tapering an antidepressant should be individualized and driven by your personal experience, not a protocol.

This guide is built to assist with an understanding of how best to navigate the decision and process of tapering an antidepressant in a personalized and supportive way. This guide should not be used as a substitute for medical and professional advice or assistance in the process of tapering a prescription medication.

Assessing Readiness to Taper Antidepressant Medications

Many factors go into readiness to taper prescription antidepressants. As you make this decision for yourself, here are a few things to consider and ask yourself.

Questions to ask yourself in assessing your readiness to taper off an antidepressant:

- Is my mental health currently stable, and mood in a place where I feel I can maintain safety during a prescription taper?
- Has my mood been improved and stable for 6-9 months on my current dose of antidepressant?

- What is my current relationship with and feelings toward my antidepressant, and do I feel ready to go through life without it?
- Do I feel capable and ready to undergo a process that may be emotionally or physically difficult at times?
- Do I feel I have the tools and personal and professional support I need to make the transition off an antidepressant?
- Am I willing to make other lifestyle changes to support myself during a prescription taper process if necessary?
- Do I understand when I am in mental health crisis and have a plan for if this happens to occur?

If the answer to any of the above questions is “no”, it may be beneficial to discuss and prepare more with your provider, therapist, or health coach prior to starting a prescription medication taper.

The Ash of the Body and Mind when Tapering an Antidepressant

The underlying cause of mood disorders, such as depression and generalized anxiety, continues to evade the understanding of Western medicine. Despite this, there are many within the medical and healing communities who promote the understanding of these symptoms to have their roots in nervous system dysregulation, often stemming from emotional insults or traumas as children.

This understanding outlines that our nervous systems are trained as early as during gestation to recognize and respond to “threats” within our environment. These “threats” to the undeveloped brain can range from stress hormones of our mothers while they were carrying us in the womb, to being teased or bullied by peers or caregivers, to being emotionally or physically abused. From the ages of 0-7 years old, the human brain is a sponge to these external inputs and it memorizes what triggered a flight/fight/freeze response at a young age and stores that information in the subconscious mind.

As adults, these subconscious programs from childhood then continue to operate our nervous system cues behind the scenes based on external stimuli communicating to our bodies when it perceives a “threat.” The issues arise in mood regulation when these cues or perceived “threats” from external stimuli are no longer actually threats to the adult human, yet they continue to hijack our nervous systems creating behaviors that are not supportive to the lives we want to be living.

In this way, the nervous system can be thought of as the connection between the mind and the body. As the subconscious mind takes in external input through the senses, the nervous system responds by sending messages to the body telling it how to respond. The cognitive, conscious mind gets to have input only once all these cascades are set into motion, as it takes that much longer for the signals to get to the executive functioning part of the brain.

When the nervous system is calibrated to “threats” that are not actually dangerous, however, the messages it sends the body come through activation of the sympathetic nervous system feel like continual stress in situations where stress is actually detrimental to our bodies and lives. In this way, we quickly become overwhelmed by the bombardment of out of place feelings of needing to freeze (depression), flee (anxiety), or fight (anger).



Oftentimes, antidepressant medications are prescribed without a full understanding of the feelings that are being triggered for an individual, the circumstances in an individual's life that leads to continuous triggering, or the potential origins of why these circumstances are triggering. It is actually arguable that the cultural expectations of today are such that it is generally assumed that life is overwhelming, so feelings of depression (freeze response) or anxiety (flee response) are considered somewhat normal.

Since the discovery of SSRIs, the medical community has relied heavily on these medication tools to manage this overwhelm of feelings. When SSRIs were first presented to the medical community by pharmaceutical companies, there was a lot of hope that these medications would be the cure for depression and anxiety.

Unfortunately, that has not been the case, and, to make the matter worse, the medical community has recently realized that pharmaceutical companies were not publishing the studies that showed SSRIs to be no better than placebo and only publishing positive trials. Since having access to all the negative trials and compiling this data, the realization is that in people with mild to moderate depression, SSRIs are no better than placebo.

We feel these medications make feelings more manageable but for the majority of people, the only thing that really makes that the case is our own minds.

So what is "The Ask" of the body and mind when beginning the process of tapering an antidepressant? It's to begin to work with our nervous system by being mindful. As we remove the medication that makes the feelings more manageable, nervous system regulation requires the practice of feeling, identifying, and processing our emotions. **The best part about this ask is that it is attainable for everyone.**



Mindfulness is a term that is thrown around a lot and oftentimes seems mystical, but it is actually quite grounded and practical. Mindfulness is simply allowing oneself to feel the emotions that come up and having the awareness to name and accept the sensations of the emotion. The processing of that sensation of the emotion then comes into play with recognizing and tapping into healthy expressive outlets.

Mindfulness is a state of being, and studies have shown that being mindful actually calms our nervous systems down by activating the parasympathetic nervous system. As we begin to practice mindfulness, it may not feel natural, and it may even feel uncomfortable at first. So there are tools available to assist us in this practice, such as breath work, intentional movement, meditation, sound, and microdosing psychedelics.

The journey from muting nervous system activation to mindfully being present with our nervous systems is one that brings us back to a state of the whole felt experience of life with the knowledge of our own innate capacity and resilience.

Mindfulness Tools for Rebuilding the Mind Body Connection

As stated above, mindfulness is allowing oneself to feel the emotions that come up and having the awareness to name and accept the sensations of the emotion. Mindfulness practices as simple as naming the emotion in one's mind and feeling that emotion fully have been shown in studies to trigger our parasympathetic nervous system within our bodies. This part of our nervous system is meant to calm the body down. In other words, our bodies are literally wired to support our ability to feel and process our emotions instead of suppress them, even if we are experiencing a difficult emotion.



Tools that help us practice mindfulness and increase our capacity and resiliency in the face of difficult emotions include, but are not limited to, the following:

- Breathwork
- Meditation
- Intentional movement including yoga, tai chi, ecstatic dance, etc
- Sound
- Microdosing psychedelics

The part of mindfulness practices that tends to baffle people a bit is the part of quieting the mind. We live in a society that over-emphasizes cognitive understanding and processing of information and under-appreciates the felt experience of being in our bodies and feeling the sensations of being a human.

The felt part of being human is so, arguably, under-appreciated culturally that many people do not even know how to stop the chatter of their minds and just feel their bodies. This dissociation is part of what mindfulness practices and tools help us repair - They help us rebuild the mind-body connection through nervous system regulation.

As you begin to practice mindfulness and to rebuild the mind-body connection, it may feel awkward at first, but with time, you begin to realize that you have access to a very calming space whenever you need it. Another thing that begins to happen is that instead of big emotions hijacking you, you realize you have the capacity to stop long enough to rationally be able to recognize what's going on and respond in a way you want to instead of reacting to an emotion. The more comfortable you become with feeling the sensations of emotions within your body and being able to recognize what is triggering them, then you truly have access to information regarding the underlying causes of depression and anxiety to work with.



These practices are all available to everyone, truly. If you are working with a coach or therapist, ask them to assist you in identifying practices that can be integrated into your daily routine. If you do not have a coach or therapist supporting you, any of these practices can be found on YouTube or with a Google search. There are endless resources available online, so be curious and see what intrigues you.

The most important piece to any of these practices is making them part of your daily routine. They are a practice, so they take practice. Creating the time and space, even if it's just 10 minutes a day, for mindfulness practices is the best way you can support yourself through this process.

Withdrawal Symptoms vs Recurrence

An important thing to remember when considering how a taper may feel is that the response can run the entire gamut of experiences. Some folks stop their antidepressant cold-turkey and have no change in mood or symptoms of withdrawal or recurrence, whereas, others start to decrease their dose just a bit and have both. The medical community does not have a grasp on this well enough to predict what any given person's experience will be.

All that to say - **Tapering is an INDIVIDUAL experience.** The protocols and taper outlines available in this guide, on the internet, and from your provider are guides only. They are general outlines to assist with this process, but they are meant to be informed by your felt experience. It is so very important to listen to your body and honor what it is telling you through this process. Be flexible and allow yourself the time and space for this process to unfold whether it takes 4 weeks or 6 months.

Generally speaking, tapering the antidepressant decreases the rate and severity of these symptoms. Cited rates of antidepressant withdrawal symptoms range anywhere from 27-86% of people, with an average of 56% of people experiencing these symptoms at some point while stopping an antidepressant.

Withdrawal symptoms include but are not limited to fatigue, insomnia, dizziness, nausea, sensory disturbances such as feeling abnormal sensations or 'brain zaps', anxiety, irritability, and other "rebound symptoms" similar to the original illness the medication was prescribed to treat. Typically, these symptoms occur within one week of decreasing the dose or stopping an antidepressant, and this quick timing is what indicates the symptoms to be related to withdrawal as they tend to resolve with time.

It is important to note this timing as often times withdrawal or rebound symptoms are confused with disease recurrence and used as justification for why a medication is "needed" in order to keep symptoms manageable. The goal of tapering is to minimize withdrawal and rebound symptoms in both severity and amount of time they occur.

Many folks find that tapering an antidepressant goes fairly smoothly until they get down into really small doses. The reason for this may be that the changes to serotonin receptor occupancy do not drop significantly until the dose of antidepressant is back to starting doses or less. In other words, the effect of the medication in the brain does not decrease in a linear fashion. For this reason, taper plans with a larger decrease in dose at the beginning may be tolerable while still requiring smaller increments of dose change or longer periods of time on a dose towards the end of the taper.

Alternatively, the recurrence of depression or anxiety typically occurs 3-4 weeks after stopping the antidepressant. As discussed previously, antidepressants do not address or cure the underlying nervous system dysregulation that contributes to depression and anxiety, so unless work is done to address these issues, there is a possibility of disease recurrence after stopping a medication that has been keeping symptoms at bay.

Ideally, with the utilization of mindfulness tools and support strategies to address the underlying causes for depression or anxiety during the process of tapering, one will feel equipped to better regulate one's nervous system and emotions by the time they are off the medication.

Example Taper with Microdosing Protocol

Since there are many, many antidepressants and anti-anxiety medications on the market, this example is simply a general starting point to give you a sense of what a taper protocol can look like when coupled with a microdosing protocol.

Generally speaking, microdosing psychedelics is a practice that has been reported by 1000's of users to have a broad range of beneficial effects. For complete transparency, there is no data showing that microdosing is helpful for tapering antidepressants. That said, I have found in my practice that many people find it to be a helpful tool to assist with this process. The benefits I have seen with clients include improved mood, assistance with withdrawal symptoms, and enhanced ability to practice mindfulness and nervous system regulation.

For more background information on things microdosing, check out The Microdosing Institute's resources here: <https://microdosinginstitute.com/microdosing-101/>.

Please note, psychedelic substances are still illegal in many states within the US and other countries, even in microdoses. It is important to educate yourself on the legality of taking these substances before you start.

Things to consider when building a practical taper plan

- Starting dose of antidepressant, available formulations of medication (tablet, capsule, ER formulations, suspensions, etc), and smallest commercially available dose strength all should be considered to build a practical taper plan
- Prescribing providers should always be included in the conversation regarding tapering an antidepressant. Ideally, a taper plan is something they are willing to work with you to create, monitor, and adjust as needed. At the very least, it is important to stay in touch with your prescriber so you do not run out of medication during the tapering process.
- Generally, taper plans span over 10-12 weeks when starting on a full dose. That time frame is helpful as a starting point, but once the taper begins, the length of the taper should depend on your experience. Sometimes tapers take 6-12 months, and that is ok.

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- Many antidepressants are prescribed as extended release tablets or capsules and are not intended to be split or opened. The reason for this is when these formulations are split or opened the absorption of them is altered. It is important to consider this and be working with an immediate release tablet or capsule or a liquid formulation that is safe to take in smaller increments.
- If tapering with the smallest commercially available prescription dose strength is not tolerable due to withdrawal and rebound symptoms, the best option is to work with your provider to obtain a prescription for the medication in liquid suspension formulation so you can taper 1-5mg at a time, depending on the medication.

Example Starting prescription Sertraline 100mg daily

Considerations before starting:

Sertraline is available as an immediate release tablet formulation. The smallest tablet strength commercially available is 25mg and can split in 1/2 or 1/4 because it is immediate release.

WEEK 1

Sertraline 100mg daily. Start microdosing protocol every third day.

Since many antidepressants have a blunting effect on psilocybin and LSD, the micro dose may be on the higher end of micro dose range for the substance being utilized. A micro dose should be sub-perceptible but noticeable in mood, creativity, attention, etc to barely perceptible.

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WEEKS 2-3

Sertraline 75mg daily. Continue microdosing every third day.

Assess if dose of psychedelic requires decrease based on perceptibility. Adjust as needed.

At the end of week 2, assess tolerance of lowered dose.

- If tolerating well with no changes to symptoms, proceed with taper.
- If withdrawal symptoms have occurred at any time or if the person has a history of withdrawal symptoms on stopping an antidepressant, increase dose to 87.5mg daily, continue that dose until withdrawal symptoms have resolved, and continue taper with 12.5mg dose increments instead of 25mg.

WEEKS 4-5

Sertraline 50mg daily. Continue microdosing every third day.

Assess if dose of psychedelic requires decrease based on perceptibility. Adjust as needed.

At the end of week 4, assess tolerance of lowered dose.

- If tolerating well with no changes to symptoms, proceed with taper.
- If withdrawal symptoms have occurred at any time, increase dose to 62.5mg daily, continue that dose until withdrawal symptoms have resolved, and continue taper with 12.5mg dose increments instead of 25mg.

WEEKS 6-7

Sertraline 25mg daily. Continue microdosing every third day.

Assess if dose of psychedelic requires decrease based on perceptibility. Adjust as needed.

At the end of week 6, assess tolerance of lowered dose.

- If tolerating well with no changes to symptoms, proceed with taper.
- If withdrawal symptoms have occurred at any time, increase dose to 37.5mg daily, continue that dose until withdrawal symptoms have resolved.

WEEKS 8-9

Sertraline 12.5mg daily (1/2 tablet). Continue microdosing every third day.

Assess if dose of psychedelic requires decrease based on perceptibility. Adjust as needed.

At the end of week 4, assess tolerance of lowered dose.

- If tolerating well with no changes to symptoms, proceed with taper.
- If withdrawal symptoms have occurred at any time, increase dose to 18.75mg daily, continue that dose until withdrawal symptoms have resolved.

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WEEKS 10-11

Sertraline 6.25mg daily (1/4 tablet). Continue microdosing every third day.

Assess if dose of psychedelic requires decrease based on perceptibility. Adjust as needed.

At the end of week 6, assess tolerance of lowered dose.

- If tolerating well with no changes to symptoms, proceed with taper.
- If withdrawal symptoms have occurred at any time, increase dose back to 12.5mg daily, continue that dose until withdrawal symptoms have resolved, and consider switching formulation to liquid suspension in order to decrease dose by 1-2mg increments until off.

WEEK 12

Stop sertraline. Continue microdosing protocol.

Assess if dose of psychedelic requires decrease based on perceptibility. Adjust as needed.

WEEK 13

Stop sertraline. Continue microdosing protocol.

End microdosing protocol. Take 2-4 weeks off microdosing and assess whether another 12 week round would be supportive.

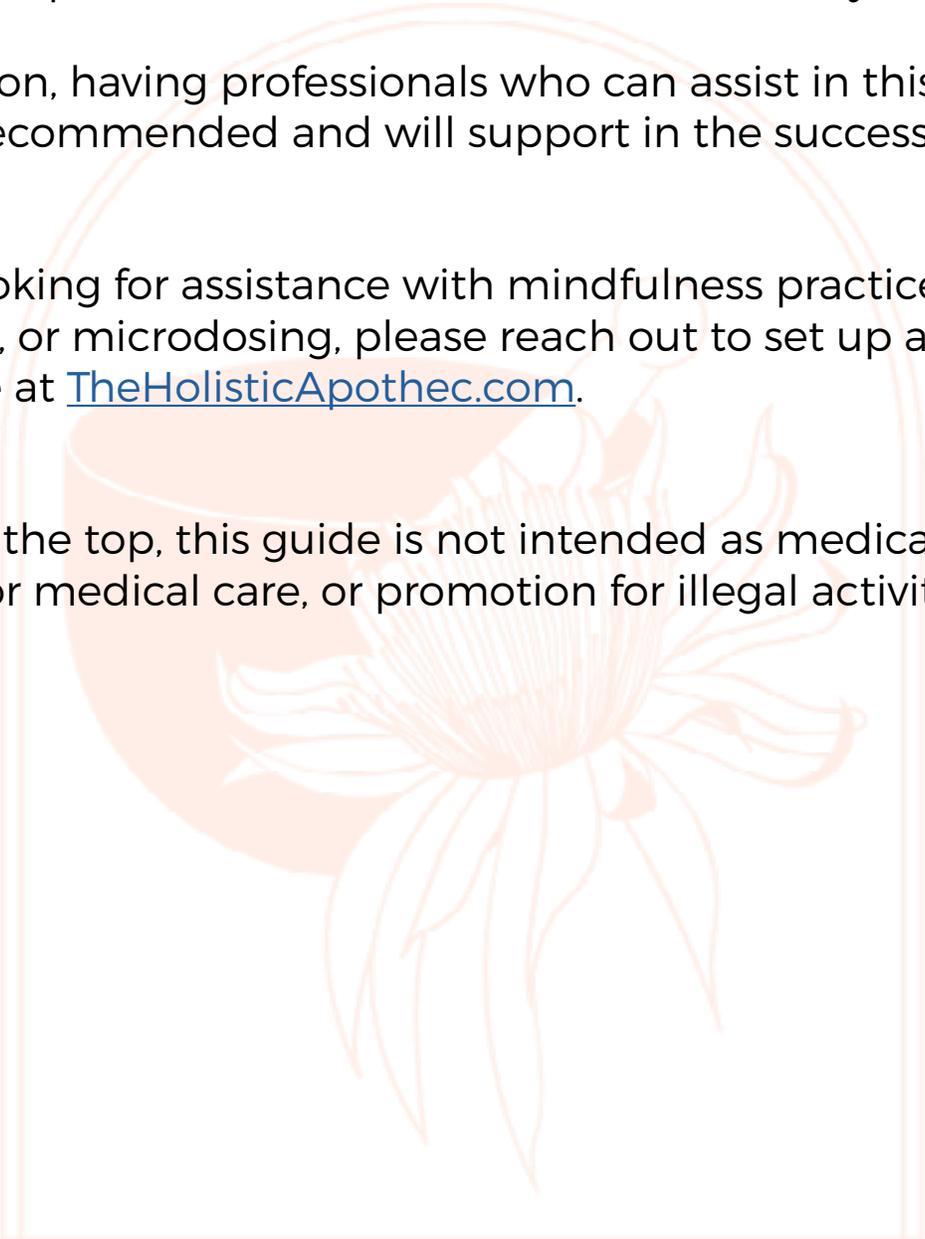
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As you can see, there are many factors and logistics to consider when tapering an antidepressant. I realize this may make tapering seem like an unattainable hurdle, especially when coupled with incorporating the work of nervous system regulation through mindfulness. I promise this work is attainable for everyone.

For this reason, having professionals who can assist in this process is strongly recommended and will support in the success of this process.

If you are looking for assistance with mindfulness practices, building a taper plan, or microdosing, please reach out to set up a discovery call with me at TheHolisticApothec.com.

As stated at the top, this guide is not intended as medical advice, a substitute for medical care, or promotion for illegal activity.



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