



# 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.

## How to taper desvenlafaxine

### EXAMPLE METHOD

Adapted from the [RELEASE Toolkit](#). Desvenlafaxine can't be made into a liquid or weighed – you must either use compounded capsules from a pharmacy or switch to venlafaxine, then taper that.

# 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.



### OR switch to venlafaxine first

Desvenlafaxine extended-release tablets (Pristiq, Desfax, Desven) **must not be divided, crushed, chewed or dissolved** – so liquid and weighing methods don't apply. The manufacturer and the RELEASE Toolkit advise switching to **venlafaxine**, which has similar pharmacology, then tapering with the venlafaxine plan. No wash-out period is needed – just a dose conversion your prescriber will confirm.

Continue with venlafaxine:

[Venlafaxine guide →](#)

[Bead counting →](#)

[Weighing →](#)

## 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.

The RELEASE Toolkit has [an overview of antidepressant withdrawal symptoms](#), and [how to tell withdrawal apart from relapse](#).

**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 – pause or slow down?
- Which symptoms mean I should contact you sooner?

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  
Google Play

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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.
- Sørensen A. *Crossing Zero: The Art and Science of Coming Off – and Staying Off – Psychiatric Drugs*.
- RELEASE Toolkit – Reducing & Eliminating LongtErm AntidepreSsant usE. [releasetoolkit.com.au](https://releasetoolkit.com.au)