



How to taper duloxetine safely

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

Work out your dose as you read

This is the same duloxetine calculator – change any number and watch it recalculate.

DULOXETINE · COMBINE CAPSULES

Single dose calculator

Capsule strengths available

60, 30, 10, 5

mg

Dispensed or compounded – comma-separated, e.g. 150, 75, 37.5.

Target dose

40

mg

What you want to take today.

TAKE THIS COMBINATION – EXACT MATCH

1 × 30 mg + 1 × 10 mg

2 capsules – exactly 40 mg.

Formula combination dose = sum of the capsules you take

With your numbers $1 \times 30 \text{ mg} + 1 \times 10 \text{ mg} = 40 \text{ mg}$

✓ **Exact – this combination matches your target**

No rounding needed with the strengths you entered.

Open the full calculator for duloxetine:

Combine caps →

Weigh →

Count beads →

Your step-by-step taper schedule

This is the Duloxetine 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 CAPSULES
1	60mg	2 × 30mg capsules
2	40mg	1 × 30mg & 1 × 10mg capsules
3	30mg	1 × 30mg capsule
4	20mg	2 × 10mg capsules
5	15mg	1 × 10mg & 1 × 5mg capsules
6	12mg	1 × 10mg & 2 × 1mg capsules
7	10mg	1 × 10mg capsule
8	8mg	1 × 5mg & 3 × 1mg capsules
9	7mg	1 × 5mg & 2 × 1mg capsules
10	6mg	1 × 5mg & 1 × 1mg capsule
11	5mg	1 × 5mg capsule
12	4mg	4 × 1mg capsules
13	3mg	3 × 1mg capsules
14	2.5mg	2 × 1mg & 1 × 0.5mg capsules
15	2mg	2 × 1mg capsules
16	1.5mg	3 × 0.5mg capsules
17	1mg	1 × 1mg capsule
18	0.5mg	1 × 0.5mg capsule
19	0.25mg	1 × 0.25mg capsule
20	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

Duloxetine capsules typically contain **enteric-coated microbeads**. As an alternative to compounded doses, some people **weigh or count the beads** to measure smaller doses.

- Measure slowly and double-check before you take your dose.
- Count or weigh on a clean, flat, draught-free surface.
- Keep to the same method each day so doses stay consistent.

Calculators for these methods:

[Count beads →](#)

[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?
- Would a compounded product 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
Google Play

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