



How to taper reboxetine safely

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

Work out your dose as you read

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

REBOXETINE · LIQUID

Single dose calculator

Tablet strength

4

mg

Strength of the tablet you're using.

Water volume

10

mL

How much water you dissolve or disperse the tablet in.

Target dose

2

mg

What you want to take today.

Volume to take

5

mL

Calculated for you.



TAKE THIS MUCH OF THE LIQUID

5 mL

from the 10 mL you mixed, to get a 2 mg dose.

Formula $\text{volume to take} = (\text{target dose} \div \text{tablet strength}) \times \text{water volume}$

With your numbers $(2 \text{ mg} \div 4 \text{ mg}) \times 10 \text{ mL} = 5 \text{ mL}$

Measure to the nearest 0.1 mL on your syringe.

✓ **Measure to nearest 0.1 mL**

Standard oral syringes read to 0.1 mL. For very small volumes, ask your pharmacist about a 1 mL syringe.

Open the full calculator for reboxetine:

[Liquid →](#)

[Cut tablets →](#)

[Combine caps →](#)

[Weigh →](#)

Your step-by-step taper schedule

This is the Reboxetine 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 (0.2MG/ML), TWICE DAILY	CAPSULES, TWICE DAILY
1	4mg	1 × 4mg tablet	–
2	2mg	½ × 4mg tablet	–
3	1.5mg	7.5ml liquid	3 × 0.5mg capsules
4	1mg	5ml liquid	2 × 0.5mg capsules
5	0.7mg	3.5ml liquid	1 × 0.5mg & 2 × 0.1mg capsules
6	0.5mg	2.5ml liquid	1 × 0.5mg capsule
7	0.3mg	1.5ml liquid	3 × 0.1mg capsules
8	0.2mg	1ml liquid	2 × 0.1mg capsules
9	0.16mg	0.8ml liquid	4 × 0.04mg capsules
10	0.12mg	0.6ml liquid	3 × 0.04mg capsules
11	0.1mg	0.5ml liquid	1 × 0.1mg capsule
12	0.08mg	0.4ml liquid	4 × 0.02mg capsules
13	0.06mg	0.3ml liquid	3 × 0.02mg capsules
14	0.04mg	0.2ml liquid	2 × 0.02mg capsules
15	0.03mg	0.15ml liquid	3 × 0.01mg capsules
16	0.02mg	0.1ml liquid	1 × 0.02mg capsule
17	0.01mg	0.05ml liquid	1 × 0.01mg capsule
18	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.

Measuring smaller doses accurately

Use the right tool for your method — an **oral syringe** for liquids (your pharmacist can supply 1 mL, 3 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.

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