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Stopping Antidepressants Causes Withdrawal Symptoms, Study Shows

Analysis by Dr. Joseph Mercola | September 04, 2025

STORY AT-A-GLANCE

- Post-acute withdrawal syndrome (PAWS) affects many people stopping antidepressants, with symptoms lasting months to over 13 years after discontinuation
- Studies consistently show paroxetine causes the most severe withdrawal problems. In addition, short half-life antidepressants generally trigger more PAWS symptoms than longer-lasting ones
- Withdrawal symptoms have distinct patterns unlike original depression, but are frequently misdiagnosed as relapse, leading to inappropriate treatment decisions
- Big Pharma funds studies minimizing PAWS effects and uses media campaigns to portray symptoms as "mild," despite evidence of severe impacts
- Physical activity is 1.5 times more effective than antidepressants for mental health, with walking and strength training providing powerful therapeutic benefits

Antidepressants have a long, documented history of side effects while taking them. For example, they've been shown to cause blurry vision, increased anxiety, constipation, sleep disturbances and loss of libido. As a result, around 56% of users are choosing to stop using these drugs.[1]

However, the trade-off here is that withdrawal symptoms arise, reaching a point where they have to take antidepressants again in an effort to feel functional at a baseline level.

Long-Term Antidepressant Withdrawal Is Common

A study published in Epidemiology and Psychiatric Sciences set out to learn what happens after people stop taking antidepressants. Specifically, the researchers investigated a condition known as post-acute withdrawal syndrome (PAWS), where symptoms continue long after someone stops their medication.[2]

This paper was the first systematic review of its kind focusing solely on antidepressants like selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs). It included six publications and five observational studies. The researchers didn't focus on patients in the early stages of stopping antidepressants — They focused on those experiencing symptoms months, or even years, after stopping.

- **The effect of PAWS on your brain health —** The researchers noted that PAWS creates a multitude of symptoms, including "dizziness, vertigo, tremor, nausea, insomnia, fatigue, mood dysregulation, anxiety, panic, irritability and agitation." In severe cases, those in withdrawal experience suicidal thoughts and behavior.[3]

- **Symptoms last for a long time —** According to the studies reviewed, lingering symptoms lasted anywhere from one-and-a-half months to a staggering 166 months (around 13.8 years). That's more than a decade of feeling emotionally flat because your brain never fully recovered after being chemically altered. Doctors usually tell patients that stopping antidepressants will be uncomfortable for a week or two, but this data tells a very different story.

- **Paroxetine caused the most problems —** The most consistent risk factor across these studies was long-term use of paroxetine. According to the researchers:

  > *"Two of the included studies indicate that in particular long-term paroxetine use may carry an increased risk of PAWS, but most studies were uninformative on this subject. One analysis of online self-reports further showed that the duration of tapering was positively correlated with the duration of withdrawal symptoms, suggesting that patients experiencing more persistent withdrawal symptoms try to taper more slowly."*

- **PAWS is not a relapse —** It's not your original depression coming back. PAWS has its own distinct pattern, and the symptoms often feel different than the ones that led you to take antidepressants in the first place. That distinction is key because it's why so many people are misdiagnosed as having a "relapse," when in fact they're going through withdrawal:[4]

  > *"[I]t appears that in both clinical research and practice, protracted and persistent withdrawal symptoms are frequently misdiagnosed as a relapse of the primary mental health condition (typically depression) or new emergent mental disorders, the latter being specifically embedded in the concept of persistent post-withdrawal disorders,"* the study authors said.

- **Stopping medication versus continuing usage —** One noteworthy finding about tapering off antidepressants is how it worsened symptoms compared to people who didn't stop. The researchers cited a 2021 randomized control trial (RCT), which had already excluded paroxetine, as well as venlafaxine because of their reputation for causing PAWS:[5]

  > *"In this study, 39 weeks after patients had started tapering citalopram, fluoxetine, sertraline or mirtazapine, the number of recorded withdrawal symptoms was still significantly increased compared to patients maintained on their antidepressant medication.*
  >
  > *Of note, in the design of this RCT, the popular antidepressant drugs paroxetine and venlafaxine were deliberately excluded, because, as written by the authors, both are known to cause marked withdrawal symptoms when treatment is discontinued."*

- **Effective treatment of PAWS is needed —** After analysis, the researchers suggest that more RCTs are needed regarding PAWS. However, they recommend that the focus should be on effective treatments, since there is little information regarding this topic:

> *"[R]igorous long-term RCTs are required to test the efficacy of treatment and management strategies. These studies would inform clinicians about effective interventions to mitigate the severity and duration of this impairing syndrome, as to date not a single clinical intervention has been formally evaluated."*

PAWS Is More Common Than You Think

A meta-analysis published in The Lancet Psychiatry investigated 79 studies with a total of 21,002 participants. The review encompasses different treatment settings, and types of antidepressants, offering a bird's eye view of PAWS.[6]

- **Many are affected once medication is stopped —** The team found that 31% of people who stop antidepressants experience some kind of withdrawal symptom. And nearly 3% of those individuals develop symptoms that are classified as severe, which can completely disrupt daily functioning.

  According to the analysis, symptoms typically began within a few days of stopping the drug, but in many cases, they didn't fully resolve for weeks. And the presence of symptoms wasn't necessarily linked to how long someone had taken the medication. Even short-term use (less than six months) triggered **withdrawal in the participants**.

- **The idea of antidepressants is enough to get your brain hooked —** People who took a placebo still reported symptoms at a rate of 17%. This is a classic nocebo effect, where the expectation of discomfort creates real symptoms.

- **Severity and type of symptoms weren't uniform —** Specifically, drugs such as paroxetine, venlafaxine, and desvenlafaxine ranked highest in symptom incidence. In contrast, drugs like fluoxetine (Prozac), which linger longer in the bloodstream, showed a much lower rate of withdrawal complaints. The researchers also suggested that the half-life of these drugs (how long they remain in the body) affects not just the severity of the symptoms, but the frequency as well.

- **Quitting outright isn't safe for users —** Based on the data presented, a slow tapering of dosage can be a viable strategy to reduce withdrawal effects instead of going cold turkey:[7]

> *"Tapering of antidepressants is recommended in most guidelines, and there is research suggesting that prolonged and hyperbolic tapering of antidepressants will substantially reduce (although not completely exclude) withdrawal effects and increase the likelihood of successful discontinuation of antidepressants."*

Big Pharma Is Downplaying the Effects of Antidepressants

Antidepressants are one of Big Pharma's moneymakers. According to a market analysis report from Precedence Research, the total antidepressant market in 2024 was valued at $18.99 billion and a whopping 47% of its consumers are found in North America alone.[8]

That said, Big Pharma has partially acknowledged the side effects of antidepressants on its users. Since mid-October 2004, the U.S. Food and Drug Administration requires manufacturers to place a black box warning on the packaging, which notifies users that these products can increase suicidal thoughts and behaviors, as well as trigger higher levels of anxiety, panic attacks, and insomnia.[9]

Despite these warnings, Big Pharma claims that these effects are only minor, which downplays all the real, severe harm these drugs have caused throughout the years.

- **Big Pharma is using science to give an air of legitimacy —** In a report by investigative journalist Maryanne Demasi, Ph.D., she criticizes a meta-analysis published in JAMA Psychiatry[10] that concluded the withdrawal symptoms of antidepressants as something that's only "mild."[11]

  One of the reasons Demasi did her analysis is because of the prestige behind the journal. When it releases an influential study, consumers and medical practitioners end up believing that the findings are true and accurate.

- **Media is brought in to help —** Using their near-unlimited resources, Big Pharma has mobilized mainstream media to push a narrative that their antidepressants can be slowly stopped, and as mentioned above, only produce mild side effects in doing so:

  > *"The authors mobilised a rapid media campaign to shape the public narrative, with the Science Media Centre issuing expert commentary to 'reassure both patients and prescribers' that most withdrawal symptoms were 'not clinically significant.'"*

- **The methodology is flawed —** Digging deeper into the issue, Demasi broke down the logic of the JAMA Psychiatry meta-analysis. According to her findings, the studies used in the review are either biased or poorly designed. For example, she pointed out that the clinical trials last only a few weeks or a few months — this isn't applicable to antidepressant users in America, as half of them have been already taking these medications for more than five years. Demasi continues:

  > *"Worse, many trials enrolled patients already taking antidepressants — then abruptly withdrew them before randomisation. As a result, those assigned to placebo experienced withdrawal symptoms that blurred the difference between treatment and control groups, artificially minimising the harms."*

- **Big Pharma funded the studies —** Demasi noted that most of the studies included in the meta-analysis were funded by the pharmaceutical industry. Furthermore, the researchers excluded medications such as paroxetine and escitalopram, which are already strongly linked to severe PAWS.

- **A firsthand account of PAWS —** In an interview with National Public Radio (NPR),[12] a Canadian patient named Philippa Munari took Effexor (venlafaxine) for 10 years. When she decided to stop taking it, problems started to appear even with the help of a doctor to taper it off.

  According to Munari, she developed nerve pain, as well as chronic pain in her neck and shoulders. To make matters worse, she also had severe anxiety — all of which she didn't have before. In an effort to manage her health issues, she had to go back

to taking Effexor but did a better job at tapering off.

- **The effects of PAWS are severe —** Munari shared that after her second round of Effexor (with a better tapering plan), her nerve pain and fatigue improved. However, the anxiety worsened. In fact, it took her almost two years to properly recover from her ordeal.

Exercise Is Your Best Ally Against Depression

If you've been feeling the blues lately, remember that the solution isn't a pill and hoping it will go away — it's about helping your body repair the very systems that have been thrown off balance in the first place. And one of the most effective ways to do that is getting regular exercise.

Exercise is not just a mood booster. It's a powerful strategy that rewires your brain, stabilizes your nervous system, and restores energy production at the cellular level. Barring any serious injury or physical ailment, I believe that it's one of the best ways to support your mental health because it's free and something that you can do right away.

- **Exercise is better than antidepressants —** In a meta-analysis of 97 studies, researchers noted that exercise has a noticeable benefit on mental health, going so far to conclude that it is 1.5 times more better than taking a pill. As noted by the lead author Ben Singh, Ph.D.:[13]

> *"Physical activity is known to help improve mental health. Yet despite the evidence, it has not been widely adopted as a first-choice treatment … Higher-intensity exercise had greater improvements for depression and anxiety, while longer durations had smaller effects when compared to short and mid-duration bursts."*

- **Any exercise is better than nothing —** Singh noted that moving your body, no matter how you do it, is beneficial. He explains:[14]

"We also found that all types of physical activity and exercise were beneficial, including aerobic exercise such as walking, resistance training, Pilates, and yoga. Importantly, the research shows that it doesn't take much for exercise to make a positive change to your mental health."

- **Start with a walk —** While it's tempting to start off with an intense session at the gym, you can already gain plenty of benefits by going for a walk. In **my interview with Dr. James O'Keefe**, he noted that it's a great way to boost your fitness — an average of 10,000 steps will create significant benefits. Moreover, it's a medium-intensity activity that can't be overdone, meaning you can do it every day without worrying about overexercising.

- **Strength training complements walking —** Lifting weights is another beneficial strategy that goes hand in hand with your daily walks, however, it's important that you don't overdo it. According to O'Keefe's research, once you get to 130 to 140 minutes of total strength training per week, the benefits are canceled out as if you were sedentary in the first place:

  "I've always been a fan of strength training ... But again, the devil is in the details about the dosing. When you look at people who do strength training, it adds another 19% reduction in all-cause mortality on top of the 45% reduction that you get from one hour of moderate exercise per day.

  When I strength train, I go to the gym and spend anywhere from 20 to 40 minutes, and ... I try to use weights that I can do 10 reps with ... After that, you're feeling sort of like spent and ... it takes a couple of days to recover. If you do that two, at the most three, times a week, that looks like the sweet spot for conferring longevity."

- **There are other useful strategies to manage depression —** While exercise is effective, it's not the only option available. I recommend repairing your gut with fermented foods (preferably homemade) because of how it is intricately intertwined with your brain function.

In addition, getting deep, restorative sleep is important to repair your mental health. Managing stress, as well as resetting your body's internal clock by getting sun exposure within 20 minutes upon waking up will also help heal your mental and physical well-being. For an in-depth explanation of these tips, read "**Depression Accelerates Physical Illness and Increases Disease Risk**."

Frequently Asked Questions (FAQs) About Post-Acute Withdrawal Syndrome

Q: What is Post-Acute Withdrawal Syndrome (PAWS) and how common is it after stopping antidepressants?

A: PAWS refers to long-lasting withdrawal symptoms that occur after discontinuing antidepressants such as selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs). These symptoms include dizziness, anxiety, tremors, insomnia, fatigue, and even suicidal thoughts.

According to published research, up to 31% of people who stop taking antidepressants experience some form of withdrawal, and symptoms can last from a few weeks to over 13 years in extreme cases.

Q: Are PAWS symptoms just a relapse of depression or something different?

A: No. PAWS symptoms are distinct from a relapse of depression. While often misdiagnosed as a return of the original mental health condition, PAWS has its own symptom profile and course. This misdiagnosis can lead to unnecessary reinstatement of medications and further confusion for patients.

Q: Which antidepressants are most associated with severe withdrawal symptoms?

A: Short half-life antidepressants like paroxetine, venlafaxine, and desvenlafaxine have the highest incidence of withdrawal symptoms. In contrast, longer-acting drugs like fluoxetine are associated with fewer issues. In any case, tapering these drugs slowly, rather than stopping abruptly, is recommended to reduce withdrawal effects.

Q: Is the pharmaceutical industry downplaying the risks of antidepressant withdrawal?

A: Yes. Investigative reports indicate that pharmaceutical companies minimize the severity of withdrawal symptoms. A 2025 meta-analysis published in JAMA Psychiatry characterized symptoms as "mild," but critics argue this was based on flawed, industry-funded research that excluded high-risk drugs and used poorly designed trials. Media campaigns further reinforced this downplaying.

Q: What is a safe and effective way to recover from antidepressant withdrawal?

A: Regular exercise is one of the most powerful tools for recovery. It supports mental health, stabilizes the nervous system, and boosts energy production. Research shows it is 1.5 times more effective than antidepressants for treating depression and anxiety. Activities like walking, strength training, yoga, and Pilates are all beneficial — even light exercise can make a meaningful difference.

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