Toward Evidence-Based Antidepressant Tapering in Children

By Laura Farach, MD, FAAP

Antidepressant tapering and deprescribing are gaining increasing attention across psychiatry, pediatrics, and public health. This momentum reflects a broader shift toward giving medication discontinuation more explicit attention as part of safe, developmentally informed psychiatric care. At the 2026 American Psychiatric Association Annual Meeting, a session titled “Deprescribing Antipsychotics, Antidepressants and Mood Stabilizers: Why When How” appeared in the APA’s official scientific program, showing that medication discontinuation is being addressed in psychiatric education (1). Internationally, the Royal College of Psychiatrists International Congress 2026 included a symposium on withdrawal symptoms and relapse (2). This broader shift is also supported by a peer-reviewed 2026 consensus statement from the American Society of Clinical Psychopharmacology Task Force in *JAMA Network Open*, which issued recommendations for deprescribing psychotropic medications and provides stronger evidence that tapering and discontinuation are becoming formal topics within psychiatric practice (3).

Within pediatrics, deprescribing is also receiving more focused attention, including through a planned AAP lecture on antidepressant deprescribing in children at the 2026 National Conference & Exhibition, held October 2–6 in San Diego. At the 2026 AAP Leadership Conference, a resolution was adopted calling for the AAP to develop evidence-based consensus guidelines for tapering antidepressant medications in collaboration with relevant stakeholders, including individuals with lived experience, and to educate pediatricians on how to safely deprescribe antidepressants in their patients when the risks outweigh the benefits.

This growing attention reflects an evolving understanding of withdrawal and tapering, much of it drawn from adult literature. Traditionally, antidepressant withdrawal was understood to be brief and self-limited, an assumption based largely on studies involving short treatment durations of eight to twelve weeks. As a result, tapering over only a few weeks was often considered adequate, with the expectation that acute withdrawal symptoms would resolve within approximately six weeks. However, some patients may have difficulty stopping antidepressants, particularly after long-term use or when taking medications with short half-lives (4).

In a March/April 2026 *AACAP News* discussion of antidepressant and antipsychotic deprescribing, Dr. Jeffrey Strawn explained, “Deprescribing is not simply prescribing in

reverse." The article described deprescribing as "an active, judgment-intensive process that sits at the crossroads of neurobiology, development, and the psychology of patients and families" (5). Strawn and colleagues emphasized that chronic medication exposure can lead to neurobiologic adaptations that may take time to reverse. Abrupt discontinuation may require rapid re-equilibration, while duration of treatment, receptor affinity, pharmacokinetics, and individual vulnerability may contribute to withdrawal risk (5). Stopping or reducing medication can raise clinical questions about withdrawal, relapse, patient preference, duration of prior exposure, and the pace of dose reduction, all of which may be especially complex when treatment began in childhood.

A recent *New York Times* guest essay titled "A Generation on Antidepressants Searches for the Exit" illustrated the kinds of concerns some long-term users describe when tapering antidepressants (6). Cam LaBar described "mood swings, apathy, and indifference to romance," which he attributed to the medications he had taken for 20 years, beginning in childhood. After discovering the deprescribing work of Dr. Mark Horowitz, author of the *Maudsley Deprescribing Guidelines*, LaBar began tapering in a hyperbolic fashion, meaning that dose reductions become progressively smaller as the dose gets closer to zero. Although he initially experienced increased depression and anxiety while tapering, those symptoms later subsided. After reducing his medications, he described "a kind of clarity that he hadn't experienced in a long time. His energy returned, and his mood swings finally disappeared" (6).

Despite this growing attention, much remains unknown about antidepressant tapering in children. Pediatric-specific evidence remains limited, and withdrawal symptoms may overlap with recurrence of the underlying condition, making clinical assessment challenging. More research is needed to help clinicians distinguish withdrawal from relapse and to identify safe, effective tapering strategies for pediatric patients. Perspectives from adults who began antidepressants in childhood should be taken seriously in developing future guidance, particularly because they can help clinicians understand long-term patient experiences that may not be captured in pediatric trials. Until more pediatric-specific evidence is available, guidelines may need to draw cautiously from the adult literature and recommend individualized tapering approaches when clinically appropriate. The goal is not to discourage appropriate prescribing, but to ensure that stopping medication receives the same care as starting it.

References

(1) American Psychiatric Association. Deprescribing Antipsychotics, Antidepressants and Mood Stabilizers: Why When How. Presented at: American Psychiatric

Association Annual Meeting; May 17, 2026. American Psychiatric Association. The session is listed in the APA's official 2026 Annual Meeting scientific program.
(2) Royal College of Psychiatrists. Withdrawal Symptoms and Relapse. Symposium S44. Presented at: RCPsych International Congress; June 15-18, 2026.
(3) Goldberg JF, McIntyre RS, Swartz HA, et al. Recommendations for the Deprescribing of Psychotropic Medications: A Consensus Statement From the American Society of Clinical Psychopharmacology Task Force. *JAMA Netw Open*. 2026;9(2):e260043. doi:10.1001/jamanetworkopen.2026.0043.
(4) Horowitz MA, Buckman JEJ, Saunders R, Aguirre E, Davies J, Moncrieff J. Antidepressants withdrawal effects and duration of use: a survey of patients enrolled in primary care psychotherapy services. Psychiatry Res. 2025 Aug;350:116497. doi: 10.1016/j.psychres.2025.116497. Epub 2025 Apr 18. PMID: 40404538.
(5) Strawn JR, Malik S, Shah B, Parker A, Lorberg B. Deprescribing in Child and Adolescent Psychiatry: When and How to Stop Medications Safely. *AACAP News*. March/April 2026.
(6) Bromley C. A Generation on Antidepressants Searches for the Exit. *New York Times*. Published August 7, 2026.