

Benzodiazepines:

Reasons to stop and stopping use

This resource is for people who are considering stopping, or have decided to stop, using benzodiazepines. It is provided in two parts; Part 1: Reasons to stop, and Part 2: Stopping use. Part 1 gives information on these drugs, including the problems that can arise from continuing their use, and outlines the advantages of stopping them. Part 2 includes specific information about managing withdrawal and beginning life without benzodiazepines.

This resource should be used in tandem with seeing your doctor who will be able to help you and give you advice.

This information is not intended for people who take benzodiazepines for medical conditions such as certain forms of epilepsy and disorders that cause muscle spasm. It is also not intended for people taking high doses of benzodiazepines; cessation in these cases requires strict medical supervision.

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Part 1: Reasons to stop

What are benzodiazepines?

The benzodiazepines are a group of drugs that are usually prescribed to relieve anxiety and stress or to promote sleep. The containers they come in are generally labelled with a trade name in large letters and the actual generic (drug) name in smaller letters. Most of the benzodiazepines marketed in Australia are listed in the following table:

| Generic (drug) name | Trade name |
|---------------------|--------------------------------------------|
| Long-acting | |
| diazepam | Valium; Ranzepam; Ducene; Antenex; Valpam |
| nitrazepam | Mogadon; Alodorm |
| flunitrazepam | Hypnodorm |
| clonazepam | Rivotril; Paxam |
| Short-acting | |
| oxazepam | Serepax; Murelax; Alepam |
| temazepam | Normison; Euhypnos; Euhypnos forte; Temaze |
| alprazolam | Xanax; Kalma; Zamhexal; Alprax |
| bromazepam | Lexotan |

If you have any doubts about whether you are taking a benzodiazepine drug or not, check with your doctor or pharmacist.

How do they work?

Benzodiazepines work by increasing the effects of a chemical messenger in the brain called GABA. GABA reduces brain activity. This leads to reduced muscle tension, less anxiety and a general slowing down or sedation. In certain conditions this may mean that you fall asleep.

The major differences between the drugs, listed in the table above, are the speed with which they start to work and the length of time they continue to have an effect. Some begin to work within minutes after you take them, whereas the effects of others are not noticeable for an hour or more. The effects of some benzodiazepines last for only a few hours, while the effects of others can last many hours.

Benzodiazepines are very effective and relatively safe drugs when used for short periods of time (eg 1–2 weeks), and in the amounts prescribed by your doctor.

What are the problems?

Many people receive great benefit from taking benzodiazepines, but like all forms of medication there are also problems.

They lose their effectiveness

After a period of use some people notice that their benzodiazepine is not as effective as it once was in reducing their anxiety or helping them get to sleep. In the case of anxiety, the symptoms may even seem worse than ever in the time just before each tablet is due. When this does occur, the person may feel the need to take a few extra tablets just to get by.

They have withdrawal effects

After using them for some time, some people stop taking their benzodiazepine suddenly. They may find that anxiety and sleeping problems return. However in many cases, the feelings they have after stopping are simply withdrawal effects, not the original problem of anxiety or sleepless disturbance. If you decide to give up benzodiazepines, you will learn more about withdrawal and how to overcome it in Part 2 of this information sheet. People who don't have this information and support often do not realise they are experiencing withdrawal effects from the drug and that these will eventually stop. Instead, they may become trapped in a cycle of dependence.

Feelings of a drugged state

Some people never feel normal when they are taking benzodiazepines. They may feel emotionally desensitised or as if they are under mild sedation for much of the time. Friends and relatives may also notice changes in the person; they seem sleepy or even intoxicated.

Older people are more sensitive to effects

Older people are particularly sensitive to benzodiazepines. The effects of many of these drugs last longer in the elderly. Loss of balance, falls and confusion are more common.

Don't mix with other medications or with alcohol

Benzodiazepines should not be taken with some other medications because they can cause harmful reactions. You should always check with your doctor or pharmacist if you plan to take anything else, even things like headache tablets, cough mixtures, hay fever medications and slimming tablets. Alcohol may increase some of the effects of benzodiazepines. Taken together they may slow reactions, cause people to lose their inhibitions and slow down normal bodily functions. Driving is especially dangerous when the two drugs are taken together.

Side-effects

There are a range of side-effects that will occur in some people taking benzodiazepines. The more common are:

- > drowsiness, tiredness, lethargy
- > dizziness, light-headedness
- > amnesia
- > emotional instability, irritability, anger
- > night-time urinary incontinence (in the elderly)
- > unsteady walking and reduced coordination.

All of these symptoms have a variety of possible causes, of which benzodiazepine use is only one. If you think the drug may be producing a side-effect that concerns you, it may be wise to discuss this with your doctor.

Stopping use of benzodiazepines

There are many reasons why people want to stop using benzodiazepines. It is worth spending a little time thinking about the reasons why you would like to stop, even if you are still unsure about doing so. Some of the following reasons may apply to you and you may also have others of your own.

Tick the reasons for stopping and add others to the list.

- loss of effectiveness
- concerns about becoming addicted
- not feeling 'normal'
- effects of mixing with other medications or alcohol side-effects
- having to visit the doctor many times
- the cost of the tablets

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You may also be reasons for not stopping.

From the following list tick those concerns of most relevance to you and add any others you may have.

- the return of anxiety or sleeping problems
- experiencing withdrawal symptoms
- not being able to cope without the tablets
- effects of mixing with other medications or alcohol side-effects
- trying to stop, but not succeeding

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It is recommended that you talk to your doctor about these issues.

Return of problems

Many people will not re-experience their original anxiety or sleeping problems when they stop taking the medication. In all likelihood, the original problem will have gone away over time and with changing circumstances. However, because the withdrawal symptoms include anxiety and sleep disruption, many people think their original problem is still present so they start using benzodiazepines again. In most cases the withdrawal symptoms are temporary. Some patients will experience symptoms for less than two weeks, while in general the time period is around six to eight weeks.

Withdrawal

Withdrawal symptoms can be minimised by gradually stopping use of the benzodiazepine. Severity of withdrawal can be affected by a number of factors including the dose, the type (eg short or long-acting) and the length of time you have been taking benzodiazepines. Your doctor will take this into account when advising you how to reduce the amount you take. We will look at withdrawal in more detail in the second part of this information sheet.

Difficulty coping

Many people develop feelings of comfort from having their tablets when they need them. This is only natural. However, stopping benzodiazepines does not necessarily mean that you will never be able to use them again. If required at a later time, your doctor may prescribe them for a short period. It is regular use over a long period that causes most problems.

Failing

The fear of failure worries most of us. If it is a major concern for you, tell only those people you trust most about what you are trying to do. You should also recognise that many people do not succeed at their first attempt, just as many smokers need several tries before giving up cigarettes completely. If you are one of these people, you may need to try more than once to completely stop using benzodiazepines. With each attempt, you will learn more about the process of withdrawal and how to manage the symptoms.

Making a decision

Having considered both the pros and cons of giving up use of your benzodiazepine, it is now time to think about your decision. Go back and compare the reasons for giving up with the reasons for not stopping. Balance these out, deciding which side of the argument carries more weight. Even if you have already made a decision to stop, it is very important to keep in mind the reasons why you are doing it and the difficulties you may face.

If you are finding it hard to reach a decision, talk it over with your doctor and with other people you trust and whose advice you respect. If you need further information or someone to talk to as well as your doctor, contact the Alcohol and Drug Information Service (ADIS) on 1300 13 1340, your local women's health service or community health centre.

Part 2: Stopping use

What is difficult about stopping?

When someone stops taking an antibiotic or one of many other drugs, nothing much happens – there is no difficulty and no strong desire to return to taking that drug. What is different about benzodiazepines?

There are two related differences:

- (1) Many people who use benzodiazepines for periods longer than two weeks or who stray from the prescribed dose come to rely on their benzodiazepine to help them to relieve symptoms such as anxiety or sleep disturbance. Some find it difficult to adjust to life without the medication, particularly if they have been using the benzodiazepine for years.
- (2) As described in Part 1, these drugs have withdrawal effects. That is, if you were to stop taking them suddenly you may feel some discomfort for a period of time. This discomfort may seem like the original problem returning (eg because you feel anxious or can't sleep properly), but is actually due to your body getting used to not having the drug any longer. It is not experienced by everyone and usually passes with time, but can sometimes be very distressing.

Someone accustomed to taking benzodiazepines may find coping with withdrawal difficult. However, by following the advice given here and provided by your doctor, stopping need not be hard. Instead, it may be a positive period of your life when you find you are able to think more clearly.

What are the symptoms of benzodiazepine withdrawal?

It is important to recognise any withdrawal symptoms as just that – symptoms that will go away when the body adjusts to not having the drug.

Common benzodiazepine withdrawal symptoms

Sleep

- > difficulty getting to sleep
- > disturbed sleep (and waking feeling unrested)
- > nightmares.

Emotions

- > tense
- > restless
- > feeling upset more often than usual
- > feeling depressed
- > panic attacks
- > uncontrollable mood swings
- > feeling unwell.

Senses

- > metallic taste in mouth
- > strange feelings in your skin (eg numbness, pins and needles, burning, itching)
- > sensitivity to lights and/or sounds
- > muscular aches and pains.

Other

- > fatigue, lack of energy
- > loss of appetite
- > nausea
- > tremor, shakiness
- > headache
- > excessive sweating (especially when asleep)
- > palpitations or racing heart
- > dizziness.

Unfortunately, it is impossible to say with any certainty who will have symptoms (many people do not notice any change when they stop their benzodiazepine use) and what those symptoms will be. You can reassure yourself that any changes you notice are due to withdrawal and do not necessarily mean something is wrong with you. Withdrawal symptoms are of limited duration; they will pass in time.

Below are some strategies you can use to manage withdrawal symptoms.

General coping strategies

Gradually reduce your dose

In general, withdrawal symptoms are more severe if you stop using your benzodiazepine suddenly. Rather than do this, work with your doctor to develop a plan to reduce your use slowly over a period of a few weeks or months.

Together, you can then change the plan if the reduction is too fast (ie you are feeling uncomfortable from the withdrawal) or if you have few symptoms and it seems too slow.

Your doctor may also suggest changing to a different type of benzodiazepine. Some patients find changing to a long-acting benzodiazepine beneficial. While the rate of withdrawal may be slowed, symptoms tend to be more manageable.

Recognise withdrawal symptoms

Many people who experience benzodiazepine withdrawal symptoms think:

- > their original anxiety, sleeping or other problem has returned and they had therefore better go back to the tablets
- > something is wrong with them; a belief that causes more stress and worry and possibly a return to the tablets.

If you feel that something is wrong, look at the list on pages 6 and 7. If you find your problem there, it is almost certainly part of withdrawal. In some cases, the particular symptoms or problem may be very uncomfortable. If this is the case, consult your doctor who may wish to investigate further to see if there is some other cause, or may decide the dose reduction is proceeding too quickly.

This list does not include every possible withdrawal symptom. You may experience a problem that is due to benzodiazepine withdrawal but is not on the list. Unfortunately, there are many possible symptoms and they vary from person to person. If in doubt, consult your doctor.

Control what you eat and drink

Alcohol and some foods and beverages can make symptoms of withdrawal worse.

- > Do not increase your intake of food and beverages containing caffeine (coffee, tea, cocoa, chocolate, cola drinks). Reducing a high level of caffeine intake may help you through the withdrawal period.

- > Make sure your alcohol use is moderate – too much alcohol can disrupt sleep, cause feelings of depression and sometimes bring on anxiety. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury and drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion¹. Alcohol can interact with benzodiazepines.

Avoid major life stresses

There are a number of things that occur in our lives that cause considerable stress. These include the death of someone close, separation or divorce, moving house, changing jobs etc. Obviously, not all can be prevented, but try to plan the stopping of benzodiazepine use so the first few months do not coincide with an event of this kind.

Enlist help

Giving up benzodiazepines can be very difficult – for some, it is one of the hardest things they will do in their lives. Many find the process easier if they have someone to talk to about what is happening. This person may be a spouse or partner, trusted friend, sibling or other important person in your life.

When you have decided on a person, explain to them what you are going to do (see the 'A note to supporters' section at the end of this information sheet). You need to decide how you would like that person to help, but most people find that simply having someone to talk to about their experiences is most important.

It may be useful to briefly explain what you are doing to those with whom you spend a lot of time with (eg your family), even if you don't confide in them to the same extent. This should make it easier for them to accept changes in the way you act that might occur during withdrawal.

Much of the advice in this information sheet may be unnecessary if you experience little or no withdrawal, but it is a useful safeguard to adopt these general coping strategies.

As part of your planning for giving up benzodiazepines, check through these strategies and decide how you are going to implement them. You can use the following page to make notes.

¹ Australian Guidelines to reduce health risks from drinking alcohol, National Health and Medical Research Council, 2009.

Specific coping strategies

Anxiety, tension, irritability

If any of these are a problem for you, the most important thing you can do is to learn to relax. This can be done in several ways.

- > Yoga or meditation are both very good ways to relax. If you already know how to do either, then try to practise several times a day. If not, consider going to classes to learn.
- > Exercise is also an effective means of relaxing. It need not be very vigorous, but just enough that you feel a little tired at the end of it. If you have some other means of relaxing, it is a good idea to still have some exercise in each day, even if it is a period of time spent walking.
- > Controlled breathing is a simple means of relaxing. Sit comfortably in a quiet place with your eyes closed. Concentrate only on your breathing, listening and feeling the air go in and out. Try to make the breathing as smooth and relaxed as possible. After a few minutes your mind and body will begin to relax – you may find that your attention drifts from your breathing, but as long as the thoughts are pleasant don't worry about this. If unpleasant thoughts intrude (eg worries about work, home life etc) block them out by concentrating on your breathing. One or two 10-minute periods spent like this each day can be very helpful.
- > Relaxation tapes (available from pharmacists, health centres etc) help many people. Try the tape and see how far you progress with the relaxation exercises. This is generally the best method for those who have difficulty relaxing at all.

Whichever method or combination of methods you use, some form of relaxation is essential every day. If you feel anxious, relaxation will decrease the discomfort and will help prevent the anxiety from returning.

Sleeping

Sleep disruption is the most common withdrawal symptom. Examples of sleep disruption include difficulty getting to sleep, a disrupted sleep and feelings of having had a very unsatisfying sleep. Some of this cannot be helped – things will simply right themselves with time. However, there are a number of things you can do to make sure you have the best sleep possible.

- > In the three hours or so before going to bed, try not to have too much caffeine (from coffee, tea, cola drinks, cocoa, chocolate). A little may not hurt (particularly if you are used to it), but too much caffeine can keep you awake when you are trying to get to sleep. It is often worth trying to cut out caffeine completely after about 6pm. Many people find this a considerable help.
- > Nicotine is a stimulant, so smokers should try to minimise the number of cigarettes they have in the hours before going to bed.
- > Try not to sleep during the day. This may make it harder to get to sleep at night.
- > Make sure your bed is always comfortable, you are warm enough and there is some fresh air coming into the bedroom.
- > If you go to bed and can't get to sleep, don't stay there. Get up and do something quiet (eg listening to quiet music, reading) and then go back to bed when you feel sleepy. On a bad night, you may have to repeat this several times. However, it is important to establish a clear association between going to bed and sleeping.
- > Have a regular wake-up time. Sleeping in only makes it more difficult to get to sleep on the following night, and this only continues the problem. Even if you didn't get to sleep until late, get up at your usual time and then you will find it easier the next night.
- > Keep your evening and night-time alcohol consumption to a minimum. While alcohol may help you get to sleep, it disrupts the normal stages of sleep that we need to go through to feel rested in the morning.
- > While exercise in the evening is a good idea, be wary of exercising in the two hours before going to bed – it may make you feel wide awake.
- > Find something that relaxes you and try to make that your last activity of the day before going to bed. For example, some people like to listen to relaxing music, others like to read. Getting into a pattern of doing this before going to bed helps your body to prepare for sleep.

- > Avoid going to bed with problems on your mind. Even if you can't solve them, at least decide what your next step will be. For example, if money is a worry, decide what you are going to do the next day (eg make an appointment with the bank, put the bills in order, try to find out about financial counselling services).

It is often useful to write down your worries (and possible solutions), to be looked at the next day when you are less tired. Exactly the same applies if you are worrying about sleep itself. Decide what you are going to do, based on the suggestions here and on your own ideas. Then, think about the action you are going to take rather than simply worrying about the problem.

Decide which of the listed specific coping strategies are most relevant to you and think about how you are going to apply these. Add these to your notes.

High-risk situations

There are some situations that may make you feel like taking your benzodiazepine again, even if you have stopped for some time. These high-risk situations vary from person to person. In order to try to predict your high-risk situations, work out those situations in which you normally take your tablet and those when you most feel like it. It may be a particular emotional or physical state (eg tense, lacking energy), a particular time of day (eg late at night, when you first get up), a particular place (eg at work, when shopping) or some other aspect of the situation that is linked to taking your tablet or wanting to take it.

Much of what you can do relies on identifying high-risk situations before you reach them. Try listing four or five such situations that apply to you.

Situation

1.
2.
3.
4.
5.

Strategy

1.
2.
3.
4.
5.

For each of these strategies, you need to develop a plan for coping without resorting to the tablets. There are three basic strategies:

1. Avoid the situation whenever possible.

If, for example, certain activities leave you tense at the end, and you can avoid them, it may be best to do so, at least until you feel very confident about not using your benzodiazepine. You can then worry about confronting these situations when you have got over your worries about benzodiazepines.

There are, of course, some situations that are impossible to avoid (eg if the high-risk situation is going to bed).

2. Try to cope with the situation once it arises.

The best way to do this depends on the exact situation, but here are several examples of coping strategies.

- a) Try to find something to divert your attention until the desire for the benzodiazepine goes away or at least reduces in intensity. For example, if you are going to bed and suddenly feel like taking a tablet, break your routine and do something else for a while (eg read, go for a short walk, tend to your plants or a pet). Some people pick one particular activity and do this whenever they feel a desire for the benzodiazepine.
- b) If the desire is associated with a particular feeling, try to counteract it. For example, if you are very tense or anxious, practise your relaxation. If you have a panic attack (rapid breathing, heart thumping, trembling, dizziness etc) practise controlled breathing until the attack goes away. Simply breathe very slowly (6 seconds per breath or 10 breaths per minute is ideal) and not too deeply and the symptoms should gradually disappear. If the problem is you are feeling down or depressed, it is important to do something you enjoy - even something very small. Staying in one place and thinking about it will only make things worse.
- c) If you have upsetting thoughts that trigger your benzodiazepine use, the best strategy is to try to deal with those thoughts in a controlled, rational manner. Write down the thought/s. For example, you may write, "I can't cope with my job because it makes me so tense" or "I am a terrible mother because I am always yelling at the kids". Whatever it is, write it down and then examine it carefully. Is it logically true? Are you the only one who reacts or feels this way? Are there alternatives? In almost all cases, things are not as bad as they seem when examined rationally. Additionally, at the end of your thinking you should always ask yourself, "Will it really help if I take a benzodiazepine now?". Each time you go through this process, it will help you cope with negative thoughts in the future as well as helping resolve them at the time.

3. Plan ahead so that these high-risk situations simply don't occur.

There are things you can do so many high-risk situations don't arise in the first place. For example, if you are tired, and feel tense and anxious at the end of the day, think through your day to see how you can better structure your time and activities. You may need short breaks in which you rest or do something active (eg a short walk). You may need to negotiate with someone else (eg a workmate, spouse) so the load is shared more evenly. If depression or simply feeling down is a problem, consider structuring your time to ensure there are times when you are doing things that are enjoyable for you – don't just do things that you feel you must do. There are many other examples where planning and reorganising can help prevent high-risk situations from occurring.

Having considered all of this, look at each of your high-risk situations in turn. Work out the best strategy or set of strategies you think will help minimise the risk of taking benzodiazepines. You may wish to spend some time thinking about this before deciding on the strategies. Once you do make a decision, try these out for a while. If they don't work, look at the alternatives and come up with a new strategy.

Going through this exercise will not only help you with the particular situations you have listed, but with other situations that arise now or later.

A final word

If you have just read through this information for the first time, you may feel a little overwhelmed. There is a lot of advice and recommendations. Remember that not all of this will apply to you. Pick out the parts that are relevant for you and that you think will help.

To begin, you may do one or two things that you think are critical. For example, you may adopt different sleeping practices, or try out strategies for a particular high-risk situation. At a later time, you may want to try other things. You don't have to do everything at once, and not all the suggestions will apply to you.

A note to supporters

When someone you care for is withdrawing from benzodiazepines there may be times when you feel frustrated, helpless and unsure of how best to help them.

However, there is a great deal you can do. Your support, reassurance and encouragement are vital at this time. Helping someone through withdrawal and back to a healthy life needs patience.

Firstly, learn all you can about withdrawal by reading this information sheet. When you are familiar with the likely course of withdrawal, you will be prepared if and when particular symptoms arise. Often the withdrawing person simply needs encouragement and reassurance that all symptoms will pass with time.

You can help by encouraging and applauding them for any success in managing troublesome symptoms without returning to benzodiazepine use.

Remind them of previous successes when they feel like giving up.

At times you may find yourself becoming impatient with the person who is withdrawing and then feel guilty for this natural reaction. Talking to a sympathetic friend or a professional counsellor can help you through this.

For more information

Alcohol and Drug Information Service (ADIS)

Phone: 1300 13 1340

8.30am to 10pm every day

Confidential telephone counselling and information.

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