

Benzodiazepine withdrawal

There are various patterns of benzodiazepine (BZD) use. Clearly people taking one tablet a day for years require a different approach from the heavy user under discussion here. There are some cases where BZD prescribing is appropriate to treat a severe anxiety disorder. Hence the patient needs a careful assessment including an evaluation of the reasons for and against use prior to embarking on the management outlined below.

People using high doses of BZDs regularly (e.g. daily) over an extended period of time may experience a withdrawal syndrome when ceasing or reducing their benzodiazepines use. Because of the risk of withdrawal syndrome, benzodiazepines withdrawal requires good planning.

1. Presentation

Benzodiazepine users may present requesting a script for a specific BZD or they may present in a variety of other ways e.g. stating they need BZDs to assist in heroin or alcohol withdrawal, or to treat an anxiety disorder or sleep problems.

2. Assessment

History

- Drug use: quantity (amount used per day), frequency of use, duration of use, when last used
- Assess which doctors prescribed how much of which benzodiazepine
- Features of dependence to benzodiazepines (tolerance, withdrawal, inability to control use despite negative consequences, salience and compulsion)
- Use of other drugs: (e.g. nicotine, alcohol, opioids, cannabis, etc.)
- Withdrawal history: successful /unsuccessful. Especially ask after a history of complications – seizures, delirium
- Home environment and social supports
- Medical & psychiatric history. Especially conditions predisposing to seizures, anxiety and personality disorders. Anxiety disorders may either be due to the underlying psychiatric problems or due to BZD for sleep
- Pregnancy.

Examination

- Vital signs (BP, pulse, respiratory rate)
- Evidence of intoxication (drowsiness, sedation nystagmus) or withdrawal from BZDs (see below); other drug use
- Evidence of intravenous injection including groin and neck.

Investigation

- Urinary drug screen may be helpful in confirming the history and excluding other drug use.
- Collateral information:
 - The Drugs of Dependence Unit may have information about S8 benzodiazepines (alprazolam and flunitrazepam) and S8 opioids. 1300 652 584.
 - For a heavy BZD user it is desirable to contact Medicare (with the patient's permission) to obtain a printout of all the medications prescribed to the patient and a list of all the patient's prescribers. The form for this can be accessed [here](#).
 - The PBS [Prescription Shopping Program](#) can also be contacted.

Withdrawal features

BZD withdrawal is easily confused with recurrence of the underlying anxiety or sleep disorder for which the BZDs were used in the first place.

The following are common features of BZD withdrawal:

- Anxiety, insomnia, cravings
- Muscle aches and headaches
- Numbness, tingling, parenthesis, hypersensitivity to noise, light and touch, dizziness
- Impaired concentration and memory
- Depersonalisation and derealisation
- Withdrawal seizures are more likely to occur after abrupt cessation of long-term use of high doses, in particular short acting drugs such as alprazolam.

The onset and duration of withdrawal symptoms depend on the duration of action of the BZD. Withdrawal of short acting BZD's generally starts within 1-2 days of last use, peak at 7-14 days and gradually subsides. Long acting BZD's generally have a less severe withdrawal starting at 2-7 days, peaking around 20 days, and abate after a few weeks. It is sometimes very difficult to know whether continuing anxiety is due to withdrawal or whether the original anxiety has resurfaced.

Conversion table

These are a rough guide only. More detailed equivalents data can be obtained at this [link](#).

| | | |
|------------|--------------|--------------|
| Diazepam | 5mg | Long acting |
| Alprazolam | 0.5mg | Short acting |
| Clonazepam | 0.25 – 0.5mg | Long acting |
| Oxazepam | 30mg | Short acting |
| Temazepam | 10mg | Short acting |
| Nitrazepam | 5mg | Long acting |

3. Planning withdrawal

In most cases, BZD withdrawal can be safely completed in the community. BZD withdrawal is protracted and basically consists of a slow dose taper with a long T_{1/2} benzodiazepine such as diazepam, with controlled dispensing.

There is little place for inpatient withdrawal, except for those patients:

- on very high doses (more than 50mg diazepam equivalent per day)
- with poly-drug use
- with uncertain degrees of neuroadaptation/tolerance
- with neurological disorders and seizures.

Key features of BZD prescribing in the community are:

- Single prescriber with frequent monitoring
- Single pharmacy with controlled dispensing, e.g. daily (or second daily) pick up from the pharmacy.

4. Immediate management of request for benzos

Concerns regarding uncontrolled prescribing include:

- Potential for abuse (including accidental or deliberate overdose)
- Diversion of medication (to friends or black market)
- Delay return of normal sleep pattern (rebound/withdrawal phenomena)
- Potential for the development of dependence
- May mask underlying psychopathology.

Some clinics adopt a policy of refusing all requests for BZDs from patients not known at their practice. Another approach for after-hours emergency presentations would be to prescribe enough BZDs to maintain the patient until their regular practitioner is able to review them. The latter approach reduces the risk of seizures and while discouraging doctor shopping.

5. Long term management of BZD withdrawal

- ❖ Initial dose
 - Try to establish usual daily dose of benzodiazepines
 - Convert to diazepam daily dose
 - Calculate QID doses
 - Commence initial dose at ½ of determined initial dose to assess tolerance. (eg if estimated daily dose is 40mg diazepam = 10mg QID, then initial dose would be 5mg) Assess the patient 2 hours later and repeat dose if no sedation evident, then continue with remainder of QID regimen.
- ❖ Stipulate specific pharmacy on prescription with daily or second daily dispensing.
- ❖ Advise the patient that benzodiazepines impair driving and that they should not drive after taking them.
- ❖ Reduce the dose by approximately 10% per week.
- ❖ See the patient weekly. Track the amount of medications they are taking and whether they are using up the diazepam ahead of schedule. (even though dispensing is controlled).
- ❖ Frequent regular supervision and support is necessary to ensure the patient is reducing comfortably and dealing with the lifestyle and psychological issues often accompanying high BZD use.
- ❖ Ask the patient to sign a Medicare Release of Information Authority form and send this to Medicare. The form for this can be accessed [here](#). This report will be sent to the requesting medical practitioner with information concerning all PBS prescriptions obtained by the patient. If the patient is unwilling to sign, then reconsider whether the plan will work.

Supportive care

- Provide verbal and written information regarding likely withdrawal features and coping strategies.
- Supportive counselling from the GP or other health worker. This includes coping strategies for cravings, maintaining motivation, sleep hygiene and relaxation techniques.
- If there are emergent anxiety symptoms then consider undertaking a Mental health Care Plan and refer the patient to a Psychologist for specific treatment.

Ongoing plan

Relapse is the commonest outcome of most drug withdrawals. On its own, withdrawal treatment is not generally associated with long-term benefits. Ongoing participation in counselling is often required to achieve long-term changes.

Disclaimer

This information is a general guide for the management of benzodiazepines withdrawal. Consultation with a specialist drug and alcohol service such as the Drug and Alcohol Clinical Advisory Service (DACAS) is recommended for patients using multiple drugs or with serious medical or psychiatric conditions. Telephone DACAS on (08) 7087 1742. The drug doses given are a guide only and should be adjusted to suit individuals.

For more information

Drug and Alcohol Clinical Advisory Service (DACAS)

Telephone: (08) 7087 1742

24-hour specialist support for advice for health professionals



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