

## Prescribing and Tapering Benzodiazepines

The use of benzodiazepines has grown over time and evidence has shown that long term use of these drugs has very little benefit with many risks involved. Many providers understand these risks but have difficulty with tapering individuals off of benzodiazepines. There are just as many risks involved with abrupt withdrawal of benzodiazepines as there are using them for long term use. This is an evidence based guideline for the use of benzodiazepines and related drugs in clinical office practice. A multidisciplinary work group was formed to develop this guideline for use in an outpatient setting.

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Benzodiazepines are not first line agents. Continuing benzodiazepines beyond 4 to 6 weeks will result in loss of effectiveness, the development of tolerance, dependence and potential for withdrawal syndromes, persistent adverse side effects, and interference with the effectiveness of definitive medication and counseling. Benzodiazepines taken for more than 8 weeks continuously should be tapered rather than discontinued abruptly.

### Indications for short term use:

- ◆ Generalized anxiety disorder, phobias, PTSD, panic disorder, and severe anxiety associated with depression, while waiting for the full effect of the antidepressant.
- ◆ Insomnia—There is evidence for the effectiveness of benzodiazepines and other hypnotics in the relief of short-term (1 to 2 weeks), but not long-term insomnia.
- ◆ Muscle relaxant—Benzodiazepines are indicated for the short-term relief (1 to 2 weeks) of muscular discomfort associated with acute injuries or flare-ups of chronic musculoskeletal pain.
- ◆ Benzodiazepines may be combined with non-narcotic analgesics and nondrug therapies but not with other sedatives, hypnotics, or other muscle relaxants.
- ◆ Urgent treatment of acute psychosis with agitation
- ◆ As part of a protocol for treating alcohol withdrawal
- ◆ Seizures and a limited number of other neurological disorders
- ◆ Sedation for office procedures

### Indications for long term use:

- ◆ Benzodiazepines may be used for longer than 6 weeks in the terminally ill, in the severely handicapped patient, and in certain neurological disorders.

- ◆ Restless leg syndrome

### Special considerations and contraindications:

- ◆ Pregnancy and Elderly
- ◆ Renal, Hepatic, and/or respiratory deficiency
- ◆ Grief Reactions
- ◆ Active substance abuse—Drug testing is necessary before prescribing
- ◆ No evidence supports long term use of benzodiazepines for a mental health disorder.

### Tapering Benzodiazepines:

- ◆ Attempt to decrease frequency and dosage for long term users versus discontinuation/
- ◆ Expect anxiety, insomnia, and resistance. Patient education and support very important.
- ◆ The slower the taper, the better the change is tolerated.
- ◆ Switching from a short acting (Xanax) benzodiazepine to a long acting benzodiazepine (Klonopin) is a useful first step.
- ◆ Use of Gabapentin can be helpful in speeding up the tapering process.
- ◆ Only one provider should prescribe the benzodiazepine and should be agreed upon by the treatment team when patient is treat across specialties.
- ◆ Calculate exactly how many pills they will need and give only one prescription with no refills.
- ◆ Abrupt withdrawal is not recommended. Risk of seizures and/or delirium increases with abrupt withdrawal.
- ◆ Provide alternative
- ◆ Please see attached tapering instructions for fast and slow tapering options as well as a dose equivalency chart.

### Education:

- ◆ Educate patients on short term use
- ◆ Provide non pharmacologic alternatives
- ◆ See attached letters to patient for short term or long term use.

This is a brief overview: The full guidelines are attached at the end of this packet for a comprehensive review.

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# **Guidelines for Prescribing and Tapering Benzodiazepines in an Outpatient Setting**

## **Introduction:**

The use of benzodiazepines has grown over time and evidence has shown that long term use of these drugs has very little benefit with many risks involved. This is an evidence based guideline for the use of benzodiazepines and related drugs in clinical office practice. A multidisciplinary work group was formed to develop this guideline for use in an outpatient setting.

## **Indications for short-term benzodiazepine use:**

- Benzodiazepine use is for short-term treatment (2 to 6 weeks) of anxiety disorders. These conditions include generalized anxiety disorder, phobias, PTSD, panic disorder, and severe anxiety associated with depression, while waiting for the full effect of the antidepressant.
- Benzodiazepines are not first line therapy agents
- Continuing benzodiazepines beyond 4 to 6 weeks will result in loss of effectiveness, the development of tolerance, dependence and potential for withdrawal syndromes, persistent adverse side effects, and interference with the effectiveness of definitive medication and counseling. Benzodiazepines taken for more than 8 weeks continuously should be tapered rather than discontinued abruptly. Some clinicians recommend a taper-and-switch strategy to buspirone. As a serotonergic agent rather than a GABA agent, buspirone is non-habit forming, no deaths have been recorded with monotherapy, side effects are minimal, and tapering is not necessary upon discontinuation.
- Insomnia
  - There is evidence for the effectiveness of benzodiazepines and other hypnotics in the relief of short-term (1 to 2 weeks), but not long-term insomnia.
- Muscle relaxant
  - Benzodiazepines are indicated for the short-term relief (1 to 2 weeks) of muscular discomfort associated with acute injuries or flare-ups of chronic musculoskeletal pain. Benzodiazepines may be combined with analgesics and nondrug therapies but not with other sedatives, hypnotics, or other muscle relaxants.
- Other Indications:
  - Urgent treatment of acute psychosis with agitation
  - As part of a protocol for treating alcohol withdrawal
  - Adjunctive treatment of withdrawal from other addictions (less accepted)
  - Single dose treatment of phobias, such as flying phobia
  - Seizures and a limited number of other neurological disorders
  - Sedation for office procedures
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### **Indications for long-term treatment with benzodiazepines:**

- Benzodiazepines may be used for longer than 6 weeks in the terminally ill, in the severely handicapped patient, and in certain neurological disorders.
- Restless leg syndrome

### **Contraindications to benzodiazepine use:**

- Pregnancy and the patient at risk for pregnancy. Benzodiazepines are category D. If a hypnotic is necessary, Zolpidem (Ambien), which is category B, is preferred. Patients who conceive while on benzodiazepines should be tapered off completely or to the lowest possible dose.
- Active substance abuse, including alcohol.
- Medical and mental health problems that may be aggravated by benzodiazepines. These include fibromyalgia, chronic fatigue syndrome, other somatization disorders, depression (except for short-term use to treat associated anxiety), bipolar disorder (except for urgent sedation in acute mania), ADHD, kleptomania, and other impulse control disorders.
- Benzodiazepines may worsen hypoxia and hypoventilation in asthma, sleep apnea, COPD, CHF, and other cardiopulmonary disorders.
- Patients being treated with opioids for chronic pain or replacement therapy for narcotic addiction.
- Grief reactions. Benzodiazepines are often used for short term treatment of insomnia in acute grief but should otherwise be avoided in treating grief reactions, as they may suppress and prolong the grieving process. Likewise, in PTSD, although relieving acute stress symptoms, longer – term use of these agents compromise the needed exposure and cognitive processing of the trauma which is known to result in symptom amelioration.
- There is no evidence supporting the long-term use of benzodiazepines for any mental health indication

### **New prescriptions for benzodiazepines**

- Only use for the short-term treatment of severe anxiety or insomnia (anxiety maximum of 4-8 weeks, insomnia maximum of 10 nights). Duration should be as short as possible. The risk of dependence increases with dose and duration.
- Urine Drug Screen should be completed prior to prescribing controlled substances
- Educate patient on short term use.
- Ensure all new prescriptions are NOT entered onto repeat prescribing systems.
- Discharge medication from hospital must NOT be repeated, unless the patient was previously receiving benzodiazepines.

- Record annually that a patient receiving a prescription for a benzodiazepine has been advised on non-drug therapies for anxiety or insomnia. Non-drug strategies can be effective in the management of anxiety and insomnia and may address the underlying cause, rather than just relieving symptoms.
- Record that the patient has been given appropriate advice on the risks of treatment, including potential for addiction. Chronic use may lead to the development of physical and psychological dependence.
- Provide information on behavioral strategies for anxiety reduction. Supplement with sleep guides, diaries and leaflets e.g.: relaxation techniques, biofeedback, etc.

**Long term users:**

- Record annually the prescribed indication and that advice has been given on nondrug therapies for anxiety and insomnia.
- Document that advice has been given on the risks, including potential for dependence, drowsiness, falls, reduction of coping skills, promotion of identification with the sick role, impairment of judgment, and dexterity.
- Patients must be reviewed regularly, at least every 90 days. Response to treatment should be assessed and non-drug treatment(s) re-enforced.
- As these agents become absorbed by adipose tissue in long-term users, be aware that GABA agents may persist in the vascular system to continue to affect GABA receptors for long periods after tapering or discontinuation. Clinicians should fine – tune their psychopharmacology strategy with this issue in mind.

**Do not prescribe - No Effectiveness:**

Clinical trials have shown no effectiveness with the use of benzodiazepines in the following condition:

- Tinnitus
- Chronic tension headache
- Essential Tremor
- Meniere's
- Post-traumatic stress disorder (Provided a “D” rating as being of “No Benefit/Harm ” classification by the VA/DOD official PTSD CPG)
- Concussion
- Evidence of substance abuse

### **Special Considerations:**

- Prescribing of benzodiazepines should be avoided for the elderly, as the increased risk of becoming ataxic and confused leads to falls and injuries, in particular hip fractures. Elderly drivers are also at significant risk with these agents.
- Record in notes that the patient or caregiver has been given advice on non-drug therapies for anxiety and insomnia and the risks of benzodiazepine use.
- If prescribing to elderly or medically compromised individual, use doses less than half of those normally recommended.
- The elderly are particularly vulnerable to adverse drug reactions because of the declining renal function, changes to hepatic metabolism, and increased sensitivity to certain drugs.
- Insomnia may be due to poorly controlled pain, poor sleep hygiene, or underlying depression, none of which will benefit from sleeping pills.
- Exercise programs are likely to be beneficial to improve sleep quality in the elderly. The program may include 16 weeks of regular, moderate intensity exercise, four times per week.
- The elderly often experience problems swallowing medicines. The following are available in liquid format:
  - Temazepam elixir S/F 10mgs in 5mls
  - Diazepam elixir 2mgs in 5mls

### **Pregnancy and Breast Feeding**

- Benzodiazepines should generally be avoided in pregnancy and lactation.
- Nondrug treatments are preferred. Pharmacological intervention may be required in severe circumstances and specialist opinion should be sought.
- Seek specialist opinion for the management of pregnant or breast feeding patients who are currently taking benzodiazepines.

## **Tapering Benzodiazepines:**

### **Basic principles:**

- Expect anxiety, insomnia, and resistance. Patient education and support very important.
- The slower the taper, the better the change is tolerated.
- Only one provider should prescribe the benzodiazepine and should be agreed upon by the treatment team when patient is treated across specialties.
- Calculate exactly how many pills they will need and give only one prescription with no refills.
- Abrupt withdrawal is not recommended. Risk of seizures and/or delirium increases with abrupt withdrawal.

### **Slow Taper: (3-6 Months)**

1. Calculate the total daily dose. Switch from short acting agent (alprazolam, lorazepam) to longer acting agent (diazepam, clonazepam). Upon initiation of taper reduce the calculated dose by 25 to adjust for possible metabolic variance.
2. First Follow up is 1 week after initiating the taper to determine need to adjust initial calculated dose.
3. Reduce the total daily dose by 5-10% per week in divided doses.
4. Once  $\frac{1}{2}$  of the original dose has been reached, the taper can be slowed further by decreasing the dose each month thereafter.
5. Consider an adjunctive agent to help with symptoms or to replace the benzodiazepine such as: buspirone, vistaril, clonidine, SSRIs, and/or sleeping aids.
6. Educate patient on nondrug therapies available to assist with symptoms such as: relaxation techniques, deep breathing, exercise, psychotherapy, etc.

### **Fast Taper: (2-6 Weeks)**

1. Use an equivalent dose replace with Diazepam two times daily for 1-2 weeks.
2. Add an anticonvulsant (carbamazepine, valproate, gabapentin) at a maintenance dose. These work on the same GABA receptors and help to facilitate a faster taper.
3. Consider an adjunctive agent to help with symptoms or to replace the benzodiazepine such as: buspirone, vistaril, clonidine, SSRIs, and/or sleeping aids. After 1-2 weeks decrease the dose of diazepam to once daily.
4. Then cut the diazepam to  $\frac{1}{4}$  of the initial dose once daily for 1-2 weeks
5. Discontinue the Diazepam.
6. Continue the anticonvulsant for 2-3 months after discontinuing the benzodiazepine.
7. Educate patient on nondrug therapies available to assist with symptoms such as: relaxation techniques, deep breathing, exercise, psychotherapy, etc.

### **Approximate Equivalent Doses of Benzodiazepines:**

Drug Name ☒	Approximate Equivalent Dose <sup>†</sup> ☒
Alprazolam	0.5 mg
Chlordiazepoxide	25 mg
Clonazepam	0.5 mg
Diazepam	10 mg
Lorazepam	1 mg
Temazepam	20 mg

### **Benzodiazepine Alternatives:**

Vistaril/Atarax 25-50mg TID

Propranolol 10-20mg TID caution low blood pressure

Bupirone 5-20mg TID

Lyrica 50-150mg TID off label indication

Neurontin/Gabapentin 100-300mg TID off label indication

## Letter for New Prescriptions

Dear \_\_\_\_\_,

You have been prescribed \_\_\_\_\_, one medication of a group of medicines known as the benzodiazepines. This medicine can help you cope with a short period of severe stress; it is not intended for long-term treatment and can be habit forming.

If you are being treated for sleeplessness or anxiety, you will be given tablets for a short period only. Longer treatment often makes sleep difficulties worse and may even make it difficult to stop the drug, so please understand why these will not be re-filled when they run out. Try to do without a tablet 1, 2 or 3 nights a week.

Avoid alcoholic drinks when taking a benzodiazepine, particularly when first starting treatment. Do not drive or operate machinery while under the effects of these drugs.

Yours sincerely

Dr \_\_\_\_\_

## Long Term Use Discontinuation Letter

Dear \_\_\_\_\_,

I am writing to you because I note from our records that you have been taking \_\_\_\_\_ for some time now. Recently, doctors have become concerned about this kind of medication when it is taken over long periods. Our concern is that the body can get used to these tablets so that they no longer work properly. If you stop taking the tablets suddenly, you may experience unpleasant withdrawal effects. For these reasons, repeated use of the tablets over a long time is no longer recommended. More importantly, these tablets may actually cause anxiety and sleeplessness and they can be addictive.

At our next appointment we will evaluate your current prescription and the short and long term goals of treatment with \_\_\_\_\_.

It is important to work with me in the tapering or discontinuation of this medicine. Please do not discontinue this medication until we have an opportunity to discuss a plan. Any change in the medication would involve a plan to prevent and or reduce the likelihood of significant withdrawal symptoms.

We can discuss your prescription of \_\_\_\_\_ and alternative options that may be a good fit for your condition.

Yours sincerely,

Dr \_\_\_\_\_

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