Benzodiazepines – to wean or not to wean

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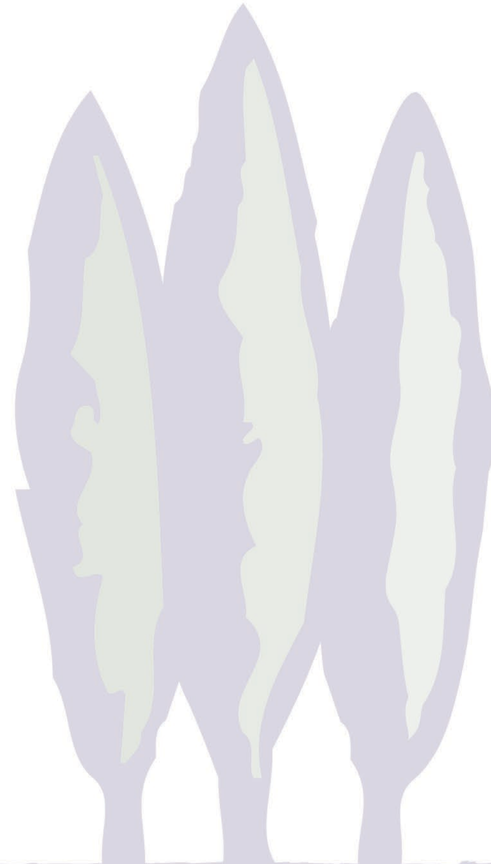
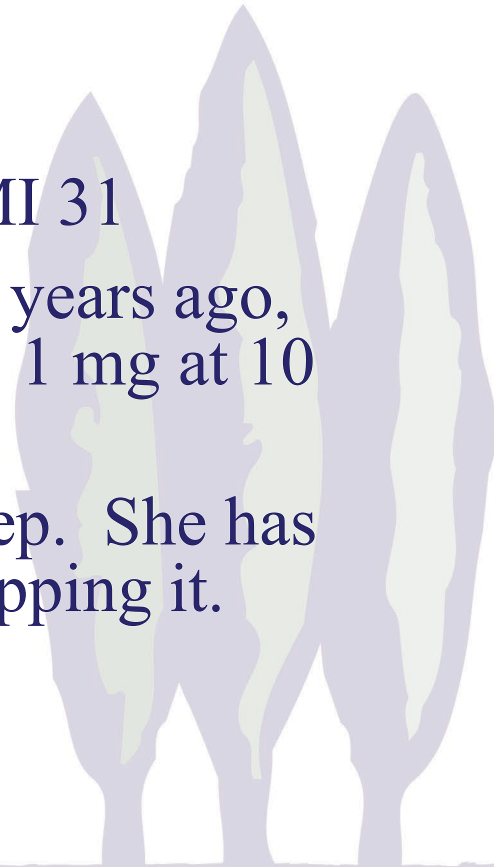


Skagit Regional Health

- 74 yo female with history of hypertension, hypothyroidism and "anxiety/depression" presents to transfer care to you. She asks for refills for all her medications
- Her medications are:
  - Lisinopril 10 mg daily
  - Levothyroxine 100 mcg daily
  - Alprazolam 1 mg twice daily.
- PE: BP 125/78; HR 72; RR 16; Weight 175 lb; Ht 63 inches; BMI 31
- Alprazolam was started after a series of stressful events about 10 years ago, with 0.5 mg daily. Over time, it has increased to its current dose, 1 mg at 10 am and 1 mg before going to bed at night.
- She has anxiety in the late afternoon, and has trouble falling asleep. She has heard that alprazolam could be bad for her, but worried about stopping it.



Benzodiazepines

Reasons to stop

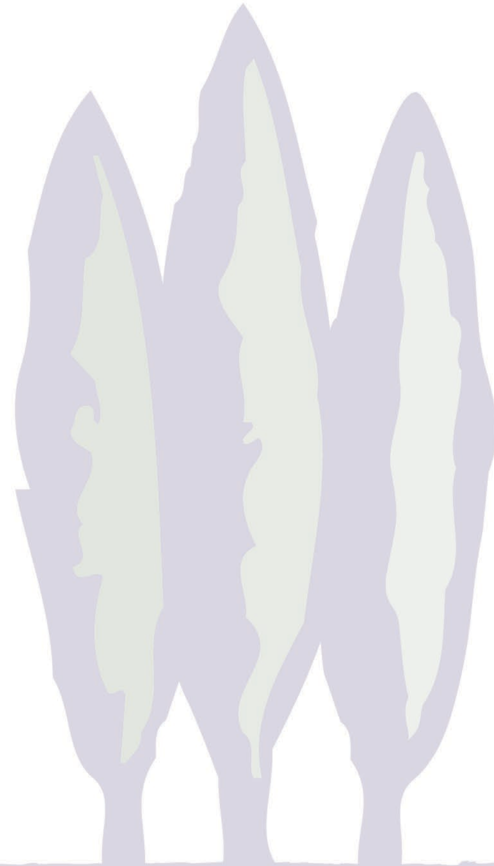
- Impaired cognitive function
- Falls and balance problems
- Increased anxiety
- Insomnia
- Depression
- Dependence
- Addiction
- Respiratory suppression, especially in patients with underlying lung disease or those taking opioids

Reasons to continue

- Prescribed for seizure disorder
- Prescribed for acute alcohol withdrawal
- Patient not ready to begin full tapering program* (can still decrease a supra-therapeutic dose, but not fully wean or stop)

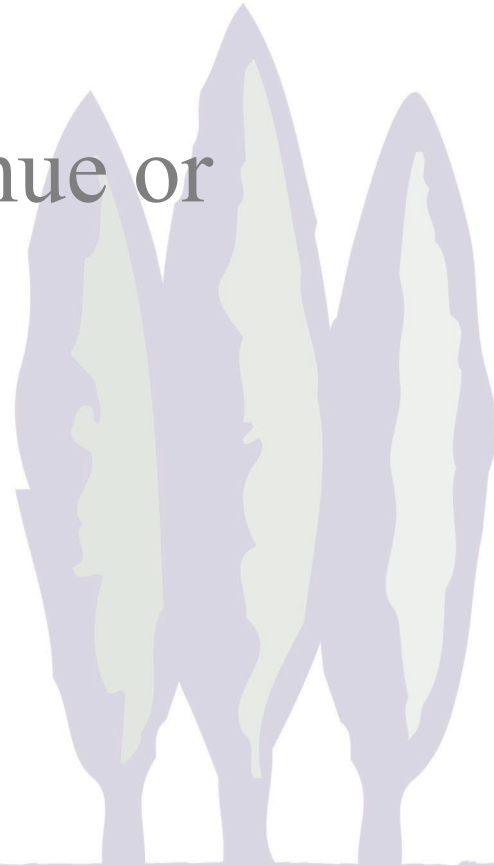
Advise the patient

- Discuss the risks of long term use of benzodiazepines



Assess the patient

- Determine the patient's readiness to discontinue or reduce the dose of benzodiazepines

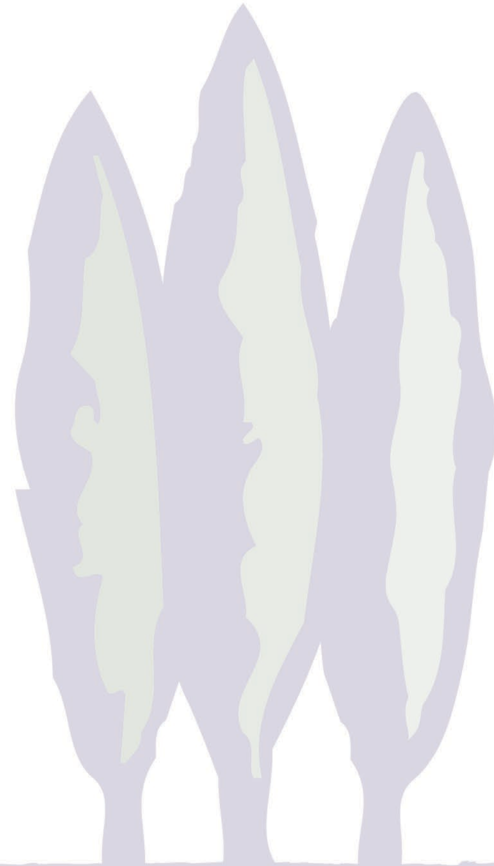


Assess the patient

- Has she ever tried to cut down or stop the alprazolam in the past?
  - What happened?
  - She has tried to skip doses but finds that she cannot sleep at all, and has trouble concentrating during the day.   She even had panic attacks.
- How interested and committed is she to cutting down and stopping now?
  - She is worried about her long term health and the risk of dementia and falling
  - She is willing to start decreasing her dose of alprazolam

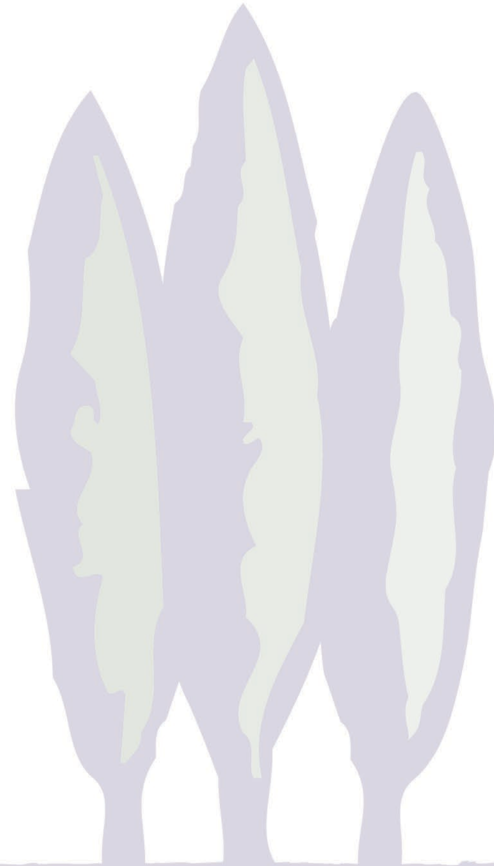
Gather more information

- Does she have:
  - Major depression
  - Generalized anxiety disorder
  - Panic disorder
  - Social anxiety disorder
  - Posttraumatic stress disorder
  - Obsessive-compulsive disorder
  - Insomnia



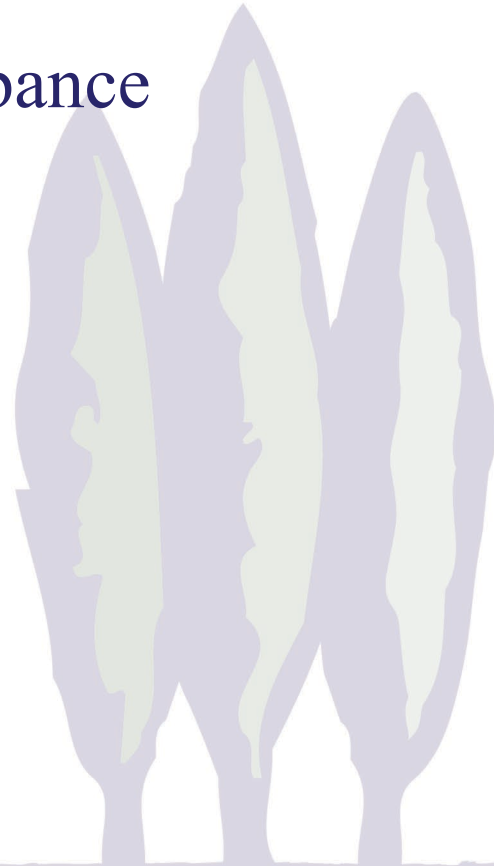
Assist the patient

- Agree on the timing of decreasing the dose
- Discuss the potential withdrawal symptoms
- Provide written instructions for the taper
- Schedule short-interval follow up



Benzodiazepine withdrawal symptoms

- Anxiety/irritability
- Insomnia/nightmares
- Depersonalization
- Decreased memory and concentration
- Delusion and hallucinations
- Depression
- Stiffness
- Weakness
- Gastrointestinal disturbance
- Flu like symptoms
- Paresthesia
- Visual disturbances
- Seizures



Taper Schedule - suggested

1. Convert short-acting benzodiazepine to a long acting. Diazepam is preferred because it is available in small doses and liquid form.

   First: Convert alprazolam 1mg BID to diazepam 10 mg BID (20 mg per day)

2. Goal: Decrease the dose of diazepam by 50% at the end of 4 weeks

   Week 1: Decrease diazepam by 2.5 mg (17.5 mg/day)

   Week 2: Decrease diazepam by 2.5 mg (15 mg/day)

   Week 3: Decrease diazepam by 2.5 mg (12.5 mg/day)

   Week 4: Decrease diazepam by 2.5 mg (10 mg/day)

Taper Schedule - continued

3. Maintain the dose of diazepam at 50% for 4 weeks

   Week 5-8: Continue diazepam at 10 mg per day

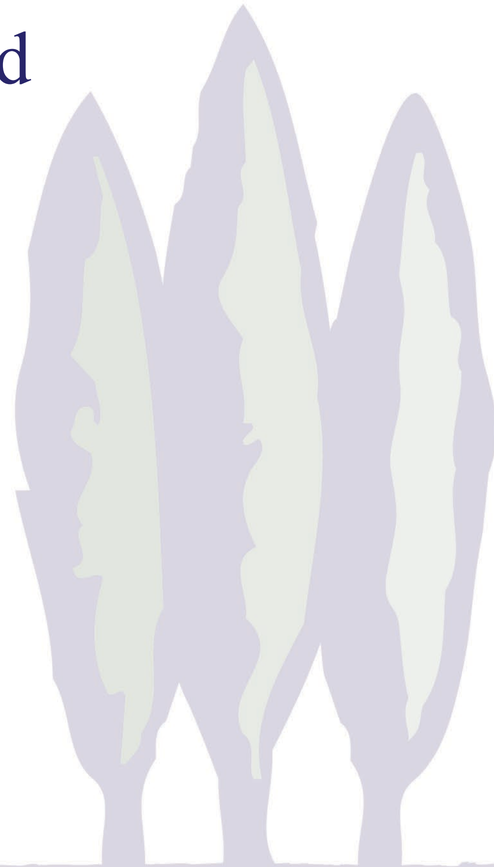
4. Decrease the diazepam by 25% every 2 weeks until stopped

   Week 9: Decrease diazepam by 2.5 mg (7.5 mg/day)

   Week 10: Decrease diazepam by 2.5 mg (5 mg/day)

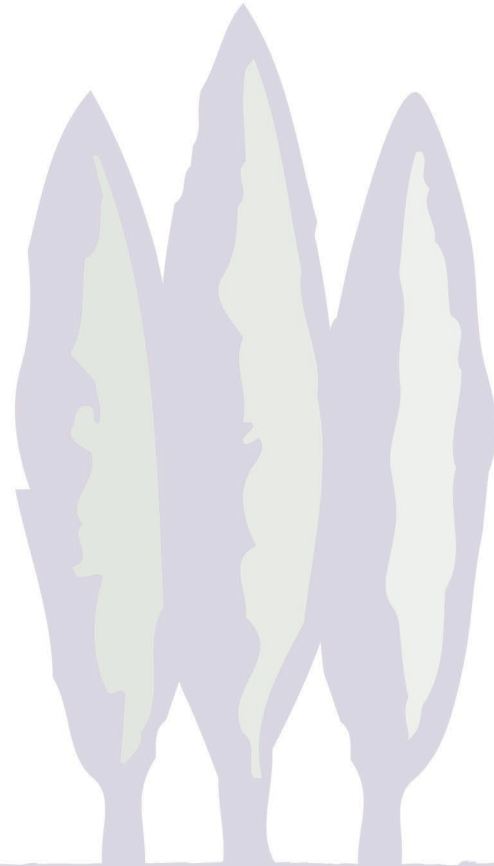
   Week 11: Decrease diazepam by 2.5 mg (2.5mg/day)

   Week 12: Stop diazepam



Things to consider

1. Slow the taper schedule if patient develops withdrawal symptoms
2. Slower taper, such as decreasing the diazepam by 10% every 2 weeks
3. High dose alprazolam may require a gradual switch to the diazepam
4. Add an SSRI or SNRI if clinically appropriate
5. Non-drug therapies are beneficial (CBT)
6. Consider adjuvant medications (limited evidence for all)
   - Carbemazepine
   - Melatonin
   - Gabapentin
   - Pregabalin



Tools for clinicians:

- Smith, R.C., D'Mello, D., Osborn, G.G., Freilich, L., Dwamena, F.C., & Laird-Fick, H. *Essentials of psychiatry in primary care: Behavioral health in the medical setting*. New York: McGraw Hill, 2019, print. pages 98-101

- VA National Academic Detailing Services. Re-evaluating the Use of Benzodiazepines A Quick Reference Guide. 2016. https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/23_Benzodiazepine_Provider_AD_Quick_Reference_Guide_IB10_929.pdf#. Accessed Oct 18, 2020