

Chronic use of Benzodiazepines, risk of withdrawal, and safe discontinuation

Chronic use of benzodiazepines results in changes in GABA receptors that lead to physiological tolerance to the medication and decreased inhibition of excitatory neurotransmitters. Given those changes the abrupt discontinuation of benzodiazepines after chronic use (usually considered 4 weeks or longer) should be avoided since it can result in withdrawal, a potentially life-threatening pro-excitatory state.

Withdrawal

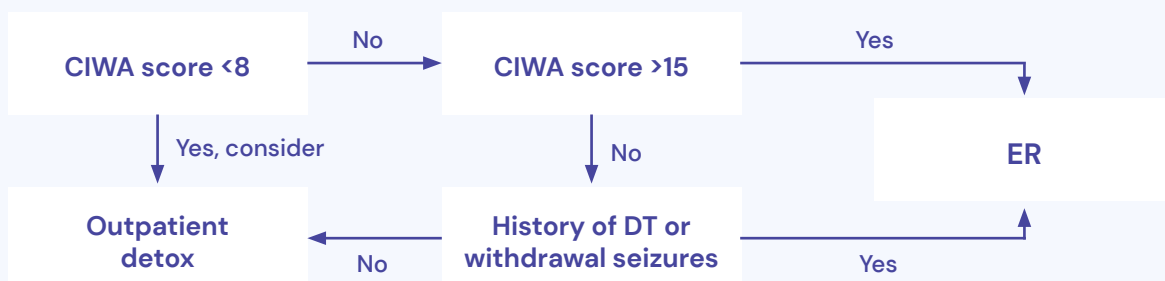
Factors that increase the risk of withdrawal are:

- ✓ Medications with a shorter half-life (e.g.; triazolam, alprazolam, lorazepam)
- ✓ Higher dose
- ✓ Longer duration of use
- ✓ Abrupt discontinuation

The signs and symptoms of benzodiazepine withdrawal are very similar to those of alcohol withdrawal, and can include: anxiety, agitation, hallucinations, clouding of senses, tremor, sweating, palpitations, nausea, vomiting, headaches, autonomic instability, seizures, and delirium tremens.

Withdrawal usually develops faster with shorter-acting benzodiazepines (within 2 to 3 days) than with longer-acting benzodiazepines (within 5 to 10 days, but may be delayed up to three weeks).

The first step in managing patients experiencing withdrawal symptoms is to determine the level of care. The CIWA scale is a widely accepted tool to assess the severity of withdrawal and guide clinical decisions.





If appropriate for outpatient treatment and if the patient is not experiencing withdrawal, but is interested in discontinuing the medication, the first step is to switch to an equivalent dose of a long half-life benzodiazepine (e.g.; clonazepam) if not already on one. There are multiple free equivalency tables and dosing conversion calculators available online. Once the patient is stabilized on the long half-life medication, you can start a slow and gradual taper.

Example of a taper:

Reduction of ~ 25% of the dose every 2 weeks* until the lowest available dose is reached

Once the lowest available dose is reached, consider half a pill reductions:

2 weeks: 

2 weeks: 

2 weeks: 

2 weeks: 

*The time frame for the dose reductions would vary as a function of patients' readiness to discontinue and the presence or absence of withdrawal symptoms. Each step can take from 1-2 weeks to several weeks.

Different agents have been studied as options to treat benzodiazepine withdrawal, but so far none have been found as an effective alternative to benzodiazepines.

If on top of the chronic use of benzodiazepines your patient is experiencing co-morbid psychiatric conditions, it is recommended to address both at the same time. However, if there is dependence to other substances other than benzodiazepines, it is better to do one taper at a time. If insomnia presents as a problem during the discontinuation period, sedative antidepressants (e.g.; trazodone, mirtazapine, doxepine) and antihistaminergic medications (e.g.; hydroxyzine) can be prescribed when indicated.

In summary, patients that have been on a benzodiazepine for more than 4 weeks are at risk of withdrawal, a potentially life-threatening condition, if the medication is discontinued abruptly. To safely discontinue benzodiazepines a slow and gradual taper is indicated.

References:

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