Quick Facts

- Taper anyone taking benzodiazepines for 2 weeks or longer
- Withdrawal symptoms may occur after only 2-4 weeks of treatment
- Risks of recurrence or rebound symptoms may occur as early as a few days to 1 week
- Concurrent use of other sedatives may alter withdrawals

Effective Treatments for PTSD: Helping Patients Taper from Benzodiazepines

Benzodiazepines Overview

Continuing to renew benzodiazepine (BZD) prescriptions to certain subgroups of your patients with PTSD may be a high risk practice. These medications may no longer be of benefit to your patients and carry significant risks associated with chronic use. Due to the lack of evidence for their effectiveness in the treatment of PTSD, it is worthwhile for you to implement strategies for assessing patients who are taking them to determine if a taper is appropriate. It is also important to consider alternate treatment options and to minimize new benzodiazepine prescriptions whenever possible in the veteran PTSD population.

This brochure offers you valuable resources to help you taper your patients from benzodiazepines and information on alternatives.

Despite the involved challenges, strategies to taper existing benzodiazepines prescriptions are effective.

Before You Begin:

- A team-based approach will be most effective in efforts to taper a patient from benzodiazepines
- Build a stable relationship with your patient
- Evaluate and treat any co-occurring conditions
- Obtain complete drug and alcohol history and random drug screen
- Review recent medical notes (ER visits) and coordinate care with other providers
- If available, query prescription drug monitoring database

Priorities:
Tapering Existing Prescriptions

- Anyone on multiple BZDs or BZDs combined with prescribed amphetamines, and/or opiates
- Anyone with an active (or history of) substance abuse or dependence
- Anyone with a cognitive disorder or history of TBI
- Older Veterans (risk of injury, cognitive effects)
- Younger Veterans (better outcomes long term with SSRIs and evidence based psychotherapies)
### Taper Recommendations

**Supratherapeutic Doses**
- Consider admission due to greater medical risks
- Consider switching to long half-life drug (diazepam or clonazepam)
- Reduce dose initially by 25-30%
- Then reduce dose by approximately 5-10% daily to weekly
- Consider anticonvulsant for high dose withdrawal

**Therapeutic Doses – Bedtime Dosing (Qhs)**
- Reduce by approximately 25% weekly
- Anticipate and educate regarding rebound information
- Provide reassurance and sleep hygiene information
- Initiate alternate treatment options: CBT-I, non-BZD agents

**Therapeutic Doses – Daytime Dosing (generally QD to QID)**
- Anticipate and provide education regarding rebound anxiety and recurrence of initial anxiety symptoms
- Plan additional psychological support during taper
- Last phase of withdrawal is likely to be difficult
- Points of dosing schedule changes (e.g. TID to BID) can be psychologically challenging
- Encourage veteran to actively participate in developing withdrawal schedule when possible

**Initial dose taper typically between 10-25%**
- Observe for signs of withdrawal
- Anticipate early withdrawal for BZDs with a short half-life
- Individualize subsequent reductions based on initial response

**Points of dosing schedule changes**
- Week 1
- Week 2
- Week 3
- Week 4
- Week 5-8
- Week 9-10
- Week 11-12
- Week 13-14
- Week 15

**Milestone Suggestions**

<table>
<thead>
<tr>
<th>Week</th>
<th>Taper Recommendation</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Convert to 40 mg diazepam daily</td>
</tr>
<tr>
<td>2</td>
<td>Decrease dose by 25%</td>
</tr>
<tr>
<td>3</td>
<td>Decrease dose by 25%</td>
</tr>
<tr>
<td>4</td>
<td>Decrease dose by 25%</td>
</tr>
<tr>
<td>5-8</td>
<td>Hold dose 1-2 months</td>
</tr>
<tr>
<td>9-10</td>
<td>Decrease dose by 25% at week 11</td>
</tr>
<tr>
<td>11-12</td>
<td>Decrease dose by 25% at week 13</td>
</tr>
<tr>
<td>13-14</td>
<td>Decrease dose by 25%</td>
</tr>
<tr>
<td>15</td>
<td>Discontinue</td>
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</table>

**Benzodiazepine Taper:**
- Switching to a longer acting benzodiazepine may be considered if clinically appropriate. These are suggestions only; high dose alprazolam may not have complete cross tolerance, a gradual switch to diazepam before taper may be appropriate; other treatment modalities (e.g. antidepressants) for anxiety should be considered if clinically appropriate.
- Reduce dose by 50% the first 2-4 weeks then maintain on that dose for 1-2 months then reduce dose by 25% every two weeks.

**Additional Strategies for Complex Cases**
- Can be helpful to be flexible with schedule
- Prolonged taper > 6 months may worsen long-term outcome
- Consider stabilizing on 50% dose for several months before proceeding with taper
- Consider switching to a long-acting BZD (particularly helpful with long-term use, supratherapeutic doses, or short half-life BZDs)
- Establish a team to support veteran (PCP, CaseManager, Therapists, Group Facilitators, Pharmacists, Residential Treatment, etc)

**Concurrent CBT**
- CBT-I concurrent with taper improved outcomes
- In patients with panic disorder those who received 10 sessions of group CBT during slow taper had 76% success versus 25% with slow taper alone
- CBT concurrent with slow alprazolam taper showed no difference in success of taper, however, at 6-month follow up, 50% of non-CBT group and none of CBT group had resumed BZDs
- Benzodiazepines are thought to hinder the benefits of psychotherapy. Cognitive-behavioral therapy (CBT) is where your patient will get the biggest benefit

**Effect Size Chart**

<table>
<thead>
<tr>
<th>Antidepressants</th>
<th>Cognitive Behavioral Therapy</th>
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<tr>
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</tr>
<tr>
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<tr>
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<tr>
<td>1.2</td>
<td>.43</td>
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<tr>
<td>1.4</td>
<td>0</td>
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**Dosage Equivalents**

<table>
<thead>
<tr>
<th>Benzodiazepine Equivalent Doses and Example Taper</th>
</tr>
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<tbody>
<tr>
<td><strong>Approximate Dosage Equivalents</strong></td>
</tr>
<tr>
<td>Chlordiazepoxide</td>
</tr>
<tr>
<td>Diazepam</td>
</tr>
<tr>
<td>Clonazepam</td>
</tr>
<tr>
<td>Lorazepam</td>
</tr>
<tr>
<td>Alprazolam</td>
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<tr>
<td>Temazepam</td>
</tr>
</tbody>
</table>

**Example:** Lorazepam 4 mg bid
- Convert to 40 mg diazepam daily
- Decrease dose by 25%
- Decrease dose by 25%
- Hold dose 1-2 months
- Decrease dose by 25% at week 11
- Decrease dose by 25% at week 13
- Discontinue


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