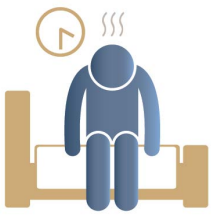
Benzodiazepine Risks

Are You Aware of the Possible Risks from Taking Benzodiazepines?

There are more effective and less harmful treatments available for sleep, nightmares, PTSD, pain and anxiety.

Possible Risks



Feeling tired or drowsy

Memory and thinking problems

Depression, mood changes, irritability, anger

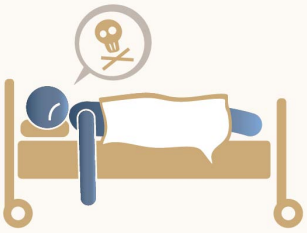
PTSD symptoms may get worse

- *Becoming dependent*
- *Withdrawal symptoms*

- *COPD and sleep apnea may get worse*
- *Pneumonia*

- *Car accidents*
- *You can be arrested for Driving While Impaired*

- *Unsteady walking*
- *Increased risk of falls, broken bones, or concussion*



- *Overdose - especially when combined with alcohol, strong pain medications (opioids), street drugs*

- *Birth defects*
- *Baby may need emergency care because of withdrawal symptoms*

How ready are you to make a CHANGE?

The deaths of Heath Ledger, Amy Winehouse, Michael Jackson, and Elvis Presley involved benzodiazepines

Discussing Benzodiazepine Discontinuation

1. Assess patient's willingness to discontinue or reduce the dose

Action	Provider Response
Express concern	"I would like to take a minute to discuss my concerns about (benzodiazepine name)."
Provide education on potential risks	"Because of your [age or other risk factors], I am now concerned that the use of (benzodiazepine name) may put you at increased risk for [relevant repercussion]."
Assess patient's readiness to begin taper process	"What do you see as the possible benefits of stopping or reducing the dose? What concerns do you have about stopping? What can we do together to help address these concerns?" If patient indicates no desire to change, provide information handout. "What would be a reason you might consider changing from (benzodiazepine name) to (name of recommended alternative)?"
Negotiate plan	"What changes are you willing to make to meet this goal?" "Would you be willing to talk to one of my colleagues to learn about options to support your changes?"

2. Agree on timing and discuss the symptoms that can occur with benzodiazepine taper

Inform patients	• Withdrawal is only temporary and not all patients will have symptoms • Slowly tapering will decrease these symptoms • Report distressing symptoms and if necessary adjust the rate of taper

3. Provide written instructions for a structured medication taper. Be prepared to slow the taper if the patient reports significant withdrawal symptoms.

Benzodiazepine Dosage Equivalents and Taper Schedules

	Approx. Dosage Equivalents	Elimination Half-life (hours)	Example Taper: Lorazepam 4 mg bid (Convert to 40 mg diazepam daily)	
Chlordiazepoxide	25 mg	>100 hr	Milestones: Week 2: ↓ dose by 25% Week 4: ↓ dose by 25% Weeks 5–8: Hold dose 1 month Weeks 9–15: ↓ dose by 25% every two weeks	Week 1: 35 mg/day Week 2: 30 mg/ day (25% of initial dose) Week 3: 25 mg/day Week 4: 20 mg/day (50% of initial dose) Weeks 5–8: Continue at 20 mg/ day for 1 month Weeks 9–10: 15 mg/day Weeks 11–12: 10 mg/day Weeks 13–14: 5 mg/day Week 15: Discontinue
Diazepam	10 mg	>100 hr		
Clonazepam	1 mg	20–50 hr		
Lorazepam	2 mg	10–20 hr		
Alprazolam	1 mg	12–15 hr		
Temazepam	15 mg	10–20 hr		

Shorter taper (e.g. 3 months): Reduce dose by 50% the first 4 weeks then maintain on that dose for 1–2 months then reduce dose by 5% every 2 weeks
Longer taper (e.g. 6 months): 10–25% every 4 weeks

Switching to a longer acting benzodiazepine may be considered if clinically appropriate; in geriatric patients consider tapering the short acting agent until withdrawal symptoms are seen then switch to a longer acting agent; high dose alprazolam may not have complete cross tolerance, and a gradual switch diazepam or clonazepam before taper may be appropriate; other treatment modalities should be considered (e.g. antidepressants for anxiety) if clinically appropriate.

1) Taylor D, *The Maudsley Prescribing Guidelines in Psychiatry 12th Edition*. 2015, West Sussex: Wiley Blackwell. 2) Veterans Health Administration, Department of Defense. VA/DoD practice guideline for the management of substance use disorders. Version 3.0. Washington (DC): The Management of Substance Use Disorders Working Group; 2015 January. 3) Vicens C., et al., *Comparative efficacy of two interventions to discontinue long-term benzodiazepine use: cluster randomized controlled trial in primary care*. Br J Psychiatry, 2014. 204: 471–9. 4) Vikander B., et al., *Benzodiazepine tapering: A prospective study*. Nord J Psychiatry 2010;64:273–82.

This reference guide was created to be used as a tool for VA providers and is available to use from the
VA PBM Academic Detailing Service SharePoint Site: https://vaww.portal2.va.gov/sites/ad