Magellan Rx MANAGEMENT℠

Provider Education:

Benzodiazepine Tapering

The goal of a successful discontinuation taper is to minimize withdrawal effects and avoid recurrence of the original indication for the benzodiazepine.

Method 1[1,2]

- Reduce dose approximately 25% every week
- When 50% of dose is reached, reduce dose by one-eighth every 4 to 7 days

Method 2 (Slow Taper)[2]

- Reduce dose 10 to 25% every two to four weeks
- Recommended for patients who have failed previous taper attempts, patients who are nervous about discontinuing the medication, patients on high doses of benzodiazepines, or those who have been taking benzodiazepines for many years

Method 3 (Switch to longer acting benzodiazepine)[3]

- Calculate total daily dose
- Using the dose equivalent chart below, switch to a longer acting agent, such as diazepam or chlordiazepoxide
- Reduce dose approximately 25% every week
- As the end of the taper nears, the rate may need to be decreased even further to 25% every 2 weeks if the patient experiences withdrawal symptoms

Duration[2]

- For benzodiazepine use greater than 8 weeks: taper over 2 to 3 weeks
- For benzodiazepine use greater than 6 months: taper over 4 to 8 weeks
- For benzodiazepine use greater than 1 year: taper over 2 to 4 months

Approximate Benzodiazepine Dose Equivalents[4]

Benzodiazepine	Approximate Dosage Equivalents	Elimination Half-life
Chlordiazepoxide	25 mg	> 100 hr
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

*All tapers should be individualized. Based on patient response, any of these taper schedules may need to be extended or percentage reduction decreased. This document is only intended as a guidance.

Clinical Pearls[1,2,3,5,6,7]

- Having a discussion with your patient about the risks of long-term benzodiazepine use is a great way to begin the discussion about alternative treatment options and benzodiazepine tapering.
- Engage patients and set realistic goals prior to initiating a taper schedule. Patient agreement and commitment is essential for a successful taper.
- Educate patients about the potential for withdrawal symptoms and have a strategy in place to manage these symptoms if they occur.
- Consider the tablet strengths available when creating your taper. Some agents are available in liquid formulation in case small quantities are needed near the end of titration schedule.
- Follow up appointments should be scheduled every 1 to 4 weeks, depending on the patient's response to the taper.
- Tapering schedules should be individualized with personal factors considered, such as the patient's dose, length on therapy, indication for use, environmental stressors, and personal/clinical support available to the patient.
- Utilize standardized scales to evaluate withdrawal symptoms [i.e. Benzodiazepine Withdrawal Symptom Questionnaire (BWSQ) or Clinical Withdrawal Assessment Scale for Benzodiazepines (CIWA-B)].
- If a patient experiences withdrawal symptoms, increase the time between reductions or reduce the percentage of each taper. It is not recommended to go back to the previous dose.
- It is often a good idea to give smaller quantities (one- or two-week supplies) during the taper process to prevent patient confusion with the changing directions and to prevent patients from taking more medication and running out early.
- Ensure that your patient is given directions on what they should do if they need to reach you outside of office hours during their tapering schedule or what symptoms may require them to seek urgent care if it is outside office hours.
- Augmentation with psychotherapy along with tapering benzodiazepines can lead to increased success. Cognitive behavioral therapy (CBT) for anxiety and insomnia have been shown to be beneficial for discontinuing benzodiazepine therapy in patients not already receiving specialty mental health services.
- Some medications have been evaluated to assist with benzodiazepine tapering and withdrawal symptoms. Hydroxyzine, carbamazepine and pregabalin have shown some benefit on withdrawal symptoms. However, there are no strong recommendations for use of any medication to increase the success rates of benzodiazepine tapers.

Resources:

1. Pottie K, Thompson W, Davies S, et al. Deprescribing benzodiazepine receptor agonists: Evidence-based clinical practice guideline. Can Fam Physician. 2018 May;64(5):339-351. PMID: 29760253
2. Bostwick, JR. "Anxiety and Anxiety-related Disorders." 2018-2019 Psychiatric Pharmacotherapy Review. College of Psychiatric and Neurologic Pharmacists, 2019..
3. Gold, J, Ward, K. Pharmacist toolkit: Benzodiazepine Taper. College of psychiatric and Neurologic Pharmacists, 2018. Accessed from: https://cpnp.org/guideline/benzo.
4. Tannenbaum C, Martin P, Tamblyn R, Benedetti A, Ahmed S. Reduction of inappropriate benzodiazepine prescriptions among older adults through direct patient education: the EMPOWER cluster randomized trial. Jama Intern Med. 2014;174(6):890-8. DOI: 10.1001/jamainternmed.2014.949. PubMed PMID: 24733354.
5. Bobes J, Rubio G, Terán A, Cervera G, López-Gómez V, Vilardaga I, et al.. Pregabalin for the discontinuation of long-term benzodiazepines use: an assessment of its effectiveness in daily clinical practice. Eur Psychiatry. 2012;27(4):301-7. DOI: 10.1016/j.eurpsy.2010.12.004. PubMed PMID: 21334859.
6. Hadley SJ, Mandel FS, Schweizer E. Switching from long-term benzodiazepine therapy to pregabalin in patients with generalized anxiety disorder: a double-blind, placebo-controlled trial. J Psychopharmacol. 2012;26(4):461-70. DOI: 10.1177/0269881111405360. PubMed PMID: 21693549.
7. Schweizer E, Rickels K, Case WG, Greenblatt DJ. Carbamazepine treatment in patients discontinuing long-term benzodiazepine therapy. Effects on withdrawal severity and outcome. Arch Gen Psychiatry. 1991;48(5):448-52. PubMed PMID: 2021297.