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Stopping medicines – benzodiazepines

Advice from the Committee on Safety of Medicines (CSM) on the indications for benzodiazepines is as follows:[1]

- They are indicated for the short-term relief (two to four weeks) of anxiety that is severe, disabling, or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic, or psychotic illness.
- Their use to treat short-term 'mild' anxiety is inappropriate and unsuitable.
- They should be used to treat insomnia only when it is severe, disabling, or subjecting the individual to extreme distress.

During the year to the end of June 2009, more than 1.6 million prescriptions were dispensed for hypnotics and anxiolytics in Wales.[2]

Reasons to withdraw medication

Prolonged use of benzodiazepines leads to issues with tolerance and dependence in many patients and a significant proportion of patients treated long-term find it difficult to withdraw from their medication. Tolerance is said to have occurred when the medicine has become less effective for the same condition at the same dose; this typically occurs to the hypnotic effects of benzodiazepines over a period of a few weeks. Tolerance to the anxiolytic effects takes longer but usually occurs within a period of a few months; long-term use may exacerbate, or even cause, some anxiety disorders such as agoraphobia and panic attacks. Dependence is said to have occurred when the patient has either a psychological or physical "need" for the next dose of medicine, e.g. craving or withdrawal symptoms respectively. This can develop within weeks or months of continued use.[3]

In addition to tolerance and dependence, other adverse effects associated with benzodiazepines include: over-sedation, amnesia, depression and emotional blunting, and sometimes paradoxical stimulant effects. The elderly may suffer from the adverse effects to a greater degree than younger patients; in particular they are more prone to the hypnotic effects and subsequent debilitating falls.[3,4,5]

Methods of withdrawal

Various methods of withdrawal have been studied including abrupt cessation, gradual tapering, psychological support in various forms, and adjunctive medication. Most studies of these methods involve small numbers of patients and best evidence comes from meta-analyses. The intervention recommended depends on patient circumstances, but generally a switch to a long-acting benzodiazepine, gradual dose reduction, and psychological interventions are recommended.[3,6]

Gradual tapering from long-term therapy is preferred to abrupt cessation,[7] although there is no clear evidence to suggest the optimum rate of taper.[8] The minimum amount of time that the process should take is suggested as four weeks and there has been a suggestion that the maximum time should be less than six months lest the taper become "the morbid focus of the patient's existence".[8] An argument has also been made, however, that the rate of taper should be determined by the patient and may take years.[3]

Conversion to a long-acting benzodiazepine – usually diazepam – at the equivalent dose to the current medicine is advised before taper. This makes it easier for the patient to withdraw from their medication as it minimises fluctuations of benzodiazepine plasma levels. Equivalence tables and withdrawal schedules are available from several sources although they do not always entirely agree with one another.[3,6,9] Clinicians should use their judgement when converting from the original benzodiazepine to diazepam and when dose tapering.

Links to equivalence tables and withdrawal schedules

British National Formulary [9]	Equivalence	Withdrawal
Clinical Knowledge Summaries [6]	Equivalence	Withdrawal
"The Ashton Manual" [3]	Equivalence	Withdrawal

Adverse effects of withdrawal

A recognised withdrawal syndrome – characterised by insomnia, anxiety, loss of appetite and of body-weight, tremor, perspiration, tinnitus, and perceptual disturbances – may occur up to three weeks after tapering the dose of benzodiazepine; the major acute effect of withdrawal tends to be anxiety.[3,9] These symptoms may last for weeks or months and can lead to additional prescribing, which is discouraged.[9]

Support for withdrawal

Some degree of psychological support can help patients withdraw from their medication more easily. Interacting with other people during group therapy may be beneficial and cognitive-behavioural therapy is effective when provided by trained and experienced therapists.[8,10]

There is little evidence available to support any recommendation for the use of adjunctive medication in the withdrawal process.[7,8,10] However, if the patient is depressed, pharmacological treatment for this underlying disorder can be helpful in assisting the withdrawal from benzodiazepines.[3,8]

References

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