Benzodiazepine tapering

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Clinical questions

- When discontinuing benzodiazepines, when is a taper required and for how long?
- What is the recommended taper approach for patients who are on both opioids and benzodiazepines?

Recommendations

- A taper is recommended for any patient taking a benzodiazepine for 2 weeks or longer, regardless of the dose. Even patients who have been on a low dose require a taper if they have been taking the medication for 2 weeks or longer.
- The duration of a taper depends on the length of treatment (Table 1), the underlying condition for which the medication was originally prescribed, medical and mental health comorbidities, and the patient’s prior taper experiences.

<table>
<thead>
<tr>
<th>Length of benzodiazepine treatment</th>
<th>Length of taper</th>
<th>Taper method</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>0–2 days</td>
<td>50% per day</td>
</tr>
<tr>
<td>4 weeks</td>
<td>0–2 weeks</td>
<td>50% per week</td>
</tr>
<tr>
<td>8 weeks</td>
<td>2–3 weeks</td>
<td>25–50% per week OR Decrease by 50% for the first week, then 25% per week.</td>
</tr>
<tr>
<td>3–12 months</td>
<td>4–8 weeks</td>
<td>10–25% per week OR Decrease by 25% for the first week, another 25% for the second week, then 10% per week.</td>
</tr>
<tr>
<td>≥ 12 months</td>
<td>4–8 months+</td>
<td>10–25% per month</td>
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</table>

- Longer tapers may be considered for patients who are apprehensive about tapering or have had unsuccessful tapering attempts in the past. Patients who have had difficulty tapering off other medications (e.g., opioids) are likely to experience similar challenges when tapering off benzodiazepines and may need a slower taper.
For patients on concomitant opioids and benzodiazepines, it is recommended to taper only one agent at a time. Simultaneous taper is less likely to be successful.

Mental Health referral for cognitive behavioral therapy is recommended to help patients cope with rebound anxiety during the taper process. Patients can also call the Mental Health Access line at 1-888-287-2680 and self-enroll.

Cognitive behavioral therapy for insomnia (CBT-I) is recommended for patients on benzodiazepines for sleep. For more information about CBT-I and online resources, see the KPWA Insomnia Guideline.

Most patients’ withdrawal symptoms will resolve soon after tapering off benzodiazepines, but for a minority of patients, some withdrawal symptoms can persist for weeks or even months after discontinuing benzodiazepines.

How could this change my practice?
Developing treatment plans with patients to taper off benzodiazepines is a great strategy to improve patient safety. Benzodiazepine tapers can be challenging and, if inappropriately implemented, can hinder the success of the taper and result in serious adverse events.

Why did we choose this topic?
KPWA recently updated its Benzodiazepine and Z-Drug Safety Guideline, encouraging clinicians to develop treatment plans with patients to taper and discontinue benzodiazepines. With this update, we expect an increase in attempts to reduce chronic benzodiazepine therapy. Decreasing long-term benzodiazepine use is an important harm reduction strategy that requires careful implementation to avoid unintended consequences.

There have been recent cases, however, where benzodiazepines were abruptly discontinued in patients who have been on these drugs chronically. Benzodiazepine withdrawal can be life-threatening if discontinuation is not approached carefully. Serious symptoms of benzodiazepine withdrawal may include psychosis, delirium tremens, and seizures which, if left unmanaged, may progress, become difficult to control, and be fatal.

Resources
KPWA Benzodiazepine and Z-Drug Safety Guideline

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