



Benzodiazepine withdrawal

Attempting to withdraw patients from benzodiazepines should be a gradual process and may take from 3 months up to a year or longer.

Before attempting withdrawal the patient should be assessed to ascertain whether this is a **suitable time for the patient to stop taking the drug**. Manage symptoms of depression or severe anxiety before considering withdrawal. Consider seeking specialist advice/referral for people with a history of alcohol or other drug dependence. Withdrawal should be gradual to avoid severe withdrawal symptoms.

Managing benzodiazepine withdrawal

- The withdrawal schedule should be flexible and guided by the patient when making adjustments so that they remain comfortable with the withdrawal.
- Review frequently, to detect and manage problems early and to provide advice and encouragement during and after the drug withdrawal.
- If the first attempt is not successful, encourage the person to try again.

Tapering benzodiazepine doses

Decide if the person can stop their current benzodiazepine or z-drug **without** changing to diazepam. Examples of reducing regimes include

From temazepam 20 mg daily or less: Reduce daily dose by a quarter of a 10 mg tablet (2.5 mg) every 2 weeks. The target dose for when to stop is when the person is taking only a quarter of a 10 mg tablet as a daily dose. If stopping is not possible at the target dose, offer temazepam liquid (10 mg/5 mL) and an oral syringe to achieve further reductions.

- **Estimated total withdrawal time: 16–20 weeks or longer.**

From zopiclone 7.5 mg per day or less: Reduce the daily dose by half of a 3.75 mg tablet (1.875 mg) every 2 weeks. The target dose for when to stop is when the person is taking only half of a 3.75 mg tablet. If stopping is not possible at the target dose, one option is to convert to diazepam to complete the withdrawal, although this is controversial.

- **Estimated total withdrawal time: 16–20 weeks or longer.**

Consider switching to an equivalent dose of diazepam if patients

- are taking short acting benzodiazepines (alprazolam, lorazepam)
- are using preparations that do not easily allow for small reductions in dose (alprazolam, flurazepam, loprazolam and lormetazepam).
- are taking temazepam or nitrazepam and who choose to withdraw from diazepam after discussing the advantages and disadvantages
- are likely to experience difficulty withdrawing directly from temazepam, nitrazepam, or z-drugs, due to a high degree of dependency (associated with long duration of treatment, high doses, and a history of anxiety problems).

Seek specialist advice before switching to diazepam in people with hepatic dysfunction. An example of a reducing regime including diazepam

From diazepam 40 mg per day or less: Reduce dose by 2–4 mg every 1–2 weeks until reaching 20 mg per day, *then* Reduce dose by 1–2 mg every 1–2 weeks until reaching 10 mg per day, *then* Reduce dose by 1 mg every 1–2 weeks until reaching 5 mg per day, *then* Reduce dose by 0.5–1 mg every 1–2 weeks until completely stopped.

- **Estimated total withdrawal time: From diazepam 40 mg per day: 30–60 weeks. From diazepam 20 mg per day: 20–40 weeks.**

Dose equivalents and advice can be found at the following link <https://cks.nice.org.uk/benzodiazepine-and-z-drug-withdrawal>

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