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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