

Benzodiazepines: Tapering and Prescribing

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ALGORITHM

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This CPM presents a model of care based on scientific evidence available at the time of publication. It is not a prescription for every physician or every patient, nor does it replace clinical judgment. All statements, protocols, and recommendations herein are viewed as transitory and iterative.

Although physicians are encouraged to follow the CPM to help focus on and measure quality, deviations based on clinical judgment can be made and may lead to discovering improvements in patient care and expanding the knowledge base.

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This CPM is part of Presbyterian's Clinical Care Model, a broad, enterprise-wide body of documentation covering PHS' functions, programs, and care pathways, intended to build organizational acumen, facilitate cross-system collaboration, and accelerate our implementation of clinical initiatives.

Find all of PHS' Care Model at <https://phscenter.org/care-model>.

This Clinical Practice Model (CPM) summarizes evidence-based guidelines for managing adult patients over the age of 18 who are:

- Already on prescribed long-term benzodiazepine or Z-drug therapy, or
- Being considered for initiation of therapy with either drug class.

PHS Primary Care and Behavioral Health leadership offers clinicians this information to guide the appropriate prescribing and tapering of benzodiazepines and Z-drugs.

Why Focus on Benzodiazepines?

There are widely accepted concerns associated with benzodiazepine use, such as potential dependence, withdrawal, problematic drug use (including diversion and misuse), and known harmful effects, including falls, potential cognitive decline, and motor vehicle accidents.

According to the 2021 national survey on drug use and health, 1.4% of all Americans age 12 or older abused benzodiazepines in the past year, extrapolating out to 3.9 million individuals. According to the New Mexico overdose prevention quarterly measures report in 2Q2022 67,238 unique patients received prescriptions for benzodiazepines, down from 72,745 a year earlier. In 2020 the state of New Mexico had the 11th highest rate of drug overdose in the nation. A total of 2,931 deaths were reported 2016 and 2020. Of those, 58% involved at least one prescription drug, and 19% involved a benzodiazepine, often in combination with other drugs.

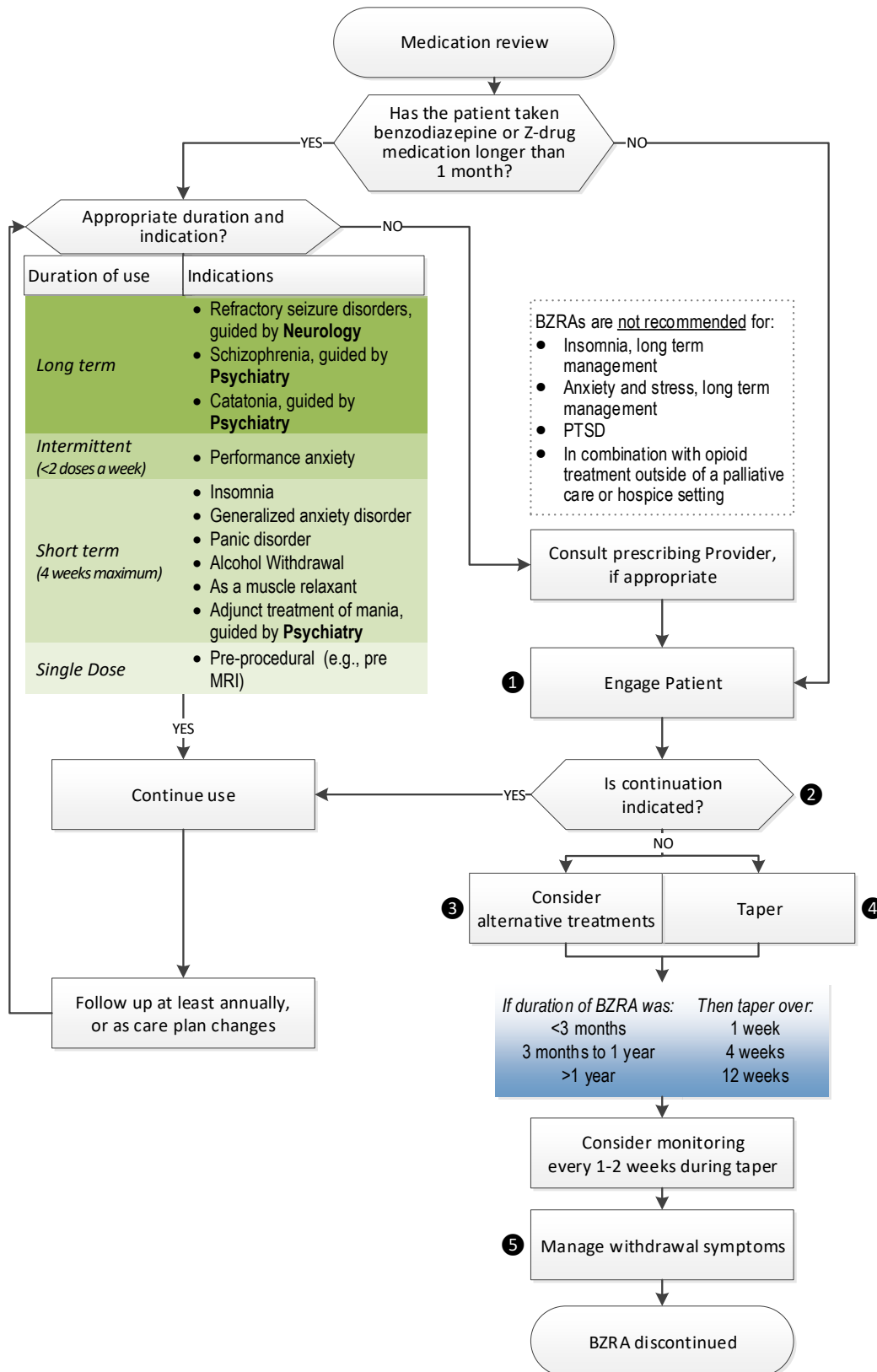
Moreover, combining opioids and benzodiazepines can be unsafe because both types of drugs sedate users and suppress breathing — the cause of overdose fatality. In 2022, 10,869 patients in New Mexico had concurrent prescribed opioids and benzodiazepines.

Benzodiazepine receptor agonists and Z-Drugs, or BZRAs, are a class of drugs that are used to treat problems such as anxiety or difficulty sleeping. BZRAs are considered a high-risk medication in the elderly and are listed on the American Geriatrics Society Beers Criteria list. Studies have found that with elderly long-term benzodiazepine users, minimal interventions (such as written education materials with a tapering plan) are needed to initiate a successful tapering protocol.

Care Pathway Roles and Responsibilities

Responsibility	Clinician
<ul style="list-style-type: none">• Clinical assessment; diagnosis; treatment• Engaging the Patient in discontinuing benzodiazepine therapy• Managing taper: initiate orders for taper, authorize refills, and adjust dosages	Primary Care Provider (PCP)
<ul style="list-style-type: none">• Planning taper	PCP, Pharmacist Clinician
<ul style="list-style-type: none">• Cognitive behavioral therapy	Behavioral Health Clinician

De-prescribing Benzodiazepines and Z-drugs (BZRAs)



Consider tapering for any patient taking BZRAs daily for longer than one month.

This guideline is not intended to apply to patients who are using BZRAs illicitly; these patients may require acute intervention and/or alternative treatment strategies. Consider referring the patient to [PCBH](#), PHS IOP, or medically-supervised detox for high risk of withdrawal seizures. Individuals at risk of seizure include those with a history of withdrawal seizures, medical frailty, and co-using large amounts of alcohol.

NOTES:

- 1** Discuss the risks and benefits of BZRAs. Show how tapers work. See [Engaging the Patient](#) (p. 3).
- 2** See [When to Taper](#) (p. 3).
- 3** See [Alternative Treatments](#) (p. 7).
- 4** See [How to Taper](#) (p. 3).
- 5** See [Withdrawal Symptoms](#) (p. 5).

Tapering

When to Taper

See [algorithm](#) (page 2) for appropriate indications and durations of use. Consider de-prescribing (tapering and stopping) for **any patient taking benzodiazepines daily for longer than one month**, especially persons:

- Older than 65 years (because of the potential risk of injury from falls and other cognitive adverse effects)
- Taking multiple BZRAs, benzodiazepines combined with opioids or amphetamines, or supratherapeutic dosages
- With a cognitive disorder, history of traumatic brain injury, or current or history of substance use disorder, especially sedative-hypnotic or alcohol or opioid use disorder

Assess the patient's underlying condition for which the BZRA was originally prescribed; consider [alternative treatments](#) as needed. Assess the patient's readiness (willing, committed, with adequate social support) and suitability (no previous history of complicated drug withdrawal) to taper off the BZRA.

Engaging the Patient

Involve the patient in decision making/planning the discontinuation. For most individuals in primary care settings, a minimal intervention, such as a letter from the Provider with self-help information or a single brief consultation, can be effective in reducing or stopping BZRA use. Discuss with the patient any adverse effects, potential risks, benefits, possible withdrawal symptoms, and likely duration. See talking points under [Patient Education and Support](#) (page 9).

One strategy that may increase patient motivation suggests a trial dosage reduction that would not require the patient's commitment to completely discontinue the medication. This way, the patient gains confidence at managing a small dose reduction ("baby steps") without significant adverse effects.

Proceed with the taper when indicated. If continuation of the BZRA medication is indicated, set the expectation of revisiting the discussion at least annually and whenever there are changes in the patient's care plan.

Consider a consultation for patients who: 1) have a history of alcohol use disorder or other drug use disorders; 2) have a concurrent severe medical or psychiatric disorder; 3) are on a high dose of benzodiazepines; 4) are taking amphetamines or opiates concurrently; or 5) have a history of drug withdrawal seizures.

How to Taper

Taper schedules should be individualized, considering factors such as lifestyle, personality, environmental stressors, reasons for taking the BZRA, and amount of available personal and clinical support:

Switching Drugs

To minimize withdrawal symptoms between doses, it is recommended to convert patients to a benzodiazepine with a longer half-life, such as clonazepam, diazepam, or lorazepam. If a patient is on multiple benzodiazepines, the equivalent daily doses should be added, and the patient should be started on an equivalent dose of a single long acting agent.

Switching to clonazepam is recommended for individuals who are:

- Using the short- to intermediate-acting potent benzodiazepines (e.g., alprazolam)
- Using preparations that do not easily allow for small reductions in dose (e.g., alprazolam or flurazepam)
- Experiencing difficulty or who are likely to experience difficulty withdrawing directly from temazepam or Z-drugs due to a high degree of dependency (associated with long duration of treatment, high doses, or history of anxiety problems)

Switching to clonazepam in patients aged 65 and over is not recommended, as case reports suggest that it may be associated with delirium. For older adults, lorazepam, oxazepam, or temazepam are the safest options because they don't have metabolites that can accumulate. Of these, lorazepam provides the most flexibility in terms of dosing options — available as 0.5, 1, and 2 mg tabs, and as 2 mg/mL oral solution.

Calculate the total daily dose of benzodiazepine and convert to Milligrams Diazepam Equivalents (MDE), a method analogous to milligrams morphine equivalents used for opioids. (See CPM [Chronic Opioid Therapy for Chronic Pain](#).)

Oral Dose Equivalences of Common BZRAs

		Trade Name	Relative Potency (mg)*	Dosages available as immediate release tablets
Benzodiazepines	Alprazolam	Xanax	0.5	0.25mg, 0.5mg, 1mg, 2mg
	Chlordiazepoxide	Librium	10	
	Clonazepam	Klonopin	0.25-0.5	0.5mg, 1mg, 2mg
	Diazepam	Valium	5	2mg, 5mg, 10mg
	Lorazepam	Ativan	1	0.5mg, 1mg, 2mg
	Oxazepam	Serax	15-30	
	Temazepam	Restoril	10	
	Triazolam	Halcion	0.25	0.125mg, 0.25mg
Z-drugs	Eszopiclone	Lunesta	2	1mg, 2mg, 3mg
	Zaleplon	Sonata	10	
	Zolpidem	Ambien	10	5mg, 10mg

**Approximate equivalencies vary depending upon the resource referenced. In addition, the clinical potency of different drugs varies among individuals (variations in metabolism), and it is difficult to demonstrate equivalence with drugs having very different half-lives. Due to these variables, this table should be used with caution.*

Z-drugs do not have well-defined dose equivalents. There are few dosage forms for these drugs, so dose reduction generally requires larger steps. For example, zolpidem IR only comes in 10mg and 5mg tablets; a 2.5mg dose can be used if splitting 5mg tablets.

Caution: Abrupt discontinuation of alprazolam is associated with a high risk of withdrawal seizures. If the patient experiences difficulty during the tapering of the last 1 to 2 mg of alprazolam, taper more gradually (0.25 mg/week) or substitute clonazepam gradually over 1 week and taper as usual.

Duration

To determine the duration of a taper, consider the duration of prior BZRA use.

If duration of BZRA use was:	Then taper over:
<3 months	→ 1 week
3 months to 1 year	→ 1 month
>1 year	→ 3 months

If the patient is deemed to be at high risk of overdose, such as current alcohol abuse or continued use of opioids, it may be in the patient’s best interest to attempt a more rapid taper.

Dosage

The most effective strategy for de-prescribing BZRAs (to avoid the development of severe withdrawal symptoms) is a gradual taper. In a typical 3-month taper, reduce from 100% to 50% of baseline during the first 4 weeks, then reduce from 50 to 0% during the remaining 2 months. A more rapid taper (25% per week) may be appropriate for a patient whose urine drug screening is consistent with a concern that the patient is using a respiratory depressant or who exhibits behavior that suggests misuse or diversion of the drug.

Example Benzodiazepine Tapers

Day	Suggested Milestone	Dose (mg/day)
0	100%	Lorazepam 4 mg daily
1		2 mg daily
2		1.5 mg daily

3 and 4		1 mg daily
5 and 6		0.5 mg daily
7		0.25 mg daily
8	Discontinued	0

Week	Suggested Milestone	Dose (mg/day)
0	100%	Clonazepam 2 mg daily
1	75%	1.5 mg daily
2	50%	1 mg daily
3	25%	0.5 mg daily
4	12.5%	0.25 mg daily
5	Discontinued	0

Week	Suggested Milestone	Dose (mg/day)
0	100%	Alprazolam 1.5 mg daily
1	Conversion to long acting BZD	Clonazepam 1.5 mg daily
2		1 mg daily
3		1 mg daily
4	50%	Clonazepam 0.75 mg daily
5		0.75 mg daily
6		0.75 mg daily
7	~25% (33%)	0.5 mg daily
8		0.5 mg daily
9		0.5 mg daily
10		0.25 mg daily
11		0.25 mg daily
12		0.25 mg daily
13	Discontinued	0

Prescriptions should be for a 4-week supply only, and updated prescriptions should be called in monthly.

Documentation

The taper plan should be written out for the patient to take home and entered in the patient's chart. In Epic, enter the taper plan in Order Composer; the Taper/Ramp function can calculate custom tapers.

Monitoring

Consider follow up within 1 week of completing a 1-week wean, and within 1 month of starting a 1-month or a 3-month wean. Review the PMP with each prescription renewal (monthly) to identify any outside prescriptions.

Manage withdrawal symptoms. If symptoms relapse, maintain current dose for 1-2 weeks, then continue to taper slowly. Consider prescribing an alternate drug. Consider offering appropriate behavioral counseling, such as CBT, if available. Tapering should be guided by individual choice and severity of withdrawal symptoms.

Withdrawal Symptoms

Continuous daily use of BZRAs can lead to tolerance and dependence even at therapeutic doses within a few weeks. Therefore, their discontinuation can result in withdrawal symptoms. Most patients will experience withdrawal symptoms of some form, including:

- Anxiety (unmasking prior anxiety state; rebound anxiety)
- Insomnia
- Irritability
- Cravings
- Tremor
- Headache
- Sweating
- Nausea and vomiting
- Dizziness
- Fatigue
- Diarrhea
- Hypersensitivity to light, sound, or touch
- Paresthesia
- Muscle twitching

Seizures are actually quite rare, and are generally only associated with abrupt discontinuation of benzodiazepines, particularly in populations with underlying risk factors for seizures.

Medications used to prevent or treat withdrawal symptoms during gradual taper from benzodiazepines or Z-drugs

Symptom	Medication	Dosing
Seizure prevention <i>Indications:</i> 1. Patient has history of seizures 2. Patient has history of BZO-withdrawal seizures or alcohol-withdrawal seizures 3. Abrupt discontinuation of BZO 4. Patient has TBI	Carbamazepine ¹ Valproic acid ^{1,2} or Divalproex sodium EC ^{1,2}	Start 200 mg twice daily, adjust dose weekly up to 400 mg twice daily. Continue for 2-4 weeks after stopping benzodiazepines and then taper anticonvulsant. Start 500 mg twice daily, adjust dose weekly up to 2,000 mg daily. Continue for 2-4 weeks after stopping benzodiazepines and then taper anticonvulsant.
Tachycardia, hypertension, tremors, sweats, anxiety, restlessness	Propranolol	10 mg three times daily as needed for 3 days
Hypertension, tremors, sweats, anxiety, restlessness	Clonidine	0.1 mg three times daily as needed for 3 days
Anxiety, restlessness	Hydroxyzine ³ or Diphenhydramine ³	25 mg every 6 hours as needed
Insomnia ⁴	Hydroxyzine ³ or Diphenhydramine ³	25-50 mg daily before bed as needed
Nausea	Promethazine ³	25 mg every 6 hours as needed
	Metoclopramide	10 mg every 6 hours as needed
Dyspepsia	Calcium carbonate	500 mg 1-2 tabs every 8 hours as needed
	Mylanta, Milk of Magnesia	Follow package instructions.
Pain, fever	Acetaminophen	500 mg every 4 hours as needed, not to exceed 3,000 mg in 24 hours
	Ibuprofen	600 mg every 6 hours as needed
<p>1. In patients with liver impairment, consider topiramate, gabapentin or levetiracetam. Check CBC and liver function tests at baseline. 2. Check CBC and liver function tests at baseline and every 3 months during treatment. 3. These are high-risk medications for the elderly. Please consider alternatives for patients aged 64 and older. 4. Patients with chronic insomnia or worsening anxiety during the taper often do better with Cognitive Behavioral Therapy (CBT) to address these symptoms.</p>		

Alternative Treatments

When discontinuing a benzodiazepine most patients will require alternative treatments for the underlying condition that the benzodiazepines were initially being used to treat. Also, given the risk of withdrawal symptoms and rebound anxiety, short term use of non- benzodiazepine sedative drug may be appropriate.

Pharmacotherapies by Indication

Insomnia	Anxiety: rapid acting	Anxiety: preventative	Muscle Spasms
Trazodone Mirtazapine Low dose TCA's Hydroxyzine Melatonin Ramelteon (may require PA)	Pregabalin Hydroxyzine Gabapentin Propranolol	Buspirone SSRI: o Citalopram o Escitalopram o Fluoxetine o Sertraline o Paroxetine SNRI: o Venlafaxine o Duloxetine Scheduled gabapentin Scheduled pregabalin	Baclofen Cyclobenzaprine Orphenadrine Methocarbamol

Non-pharmacological Treatments

The rate of successful discontinuation of benzodiazepine treatment is significantly higher for patients who also receive cognitive-behavioral therapy (CBT) than for the patients receiving a taper alone.

Outcome

If the patient does not succeed on the first attempt at tapering, encourage them to try again. Emphasize that any reduction in use is beneficial. Treat any underlying problems before trying again. If the patient experiences multiple attempts at treatment that do not result in sustained improvement, consider referral to PCBH,

Prescribing

Long-term Use

Benzodiazepines and Z-drugs are **not recommended for long-term use** (longer than 6 weeks) in the absence of exceptional circumstances (e.g., for terminally ill patients). There is no evidence to support the long-term use of these drugs for insomnia or any mental health indication.

If benzodiazepines are used, they should be prescribed for short-term, intermittent use (2 to 4 weeks; no more than three doses per week), intermittent brief courses (daily use for no more than 2 weeks in cases of extreme stress and anxiety), or occasional doses to limit the potential for new, long-term users.

Considerations

Before initiating a course of benzodiazepine or Z-drug treatment:

- Determine the lowest effective dose for the shortest clinical time-frame.
- Inform the patient regarding the duration of treatment.
- Discuss with the patient the risks and side effects, including the risk of dependence. Explain that some patients will have difficulty discontinuing the medication at the end of acute treatment.
- Discuss exit strategies, such as short tapering or switching to alternative treatments.
- Offer [alternative treatments](#), if appropriate, including:
 - o Antidepressant medications (e.g., SSRIs, SNRIs, tricyclic antidepressants)
 - o Psychotherapy (e.g., cognitive behavioral therapy)
 - o Serotonergic agents for anxiety (buspirone)

- Anticonvulsant medications for restless legs (e.g., pramipexole, ropinirole, gabapentin)
- Adjunctive symptomatic medications
- For patients who are **frail or aged 65 and older**, consider initiating the medication at half the adult dose. These individuals are especially vulnerable to the adverse effects of hypnotic drugs, as their metabolic rates decline with age. Patients in this age group are:
 - More susceptible to CNS depression and cognitive impairment, and may develop confused states and ataxia leading to falls and hip fractures.
 - At risk of drug interaction with other medications.
 - At risk of permanent cognitive impairment when using high doses of benzodiazepines (e.g., diazepam 30 mg or equivalent) on a regular basis.

Major Indications for (Short-term) Benzodiazepine or Z-drug Treatment

Indication	Medication	Considerations
Insomnia	Benzodiazepine or Z-drug <i>(For a detailed list of medications used to treat insomnia, see Chronic Insomnia CPM.)</i>	Both are effective in the relief of short-term (1-2 weeks) but not long-term insomnia. The treatment period should not exceed 2 weeks, as sleep studies have shown that sleep patterns return to pre-treatment levels after only a few weeks of regular use.
Anxiety	Benzodiazepine	Not first-line therapy, but may be used as an adjunct while waiting for definitive therapy to work. Continuing beyond 4-6 weeks will result in loss of effectiveness, development of tolerance or dependence, potential for withdrawal symptoms, persistent adverse side effects, and interference with the effectiveness of definitive medications and counseling. Consider referral to Behavioral Health Clinician (BHC) or for assessment and/or counseling.
Muscle Relaxant	Benzodiazepine	Indicated for short-term relief (1-2 weeks) of muscle discomfort associated with acute injuries or flare-ups of chronic musculoskeletal pain. Benzodiazepines should not be combined with other sedatives, hypnotics, or muscle relaxants.

Other Indications for (Short-term) Benzodiazepine or Z-drug Treatment

- As part of a protocol for treating alcohol withdrawal
- Urgent treatment of acute psychosis with agitation or acute mania
- Single-dose treatment of phobias, such as flying phobia
- Seizures and a limited number of neurologic disorders
- Sedation for office procedures

Contraindications

- Active or history of substance abuse
- Treatment with opioids for chronic pain or replacement therapy for opioid use disorder
- Medical and mental health problems that may be aggravated with benzodiazepines, such as fibromyalgia, chronic fatigue syndrome, somatization disorders, depression, bipolar disorders (except for urgent sedation in acute mania), attention deficit hyperactivity disorder, kleptomania, and other impulse disorders
- Cardiopulmonary disorders such as asthma, sleep apnea, chronic obstructive pulmonary disease, congestive heart failure, and other cardiopulmonary disorders, since benzodiazepines may worsen hypoxia and hypoventilation

Pregnancy and Breast Feeding

Benzodiazepines are often used during pregnancy to manage severe anxiety or agitation, and drugs with short half-lives (e.g., lorazepam) are preferred.

- Studies have shown conflicting results, so it is not known if exposure to benzodiazepines or Z-drugs during pregnancy is associated with an increased risk of congenital malformations.
- Some studies have suggested a higher rate of spontaneous abortion (miscarriage), preterm delivery, or low birth weight in infants when women take benzodiazepines during pregnancy. However, not all studies found these risks.
- All psychotropic medications are transferred to breast milk in varying amounts and thus are passed onto the nursing infant. The infant may experience withdrawal symptoms. These include low Apgar scores, apnea, hypothermia, hyperreflexia, hypertonia or hypotonia, irritability, lethargy, restlessness, tremor, diarrhea, poor feeding, or vomiting.
- Some benzodiazepines are not recommended during breastfeeding because they have longer half-lives and might cause sedation (sleepiness) in a breastfed infant. Diazepam appears to be incompatible with breastfeeding.
- An infant exposed to a BZRA via breast milk should be assessed by the Pediatrician at baseline and subsequently monitored periodically for adverse events. If an adverse event in the infant is suspected, the mother should suspend breastfeeding.

Adverse Effects of BZRAs

- Dependence: Psychological or physical dependence can develop over a few weeks or months and is more likely to develop with long-term use or high doses, and in patients with a history of anxiety problems. Potent benzodiazepines with short or intermediate half-lives (e.g., alprazolam, lorazepam) appear to carry the highest risk of causing problems with dependence.
- Tolerance to the hypnotic effects, which may develop after only a few days of regular use
- Daytime somnolence
- Dizziness
- Impaired driving performance leading to an increased risk of road traffic accidents
- Depression and increased anxiety
- Slowness of mental processes and body movements
- Particularly high risk of overdose when combined with sedative drugs, such as opioids or alcohol
- Increased risk of mortality

Monitoring

Follow up annually, at a minimum. More frequent follow-up may be needed for patients who have problems following the treatment care plan, such as making early refill requests or requesting benzodiazepines from multiple prescribers.

Patient Education and Support

Patient Education	
Patient Goal	Key Messages to Convey to the Patient
Understand BZRAs.	<ul style="list-style-type: none"> • Benzodiazepines and Z-Drugs, or BZRAs, are a class of drugs that are used to treat problems such as anxiety. They may also be prescribed to treat seizures, migraines, and sleep disorders. Like opioids and alcohol, they are depressants that change the brain’s chemistry. • Usually, BZRAs are intended for short-term use. The beneficial effects these medications will lessen over time. • BZRAs can cause dependence, memory problems, and daytime fatigue. They are also associated with dementia and falls (sometimes resulting in broken bones). The chance of experiencing these effects may be higher as people get older. • Combining BZRAs with any drug is dangerous, especially when a BZRA is taken in combination with an opioid, because they are both sedatives that suppress breathing and undermine the brain’s ability to function. BZRA mixed with opioids can result in a deadly overdose. • For many people, especially older people, the recommendation is to stop taking BZRAs and manage the symptoms of the underlying medical condition using another type of therapy. Stopping BZRA medication may improve alertness and thinking ability and may lower a person’s risk of falling. • Tapering off BZRA medication can take anywhere from 1 week to 3 months. Slowly reducing the dose of the BZRA helps to reduce the severity of withdrawal effects. Sometimes it involves switching to a longer-acting drug.

Patient Education	
Patient Goal	Key Messages to Convey to the Patient
	<ul style="list-style-type: none"> Withdrawal symptoms, which are common, include: difficulty sleeping, anxiety, irritability, and sweating, among others.
Take medication as prescribed.	<ul style="list-style-type: none"> Compliance with BZRA therapy is important to your safety. If you are working with your Provider to taper off BZRAs, your dosages may be different each day. Follow the taper plan exactly.
Make key lifestyle changes and learn non-drug methods to handle the underlying condition.	<ul style="list-style-type: none"> Cognitive behavioral therapy (CBT) is an educational approach shown effective to help discontinue the use of BZRAs. If you drink alcohol while taking benzodiazepines, it can make you feel very sleepy. It could also cause increased hostility and aggression. It is best to avoid alcohol when taking benzodiazepines. Taking benzodiazepines can affect the way you drive. Because BZRAs can make you feel drowsy, relaxed, confused/fuzzy, and because your vision, coordination, and reflexes may be affected, driving a vehicle after taking BZRAs can be difficult and dangerous. You can be convicted of DWI while under the influence of any drug, including a prescribed medication. For nursing mothers: When you take BZRAs, it will get into your breast milk, so you should talk with your provider about whether you should stop breastfeeding or stop taking BZRA while you are breastfeeding
Monitor.	<ul style="list-style-type: none"> You may need to visit your physician or healthcare provider at frequent intervals while you are using BZRA therapy, especially if you are tapering off the medication. Be sure to keep all appointments, and always bring your current medication list.
Communicate with your provider.	<ul style="list-style-type: none"> Talk to your health care provider about whether reducing or discounting your BZRA medication is the right choice for you. Make sure all your physicians and healthcare providers know you are on BZRA therapy. Call your physician if you notice any side effects. Ask your physician(s), healthcare provider or pharmacist before stopping or starting any other medication, including over-the-counter (OTC) medicines, vitamins, and herbal products, as many of these may interact with BZRA medication.

Educational Materials

- [You May Be at Risk: You are currently taking a sedative-hypnotic drug](#) (va.gov)
- [You May Be at Risk: You are currently taking Ativan® \(Lorazepam\)](#) (betterhealthwhileaging.net)

Clinical Definitions

Benzodiazepines

Drugs in this group act as gamma-aminobutyric acid (GABA) receptor agonists that have hypnotic, anxiolytic, muscle relaxant, and anticonvulsant properties.

Benzodiazepines are commonly divided into three groups according to how quickly they are eliminated from the body: 1) Short-acting (half-life less than 12 hours), such as midazolam and triazolam (Halcion); 2) Intermediate-acting (half-life between 12 and 24 hours), such as alprazolam (Xanax), lorazepam (Ativan), and temazepam (Restoril); 3) Long-acting (half-life greater than 24 hours), such as diazepam (Valium), clonazepam (Klonopin), clorazepate (Tranxene), chlordiazepoxide (Librax), and flurazepam (Dalmane).

Both benzodiazepines and Z-drugs (BZRAs) are considered a “high-risk medication in the elderly” and are listed on the American Geriatrics Society Beers Criteria list.

Cognitive-Behavioral Therapy (CBT)

CBT is a form of psychotherapy that is used widely in the treatment of substance use disorders. Derived from both behavioral and cognitive theories, it focuses on learning and practicing a variety of coping skills. CBT tries to change what the client/patient both does and thinks, to help the client/patient identify self-defeating, negative thoughts and behaviors which may often drive addiction. CBT focuses on relapse prevention, including training in recognizing and coping with cravings, problem solving, and using refusal skills. CBT can boost happiness by modifying dysfunctional emotions, behaviors, and thoughts.

Intensive Outpatient Program for Substance Abuse (IOP)

The Intensive Outpatient Program helps adults 18 years and older struggling with chemical dependency, including alcohol, opiates, heroin, prescription drugs, marijuana, stimulants/amphetamines, hallucinogens, and inhalants, through an eight-week, 24-session program. An Aftercare Support Group is also available for those who have completed the program.

Licensed addiction therapists conduct these sessions, offering the client/patient the chance to explore the biological and emotional dimensions of addiction, and to learn new coping skills for sobriety. Suboxone therapy for opioid dependency and other craving treatments for alcohol dependence are available to those enrolled in the program.

PHS IOP is located in the Presbyterian Medical Group Child and Adolescent Behavioral Health Clinic at Presbyterian Kaseman Hospital campus.

Z-drugs

Like benzodiazepines, drugs in this group act as GABA receptor agonists. Because they have a different structure than benzodiazepines, they produce fewer anxiolytic and anticonvulsant effects. Specific for the treatment of insomnia, Z-drugs have not been shown to be any safer than benzodiazepines.

Examples include zolpidem (Ambien) and eszopiclone (Lunesta).

Evidence/Resources

[Benzodiazepines: How They Work and How to Withdraw \(The Ashton Manual\)](#). 2002.

[The American Geriatrics Society 2015 Beers Criteria Update Expert Panel \(2015\), American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults](#). *J Am Geriat Soc*. 2015; 63:2227.

Additional References

Related Care Model Topics

- [Chronic Insomnia](#)
- [Chronic Opioid Therapy for Chronic Pain](#)
- [Primary Care Behavioral Health \(PCBH\)](#)

Clinical Practice Guidelines

- [Helping Patients Taper from Benzodiazepines](#). National Center for PTSD. 2015.
- Hendrick V. [Teratogenicity, pregnancy complications, and postnatal risks of antipsychotics, benzodiazepines, lithium, and electroconvulsive therapy](#). *UpToDate*. 2019 Jun 03; Web.
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- Ogbonna, CI and A Lembke. [Tapering Patients Off of Benzodiazepines](#). *Am Fam Physician*. 2017 Nov 1;96(9):606-608.

Other Resources

- [Adult Benzodiazepine Withdrawal Orders \[955\] \(Inpatient\)](#) (PHS login required)
- [Equivalents Benzodiazepine Calculator](#)
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