WELCOME
Addiction Medicine ECHO Clinic

The session will begin promptly at **12 pm**.

Please **mute** the audio on your device.

Sessions take place **Thursday on the 2cd and 4th week of the month**.

Please connect your **camera**.

Need technical assistance? Call 907.729.2622 or text your phone number into the chat.

Project ECHO®

ALASKA NATIVE MEDICAL CENTER

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Foundation *for* Opioid Response Efforts

Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

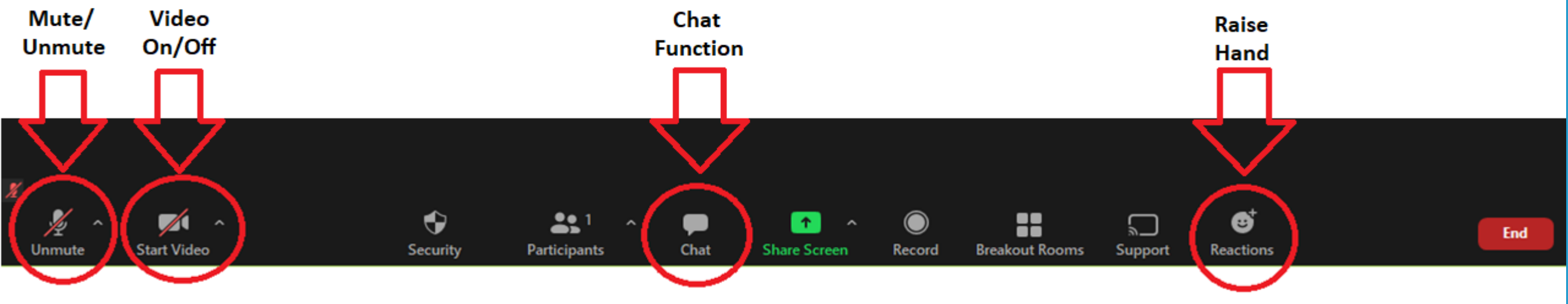
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- Please mute microphone when not speaking
- Use chat function
- Position webcam effectively
- Test both audio & video

Need technical assistance? Use the chat function or call 907-317-5209



ANTHC Clinical ECHO Series

Approved Provider Statements:

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Contact Hours:

ANMC designates this activity for a maximum of 25 contact hours, including 12 total pharmacotherapeutics contact hours, commensurate with participation.

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

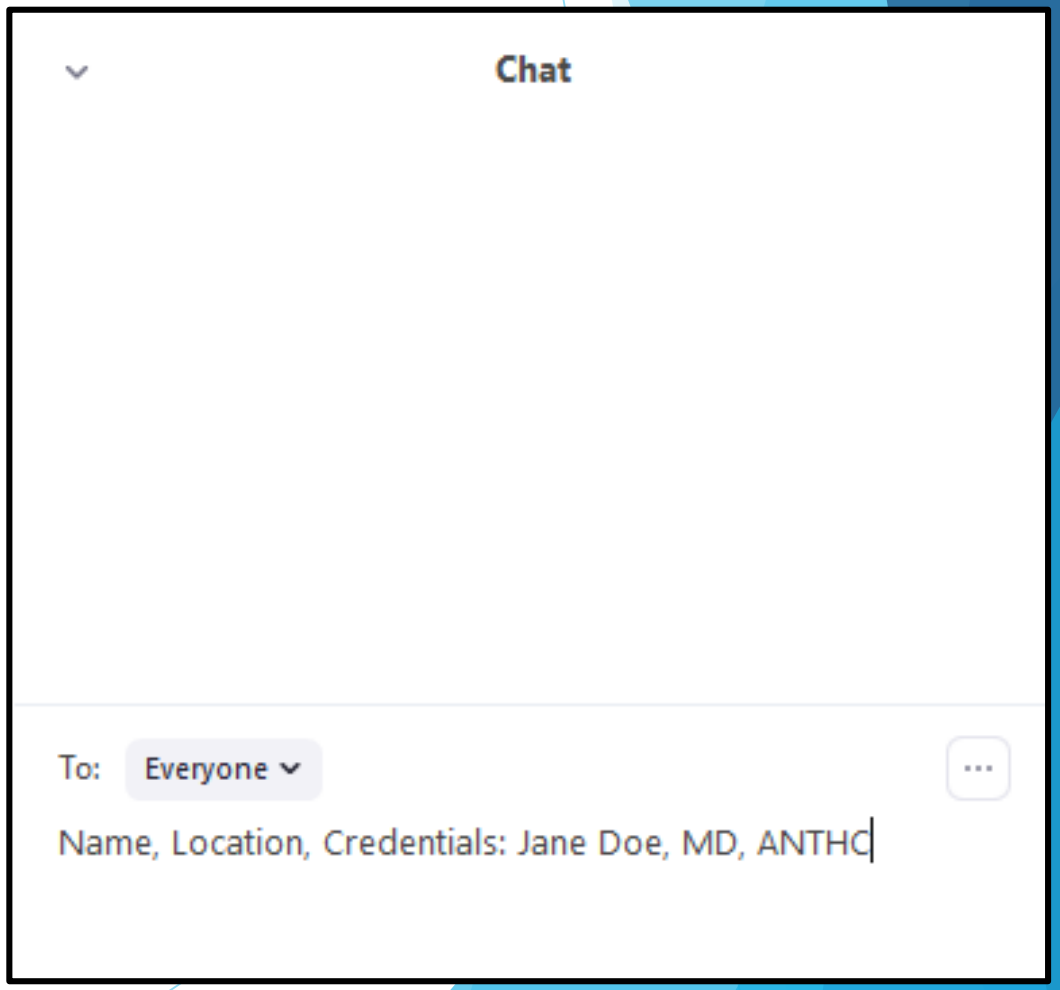
To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: https://forms.gle/QhwCeGTf4zLNwpBX7

For more information contact Jennifer Fielder at jlfielder@anthc.org or (907) 729-1387

Introductions

Addiction Medicine ECHO

- Please introduce yourself in the chat :
  - Name
  - Location
  - Profession/Credentials
  - *Note*: The chat will be saved as our attendance record for continuing education credits.



Tapering Benzodiazepines

Sarah Spencer DO, FASAM

Addiction Medicine ECHO April 2023

Financial Disclosures

- I have no financial conflicts of interest to disclose
- I am currently employed by the Ninilchik Traditional Council
- I work as an addiction treatment consultant for the Opioid Response Network in Alaska and for other non-profit agencies such as ANTHC.

Learning Objectives:

- Review the symptoms and course of benzodiazepine withdrawal and risks or rapid tapers
- Outline various benzodiazepine tapering approaches for unique clinical situations

Effective Treatments for PTSD:

Helping Patients Taper from Benzodiazepines

Benzodiazepines Overview

Continuing to renew benzodiazepine (BZ) prescriptions to certain subgroups of your patients with PTSD may be a high risk practice. These medications may no longer be of benefit to your patients and carry significant risks associated with chronic use. Due to the lack of evidence for their effectiveness in the treatment of PTSD, it is worthwhile for you to implement strategies for assessing patients who are taking them to determine if a taper is appropriate. It is also important to consider

https://www.va.gov/painmanagement/docs/OSI_6_Toolkit_Taper_Benzodiazepines_Clinicians.pdf

Table 1. Common Generic/Brand Name Drugs In Sedative-Hypnotic Withdrawal

Benzodiazepines

- Alprazolam: Xanax®, Niravam®
- Clorazepate: Tranxene®
- Chlordiazepoxide: Librium®
- Clonazepam: Klonopin®
- Diazepam: Valium®, Diastat®
- Estazolam: Prosom®
- Flunitrazepam: Rohypnol®
- Flurazepam: Dalmane®
- Lorazepam: Ativan®
- Midazolam: Versed®
- Oxazepam: Serax®
- Temazepam: Restoril®
- Triazolam: Halcion®

Main reason for which the benzodiazepine(s) was originally prescribed.

Main reason for prescription(s) ***n* = 1207**	**Number of patients (%)**
Situational anxiety	528 (43.7)
Insomnia, sleep	487 (40.3)
Panic attacks	481 (39.9)
Depression	398 (33.0)
Generalized anxiety disorder	286 (23.7)
Pain or nerve spasms	132 (10.9)
Muscle spasms or clenched muscles	106 (8.8)
Restless leg	53 (4.4)
Part of treatment assistance for cancer, major illness, or accident	34 (2.8)
Seizures	20 (1.7)
Hallucinations or schizophrenia	17 (1.4)
Premenstrual syndrome	15 (1.2)
Other	195 (16.2)

Symptoms during or after benzodiazepine use or during a taper. Respondents could give more than one answer.

Symptom (n=1,207)	Duration of Symptom			
	Days	Weeks	Months	Years
Low energy	7.0%	6.1%	21.5%	51.6%
Nervousness, anxiety, fear	6.4%	7.8%	23.7%	50.2%
Difficulty focusing, feeling distracted	7.0%	7.0%	21.5%	49.7%
Sleep disturbances	6.8%	7.1%	23.9%	49.0%
Memory loss	6.8%	5.4%	20.5%	44.2%
Sensitivity to light, noise, talk, smell, triggering symptoms	6.1%	8.1%	21.7%	42.8%
Muscle weakness	5.7%	8.2%	20.4%	36.0%
Digestion, nausea, diarrhea, other stomach/gut issues	8.0%	8.3%	19.3%	38.9%
Trembling or tingling in limbs, skin	8.4%	7.2%	21.0%	35.1%
Symptoms triggered or worsened by foods, alcohol, or caffeine	6.7%	6.0%	19.6%	35.0%
Stabbing pain, burning, aching sensation, or joint pain	6.6%	6.5%	20.6%	34.7%
Head pain, pressure	8.6%	7.5%	21.6%	34.2%
Difficulty driving or walking	7.6%	8.0%	20.2%	33.1%
Balance problems	10.2%	8.0%	21.8%	31.0%
Heart rhythm irregularities or high blood pressure	7.5%	7.7%	19.6%	30.7%

Symptoms associated with benzodiazepine use, tapering, and discontinuation were numerous and ranged from symptoms such as anxiety, insomnia, and nervousness to digestive problems, irregular heart rhythms, uncontrollable anger, photosensitivity, balance problems, and others.

When asked **how benzodiazepine symptoms affected their lives:**

- **82.9% reported work problems,**
- **86.3% had problems with social interactions and friendships,**
- **88.8% had problems with fun, recreation, and hobbies,**
- **54.4% reported suicidal thoughts or attempted suicide, and**
- **46.8% said benzodiazepines caused lost employment.**

Most of the respondents for whom benzodiazepines were prescribed (76.2%) stated they had not been informed that benzodiazepines were indicated for short-term use only and that discontinuation might be difficult.

About a third (31.5%) reported food allergies and/or seasonal allergies that occurred only after benzodiazepine use

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9047812/

Informed Consent for Benzodiazepine Prescription

Please review the information listed here and initial each item when you have reviewed it with your provider and understand each statement. This document provides important but not all concerns related to benzodiazepine use.

_____I understand that I am being prescribed _____ (provider to complete), which is in the class of medications known as benzodiazepines (BZs).

_____My provider is prescribing a BZ for the following condition(s):
_____(provider to complete)

_____My provider has discussed available alternatives to BZs. (provider to list, including non-medication options)
_____

_____BZs are meant for short-term (<2-4 weeks)[1,2,3,4,5] or intermittent use due to their long term-risks, including physical dependence. There are **no studies showing convincing evidence of long-term benefit.**[6]

_____FDA-approved indications for BZs include short-term relief of anxiety,[7] insomnia,[8] certain seizure conditions,[9,10] acute alcohol withdrawal,[11] procedural anesthesia,[12] and muscle spasms[13,14] (which is questioned[15,16,17]). All other indications are considered "off-label" use.

_____BZs have a "boxed" warning (the FDA's strongest warning) for risks when combined with opioids,[18] and the risks of abuse, addiction, physical dependence, and withdrawal.[19]

https://www.benzoinfo.com/wp-content/uploads/2021/06/Benzodiazepine-Informed-Consent.pdf

Benzodiazepine Withdrawal Gone Wrong…

"If I could think of the one worst possible thing you could do to a person, it would be benzo withdrawal. Beats cancer and Alzheimer's combined. If I could make it go away by chopping my arms and legs off, I would!"

"This is by far the worst thing to ever happen to me. I have just recently begun to have hope that I will make it off this poison."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9047812/

Health care professionals did not treat them well

There was a great deal of criticism about clinicians, and little praise for doctors or caregivers. A few said that their physicians ‘abandoned’ them as they struggled to discontinue benzodiazepines.

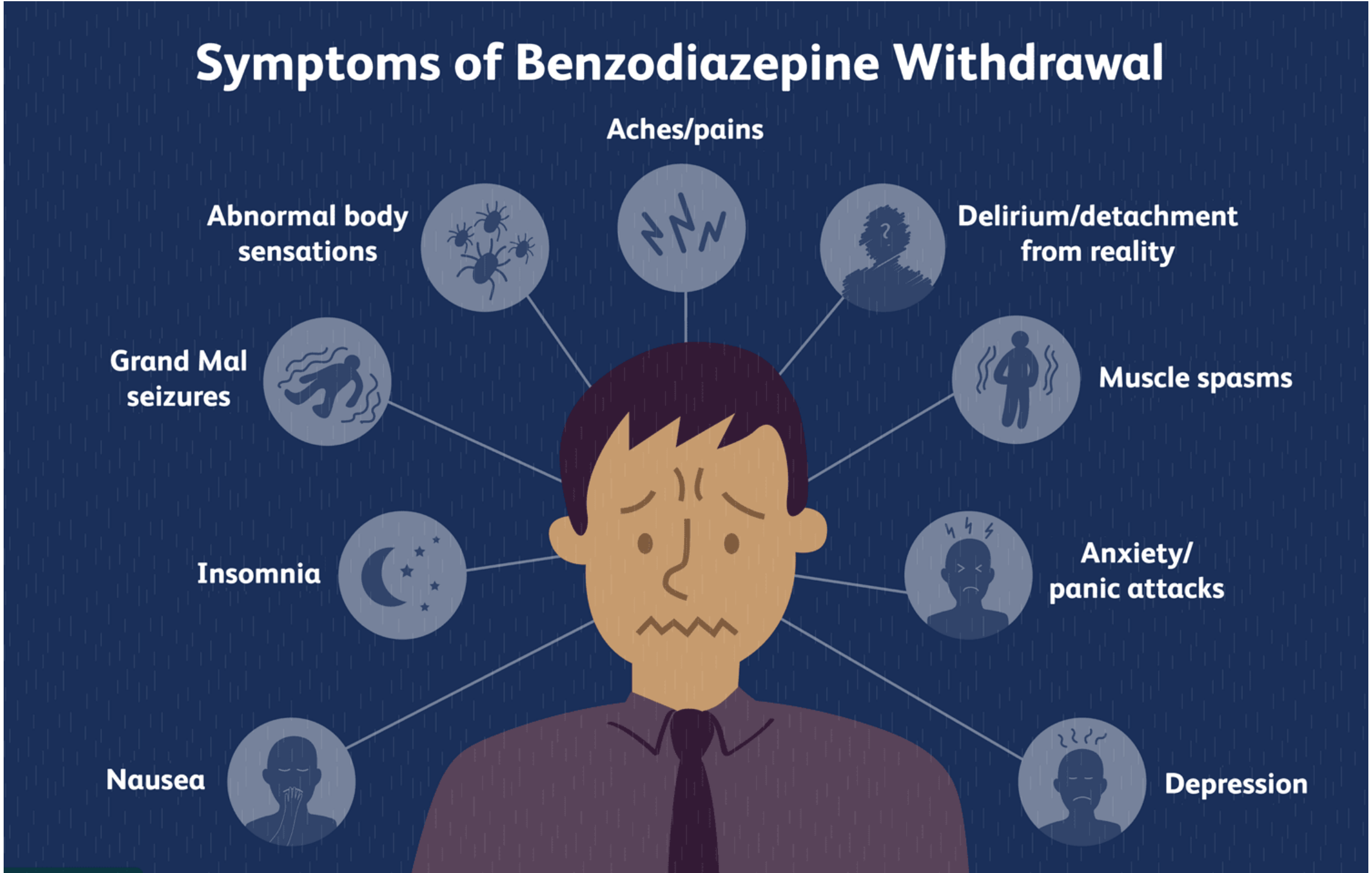
- ‘I’m treated like I did something wrong for taking the prescription as prescribed and never told what it was and when I looked at medical information years ago, she [my doctor] told me not to because I was making up symptoms by reading medical information’.
- ‘My doctor cut me off without warning. I believe doctors who do this should lose their license … I went to the emergency room within days of being discontinued and was “locked down” in mental health unit for 9 days with no treatment except coloring in a room full of dangerous patients’.

Tapering options were limited

One problem that respondents mentioned was their difficulty in finding knowledgeable and appropriate help to manage their physiologic dependence.

- ‘This is my third taper … much better because I am going at a slow pace, but the first two were just horrible’.
- ‘Very difficult to find a health provider that will taper me off these awful chemicals’.

Symptoms of Benzodiazepine Withdrawal



CIWA-B

Clinical Institute Withdrawal Assessment Scale - Benzodiazepines

Interpretation of scores: Sum of items 1-20

1–20 = mild withdrawal
21–40 = moderate withdrawal
41–60 = severe withdrawal
61–80 = very severe withdrawal

Objective physiological assessment

For each of the following items, please circle the number which best describes the severity of each symptom or sign.

1	Observe behaviour for restlessness and agitation	0 None, normal activity	1	2 Restless	3	4 Paces back and forth, unable to sit still
2	Ask patient to extend arms with fingers apart, observe tremor	0 No tremor	1 Not visible, can be felt in fingers	2 Visible but mild	3 Moderate, with arms extended	4 Severe, with arms not extended
3	Observe for sweating, feel palms	0 No sweating visible	1 Barely perceptible sweating, palms moist	2 Palms and forehead moist, reports armpit sweating	3 Beads of sweat on forehead	4 Severe drenching sweats

Patient self-report

For each of the following items, please circle the number which best describes how you feel.

4	Do you feel irritable?	0 Not at all	1	2	3	4 Very much so
5	Do you feel fatigued (tired)?	0 Not at all	1	2	3	4 Unable to function

https://www.smartcjs.org.uk/wp-content/uploads/2015/07/CIWA-B.pdf

Outpatient Detoxification Selection

- Patient is
  - reliable and motivated to stop using
  - medically and psychiatrically stable
  - has social support
    - transportation to appointments or ED if needed
  - taking BZD as prescribed
  - taking nonprescribed BZD in low dose

Stability

- No medical problems that alone require hospitalization
- No medical problems that can be worsened by withdrawal
- No history of complicated withdrawal
  - No history of withdrawal seizures, delirium, hallucinosis
- Not suicidal or homicidal
- Vital signs stable or able to be stabilized
- Not pregnant

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Overview: Outpatient Taper

- Convert to a BZD with long half-life
- Gradually reduce dose of benzodiazepine
  - Various recommendations: 8-12 weeks, 3-6 months, >1 year
  - Long tapers risk becoming the focus of the person's life and poor adherence
- May be able to reduce dose by higher percentage at beginning of taper than at end

Lader M, Kyriacou A. Withdrawing Benzodiazepines in Patients With Anxiety Disorders. *Curr Psychiatry Rep*. 2016 Jan;18(1):8.
Denis C, Fatséas M, Lavie E, Auriacombe M. Pharmacological interventions for benzodiazepine mono-dependence management in outpatient settings. *Cochrane Database Syst Rev*. 2006 Jul 19;(3):CD005194.
Rickels K, Schweizer E, Case WG, Greenblatt DJ. Long-term therapeutic use of benzodiazepines. I. Effects of abrupt discontinuation. *Arch Gen Psychiatry*. 1990 Oct;47(10):899-907.

BENZODIAZEPINE TAPER

Basic principle: Expect anxiety, insomnia, and resistance. Patient education and support very important. Risk of seizures with abrupt withdrawal increases with higher doses. The slower the taper, the better tolerated.

1 **Slow taper:** Calculate total daily dose. Switch from short acting agent (alprazolam, lorazepam) to longer acting agent (diazepam, clonazepam). Upon initiation of taper reduce the calculated dose by 25–50% to adjust for possible metabolic variance.

2 First follow up visit 2–4 days after initiating taper to determine need to adjust initial calculated dose.

3 Reduce the total daily dose by 5–10% per week in divided doses.

Benzodiazepine Equivalency Chart

Drug	Half-life (hrs)	Dose Equivalent
Chlordiazepoxide (Librium)	5–30 h	25mg
Diazepam (Valium)	20–50 h	10mg
Alprazolam (Xanax)	6–20 h	0.5mg
Clonazepam (Klonopin)	18–39 h	0.5mg
Lorazepam (Ativan)	10–20 h	1mg
Oxazepam (Serax)	3–21 h	15mg
Triazolam (Halcion)	1.6–5.5 h	0.5mg

www.oregonpainguidance.com

4 After ¼ to ½ of the dose has been reached, with cooperative patient, you can slow the taper.

5 Consider adjunctive agents to help with symptoms: trazodone, buspirone, hydroxyzine, clonidine, antidepressants, neuroleptics, and alpha blocking agents.

1 **Rapid taper:** See the tapering guidelines on page 28 of the OPG guidance documents.

https://www.oregonpainguidance.org/app/content/uploads/2016/05/Opioid-and-Benzodiazepine-Tapering-flow-sheets.pdf

RAPID TAPER

1. Pre-medicate two weeks prior to taper with valproate 500mg BID or carbamazepine 200mg every AM and 400mg every HS. Continue this medication for four weeks post-benzodiazepines. Follow the usual safeguards (lab testing and blood levels) when prescribing these medications.
2. Utilize concomitant behavioral supports.
3. Discontinue current benzodiazepine treatment and switch to diazepam 2mg BID for two days, followed by 2mg every day for two days, then stop. For high doses, begin with 5mg BID for two days and then continue as described.
4. Use adjuvant medications as mentioned above for rebound anxiety and other symptoms.

Phenobarbital Taper

- 310 admissions
- Age range: 19-61 years; median age 36 years
- 78 (25.2%) on MMT; 177 (56.1%) on buprenorphine taper
- 3-day taper
  - 200 mg x1, followed by 100 mg q4 hours x5 doses
  - 60 mg q4 hours x4 doses
  - 60 mg q8 hours x3 doses.
- 25.8% had at least 1 dose held due to sedation
- 11.6% received at least 1 extra dose of phenobarbital

Kawasaki SS, Jacapraro JS, Rastegar DA. Safety and effectiveness of a fixed-dose phenobarbital protocol for inpatient benzodiazepine detoxification. *J Subst Abuse Treat*. 2012 Oct;43(3):331-4.

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Phenobarbital Taper

- No evidence of induction of opioid withdrawal in MMT patients
- No seizures, falls, transfers to another unit
- 1% developed delirium
- 27.1% had sedation
- 17.1% left AMA
- Within 30 days of discharge
  - 6.1% were readmitted
    - 3 patients (1%) for withdrawal symptoms
  - 7.1% had an ED visit

Kawasaki SS, Jacapraro JS, Rastegar DA. Safety and effectiveness of a fixed-dose phenobarbital protocol for inpatient benzodiazepine detoxification. *J Subst Abuse Treat*. 2012 Oct;43(3):331-4.

Adjunctive Medications

Medication	Effect of Medication	Study
Hydroxyzine	Patients taking 25-50 mg had a decrease in anxiety during a benzodiazepine taper compared to placebo.	Lemoine et al., 1997
Carbamazepine	When given 200-800 mg/day during and after a benzodiazepine taper, it reduced withdrawal symptoms and promoted abstinence compared to placebo.	Schweizer et al., 1991
Trazodone	A significantly higher percentage of patients taking trazodone during a benzodiazepine taper were abstinent from benzodiazepines at 5 weeks post-taper compared to patients taking placebo, but there was no difference at 12 weeks post-taper.	Rickels et al., 1999
Sodium valproate	A significantly higher percentage of patients taking sodium valproate during a benzodiazepine taper were abstinent from benzodiazepines at 5 weeks post-taper compared to patients taking placebo, but there was no difference at 12 weeks post-taper.	Rickels et al., 1999
Imipramine	Pretreatment and use of imipramine during benzodiazepine taper increased taper success rate; a significantly higher percentage of patients taking imipramine were abstinent from benzodiazepines at 12 weeks post-taper compared to those taking placebo.	Rickels et al., 2000

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Adjunctive Medications

Medication	Effect of Medication	Study
Pregabalin	Patients treated with pregabalin (150-600 mg/day) had significantly lower withdrawal symptoms compared to placebo, both during taper and 6 weeks after. Group treated with pregabalin had lower anxiety during taper.	Hadley et al. (2012)
Buspirone	Subjects given buspirone during BZD withdrawal had lower levels of anxiety than subjects given placebo.	Morton & Lader (1995) Udelman & Udelman (1990)
Gabapentin	In MMT patients taking doses up to 1200 mg TID, there were no significant differences between gabapentin and placebo on amount of BZD use per day (both groups reduced use), days abstinent per week, and CIWA-B scale.	Mariani et al. (2016)
Flumazenil	Randomized, placebo-controlled study found subjects given flumazenil infusion plus oxazepam significantly reduced withdrawal symptoms and cravings compared to oxazepam and placebo. Subjects given flumazenil infusion had lower relapse rates up to 30 days later.	Gerra et al. (2002)
Melatonin	Cross-over study, compared melatonin to placebo in MMT patients using BZD. Sleep quality improved with cessation of BZD, regardless of group. In each group, ~30% stopped using BZD.	Peles et al. (2007)

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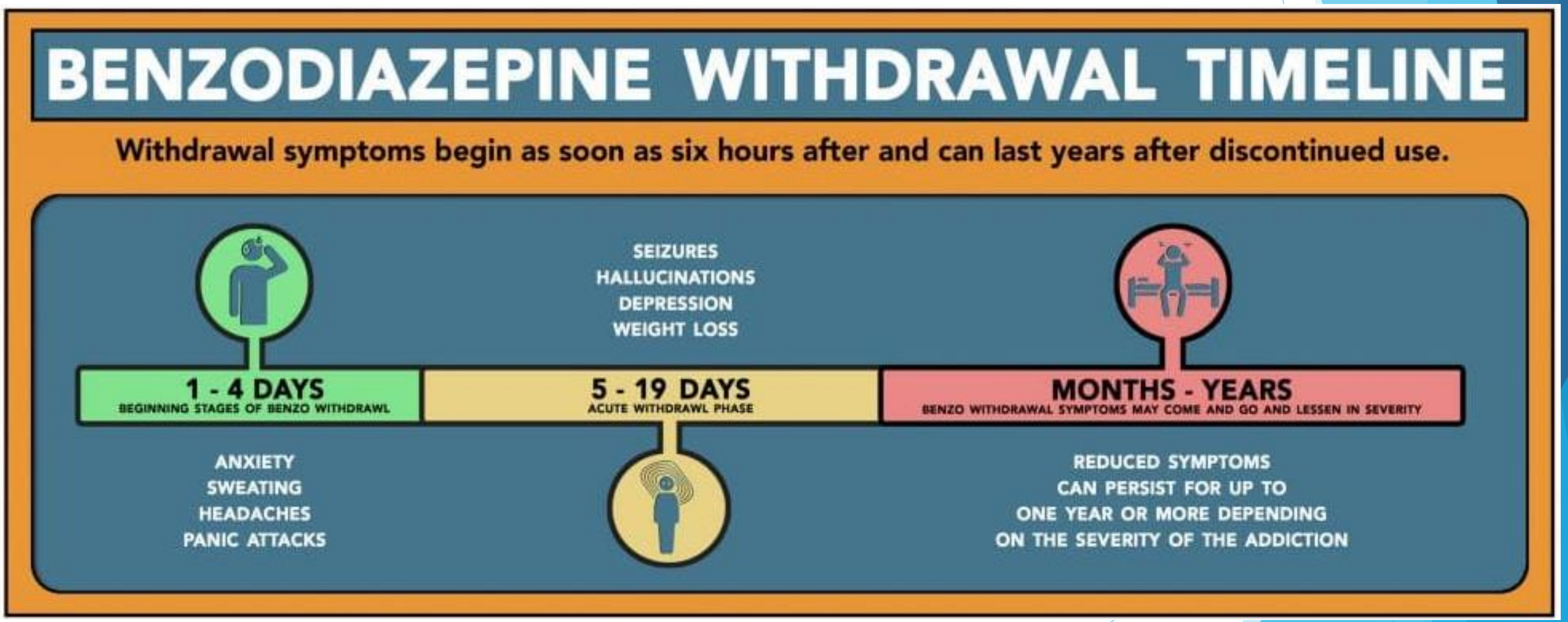
https://www.benzoinfo.com/benzodiazepine-tapering-strategies/


BENZODIAZEPINE WITHDRAWAL TIMELINE
Withdrawal symptoms begin as soon as six hours after and can last years after discontinued use.
1 - 4 DAYS
BEGINNING STAGES OF BENZO WITHDRAWL
ANXIETY
SWEATING
HEADACHES
PANIC ATTACKS
5 - 19 DAYS
ACUTE WITHDRAWL PHASE
SEIZURES
HALLUCINATIONS
DEPRESSION
WEIGHT LOSS
MONTHS - YEARS
BENZO WITHDRAWAL SYMPTOMS MAY COME AND GO AND LESSEN IN SEVERITY
REDUCED SYMPTOMS
CAN PERSIST FOR UP TO
ONE YEAR OR MORE DEPENDING
ON THE SEVERITY OF THE ADDICTION

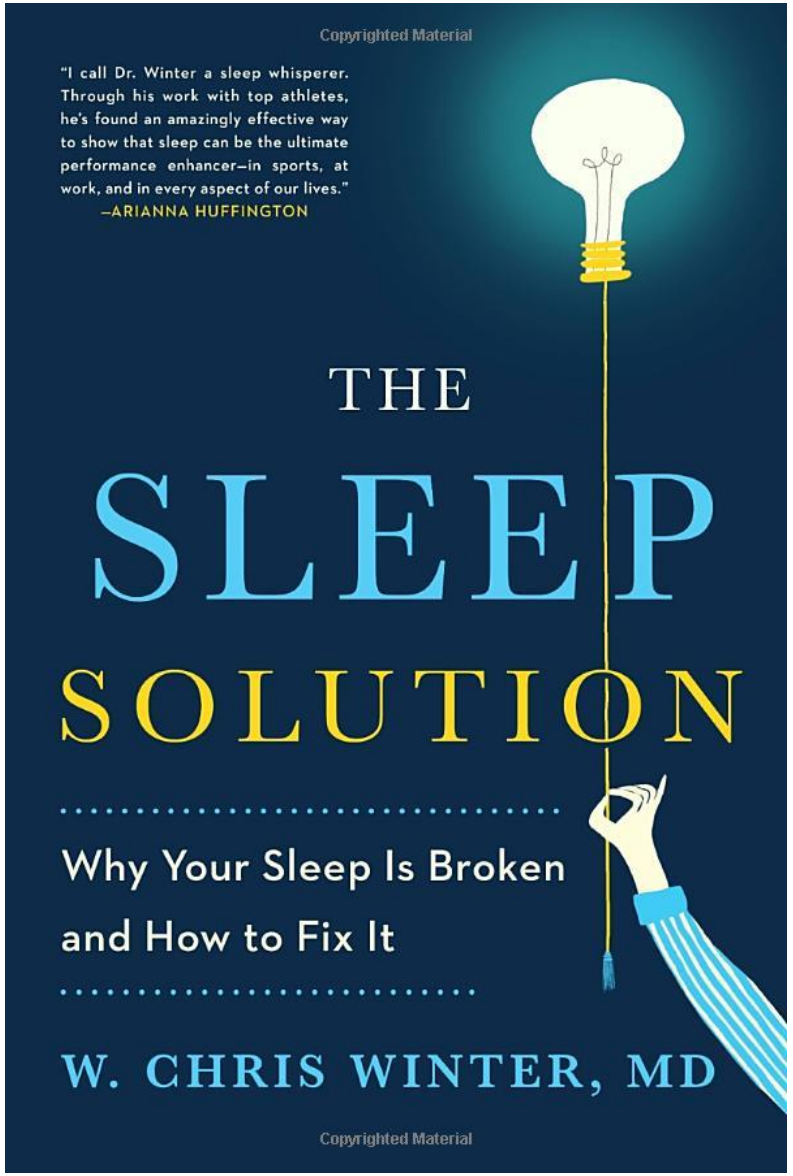
Ask About Sleep

Make a differential diagnosis to determine whether a client's sleep problems likely stem from protracted withdrawal or are the result of other causes

Sleep Hygiene: getting up at the same time every day, exercising early in the day, minimizing caffeine intake, eating well, and avoiding late afternoon naps, dark room

Utilize non-narcotic meds, consider co-treating comorbid pain/mood disorders: TCAs, mirtazapine, trazodone, doxepin, quetiapine (all off label), low-dose melatonin

CBTI (free VA app)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—ARIANNA HUFFINGTON
THE
SLEEP
SOLUTION
Why Your Sleep Is Broken and How to Fix It
W. CHRIS WINTER, MD
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Treat Anxiety and Depression

- Try Buspirone
- Treat with non-narcotic medications that may address comorbid conditions
- SSRI/SNRI's also help with pain (Sertraline for PTSD)
- Mirtazapine helps sleep and appetite
- Consider treating physiological w/d sxs that mimic anxiety with prn clonidine, hydroxyzine, propranolol

FMI Contact Me

Sarah Spencer, DO, FASAM

Ninilchik Community Clinic

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Case Presentation

Project ECHO's goal is to protect patient privacy

- To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- **References: For a complete list of protected information under HIPAA, please visit www.hipaa.com**

Thank you for joining us today.
We appreciate your participation and hope to see you at the **NEXT ECHO Session:**

March 23rd, 2023 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CMEs.


quyana • gunalchéesh • háw'aa • way dankoo • igamsiqanaghhalek • tsin'aen • baasee' • 'awa'ahdah • qagaasakung • maasee' • mahsi' • chin'an • quyanaa