

## Tapering Benzodiazepines

Consider the following principles in designing individualized benzodiazepine tapering schedules

- Go slowly and gradually<sup>1</sup>
  - Reduction of ~ 25% of the initial dose every 2 weeks until the lowest available dose is reached<sup>2,3,4,5</sup> OR
  - Decrease total daily dose by 25% the 1<sup>st</sup> week, another 25% the 2nd week, then 10% a week until discontinuation<sup>2</sup>
    - Moderate reductions at higher doses and smaller reductions at lower doses<sup>1</sup>
  - The specific dose reductions would vary as a function of patients' readiness to discontinue and the presence or absence of withdrawal symptoms<sup>4</sup>
    - Withdrawal symptoms - rebound anxiety, restlessness, tremor, sweating, agitation, insomnia, or seizures (particularly when benzos are used > 8 weeks)<sup>2,4,5</sup>
    - Onset of withdrawal symptoms: 1 to 2 days for benzos with short half-lives, 3 to 7 days for longer half-lives<sup>2</sup>
  - Stabilization: Single benzodiazepine (if using >1 benzodiazepine)<sup>4,5</sup>
  - Introduction of an increasing number of drug-free nights. Scheduled hypnotic use rather than prn use<sup>4</sup>
  - Monitor for withdrawal symptoms or symptom exacerbation. If either occurs, consider maintaining the current benzodiazepine dose or increasing the dose for 1 to 2 weeks or longer, if necessary, then continue to taper at a slower rate<sup>2</sup>
  - Aggressively treat psychopathology while still on benzodiazepine

- Consider use of cognitive therapy and adjunctive agents to improve success rates (eg. imipramine, trazodone, carbamazepine, & valproate)<sup>3,6</sup>
- In patients who have tried but failed to withdraw previously, a 6-month schedule may be necessary as shown below<sup>3</sup>

<b>Week</b>	<b>Dosage (mg/day)</b>
<b>1</b>	Starting dose (e.g. diazepam 15 mg/d or equivalent)
<b>2</b>	15 down to 11
<b>4</b>	11 down to 8.5
<b>6</b>	8.5 down to 6
<b>8</b>	6 down to 4.75
<b>10</b>	4.75 down to 3.5
<b>12</b>	3.5 down to 2.5
<b>14</b>	2.5 down to 2
<b>16</b>	2 down to 1.5
<b>18</b>	1.5 down to 1
<b>20</b>	1 down to 0.75
<b>22</b>	0.75 down to 0.5
<b>24</b>	0.5 down to 0.25
<b>26</b>	0.25 down to 0 (stop)

**Note:** Diazepam formulations for dosage tapering

- Solution - 1 mg/mL (5 mL, 500 mL)
- Tablets: 2 mg, 5 mg, 10 mg

- **Recommended taper when benzodiazepine use > 1 year**
  - Reduce dose no faster than 10% a week, until reach 10 mg diazepam equivalent. Maintain reduced dose for several months before final taper
  - Decrease 10% every 1 to 2 weeks. When 20% of the dosage remains, begin a 5% dose reduction every 2 to 4 weeks<sup>2</sup>

**Recommended durations for tapering benzodiazepines<sup>2</sup>**

<b>Duration of use</b>	<b>Recommended taper Length</b>	<b>Comments</b>
<6 to 8 weeks	Taper may not be required	Depending on clinical judgment and patient stability/preference, consider implementing a taper, particularly if using a high-dose benzodiazepine or an agent with a short or intermediate half-life, such as alprazolam or triazolam
8 weeks to 6 months	Slowly over 2 to 3 weeks	Go slower during latter half of taper. Tapering will reduce, not eliminate, withdrawal symptoms. Patients should avoid alcohol and stimulants during benzodiazepine withdrawal
6 months to 1 year	Slowly over 4 to 8 weeks	
>1 year	Slowly over 2 to 4 months	

References

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