

# Benzodiazepine Taper

A taper schedule reduces the potential for serious adverse events when discontinuing benzodiazepines.

## TAPERING SLOWLY

Consider slow tapering in patients who have been on benzodiazepines for a long time, or who are taking high dosages, or using shorter half-life agents in order to reduce risk and severity of withdrawal symptoms. The slower the taper, the better tolerated.

- Calculate total daily dose.
- Using the Equivalency Chart, switch to a longer acting agent by converting dose from short acting agent (alprazolam, lorazepam) to longer acting agent such as diazepam. (Clonazepam small tablets can be difficult to cut, and thus not suitable for tapering.)
- Upon initiation of taper reduce the calculated dose by 25–50% to adjust for possible metabolic variance.
- First follow up visit 2–4 days after initiating taper to determine need to adjust initial calculated dose.
- Reduce the total daily dose of the long acting agent by 5–10% per week in divided doses.
- After  $\frac{1}{4}$  to  $\frac{1}{2}$  of the dose has been reached, with cooperative patient, you can slow the taper (consider slowing the taper to 5% or less per week).
- Consider **adjunctive agents** to help with symptoms: trazodone, buspirone, hydroxyzine, clonidine, antidepressants, neuroleptics, and alpha blocking agents.

## BENZODIAZEPINE EQUIVALENCY CHART

BENZODIAZEPINE	HALF-LIFE (HRS)	DOSE EQUIVALENT (MG)
Alprazolam	12	0.5
Chlordiazepoxide (Librium)	100	25
Clonazepam (Klonopin)	34	0.25
Clorazepate (Tranxene)	100	10
Diazepam (Valium)	100	5
Lorazepam (Ativan)	15	1
Temazepam (Restoril)	11	10
Triazolam (Halcion)	2	0.25

## RAPID-TAPER METHOD

Some highly motivated patients prefer a rapid taper (weeks versus months). Patient preference needs to be factored in the design of a tapering schedule.

- Pre-medicate 2 weeks prior to taper with valproate 500 mg BID or carbamazepine 200mg every morning and 400 mg every night; monitor lab blood levels for these drugs as indicated.
- Plan to continue this medication for 4 weeks post-benzodiazepines.
- Discontinue the current benzodiazepine treatment and switch to diazepam 2 mg BID x 2 days, followed by 2 mg every day x 2 days, then stop. For high doses, may begin with 5 mg BID x 2 days and then continue as described.
- Use adjuvant medications as mentioned above for rebound anxiety and other symptoms.

## BASIC PRINCIPLES

- Expect anxiety, insomnia, and resistance.
- Patient education and adherence to the mutually agreed upon taper schedule is essential to success.
- The rate of successful discontinuation of benzodiazepine treatment is significantly higher for the patients receiving cognitive-behavioral therapy than for the patients receiving a taper program alone.
- Withdrawal symptoms are patient specific and may appear 3 days to two weeks after taper initiation and will generally subside by the fourth week.
- Accurate symptom identification is important to ensure the patient does not go into withdrawal seizures.

## REFERENCES

1. Oregon Pain Guidance. [http://www.oregonpainguidance.org/app/content/uploads/2016/05/OPG\\_Guidelines\\_2016.pdf](http://www.oregonpainguidance.org/app/content/uploads/2016/05/OPG_Guidelines_2016.pdf)
2. Farinde A. Benzodiazepine Equivalency Table. Accessed at: <http://emedicine.medscape.com/article/2172250-overview>
3. Vermeeren A. Residual effects of hypnotics: epidemiology and clinical implications. CNS Drugs, 2004.
4. Glass J, Lanctot KL, Herrmann N, Sproule BA, Busto UE. Sedative hypnotics in older people with insomnia: meta-analysis of risks and benefits. BMJ, 2005.