

Benzodiazepine Withdrawal

- BZD withdrawal can be life-threatening; early recognition and treatment is crucial
- the patient has known BZD use but is not yet showing signs of withdrawal, consider restarting BZD at 50% of their usual dose and titrate/taper as appropriate
- For patients with any substance use history* showing signs of BZD withdrawal (e.g., seizures, agitation, severe anxiety despite OAT, psychosis), consider administering lorazepam 2–4mg SL for stabilization (higher doses may be required for concurrent management of alcohol withdrawal) and send to ED

MANAGING BENZODIAZEPINE PRESCRIPTIONS

- Low to moderate therapeutic doses not causing harm: Continue prescription
- Imminent risk of BZD toxicity: Immediate dose reduction to reduce risk (e.g., consider lowering dose by 25–50% for patients with concurrent opioid or alcohol use)
- Risk of harm and/or high dosing: Consider long-term outpatient taper (e.g., 30+mg DE, risk factors such as older age or COPD)
- BZD use disorder: Initiate long-term taper with daily dispensing
- Inpatient management required for abrupt withdrawal of BZD/initial stabilization
- Referral to outpatient addiction provider highly recommended

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MANAGING BENZODIAZEPINE PRESCRIPTIONS

1. Address underlying mental health issues
2. Convert to long acting Benzo
3. Plan a taper rate
4. Set a schedule
5. Determine dispensing

GENERAL PRINCIPLES FOR A BENZODIAZEPINE TAPER

1. Addressing Mental Health Concerns are paramount- goal not always discontinue BZ.
2. Convert to a longer-acting BZD- switch from short acting to long acting
3. Calculate equivalency- start at 50-75% of equivalency then titrate to symptoms

GENERAL PRINCIPLES FOR A BENZODIAZEPINE TAPER

4. Plan a taper rate:

Start at 50-75% of original dose

Titrate to the patient's comfort, not exceeding the original dose.

Because of differences in potency and drug profiles, consider converting prescription BZD users gradually, substituting one dose at a time.

GENERAL PRINCIPLES FOR A BENZODIAZEPINE TAPER

5. Set a schedule: Use scheduled doses and avoid PRN dosing.
 - Determine dispensing: don't dispense more than every 2-3 days
 - If on for over a year may take a many months of withdrawal.
 - If over twenty years may not be able to discontinue, live with lowest dose possible.
- [WMS_2.4_Benzodiazepines.pdf \(metaphi.ca\)](#)