

BENZODIAZEPINE TAPERING ALGORITHM¹⁻⁶

Patient taking a benzodiazepine for anxiety or insomnia for longer than 4 weeks

- ▶ Discuss the risks and side effects of long-term use and the benefits of tapering
- ▶ Explore the patient's beliefs, concerns, and motivations for tapering
- ▶ Reassure the patient and discuss how you will support them
- ▶ Use *Lowering your benzodiazepine* to design a reduction plan that supports your patient

Does the patient agree to tapering?

YES

Agree on an individualised tapering plan that considers the patient's pattern and duration of benzodiazepine use and their goals

General tapering guidance:
Aim for 25% reduction every 2-4 weeks, followed by a slower taper of 12.5% reduction every 2 weeks and/or planned medicine-free days prior to stopping.
A gradual dose reduction is often necessary for insomnia, but in some cases reducing the dose by one night every few weeks can also work

- ▶ Review progress as needed
- ▶ Monitor for withdrawal symptoms
- ▶ Re-emphasise the benefits of tapering

NO

Revisit concerns and reinforce the rationale for tapering at every future opportunity

Tapering progressing well
improved function, reduced side effects

- ▶ Continue taper
- ▶ Slower taper may be required before stopping

Tapering encounters challenges
Significant withdrawal symptoms, increased anxiety, agitation, insomnia

- ▶ Delay next dose reduction (avoid reverting to a higher dose)
- ▶ Consider supports to assist in management of withdrawal symptoms
- ▶ Recommence tapering at a slower rate after 6-12 weeks or when the patient is ready

Points to guide taper

- ▶ 50-60% of patients who are supported by their GP during their taper achieve complete cessation of their benzodiazepine
- ▶ Any dose reduction is beneficial and can reduce side effects and risk of harm
- ▶ Aim for withdrawal in < 6 months, although total duration is difficult to predict and needs to be individualised
- ▶ Consider staged supply through the patient's pharmacy if the patient is unable to manage dose reduction themselves
- ▶ For additional support see: reconnexion.org.au/health-professionals



Starting conversations with patients about benzodiazepine tapering can be challenging.

Try these approaches:

- ▶ **Ask ‘how’ and ‘what’ questions, instead of asking ‘why’** (eg, How do you feel about your benzodiazepine? What do you find helpful? What do you not like so much?). ‘How’ and ‘what’ questions that are non-judgemental can provide a basis for possible intervention. Starting with ‘why’ can cause people to respond defensively and make them feel like they need to justify or rationalise their actions.
- ▶ **Find out how much patients understand about the risks of long-term benzodiazepine use and tailor messages about tapering to suit each patient’s circumstances.** Patients may not be aware of the full range of harms, including dependence, so this may require more than one conversation.
- ▶ **Discuss strategies to help manage anxiety and/ or insomnia** eg, cognitive behavioural therapy (CBT), sleep hygiene and relaxation techniques.
- ▶ **Discuss a patient-specific tapering plan and explore ways to support the patient during this process, including involvement of family and friends.**

“ What do you know about the long-term use of benzodiazepines? ”

- ▶ Increasing knowledge about the risks of long-term benzodiazepine use can encourage patients to reconsider their need for the medicine.

“ Although a benzodiazepine offers benefits in the short term, over time, a range of harms develop that can start to outweigh these benefits. For example, you might have memory and concentration problems, increased risk of falls, as well as dependence, which can make it hard to stop taking the medicine. ”

“ What is holding you back from reducing your benzodiazepine dose? ”

- ▶ You need to know your patients are ready, willing and able to begin to reduce their dose. Understand their concerns and tailor your discussions accordingly. Reassure patients that their medicine will not be taken away immediately and that you will not abandon them during the tailoring process.

“ We will reduce the dose as slowly as you need to help you live through it and maintain your function. ”

“ You may not be able to avoid withdrawal symptoms. We can help you manage any symptoms or sleeping problems if they happen. ”

“ Apart from medicines, what else are you doing to manage your anxiety/sleep problems? ”

- ▶ Inquire directly about patients’ expectations of anxiety and insomnia management. Having a common understanding is important to establish realistic treatment goals and to set criterion for success.

“ There are ways to manage sleep problems /anxiety without medicines. We can discuss a few of these options and create a plan for what you feel would be most helpful. ”