

*Opioid Agonist Therapy 101:
An Introduction to Clinical Practice Workshop*

**BENZODIAZEPINES AND OPIOID AGONIST
TREATMENT: A PRACTICAL APPROACH TO
CARE**

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Faculty/Presenter Disclosure

- ◎ **Faculty:** Marina Reinecke
- ◎ **Relationships with commercial interests:** None

Learning Objectives

At the end of this activity, the participant will be able to:

- Discuss important risks and side-effects associated with benzodiazepine use.
- Discuss the benefits of discontinuing benzodiazepines in patients on OAT.
- Differentiate when it is appropriate to take over an existing benzodiazepine prescription and when not.
- Propose a practical approach to initial dosing and dispensing of benzodiazepines along with OAT.
- Select patients who are good candidates for prescribed tapers and, implement successful tapering strategies through collaboration with patients and their supports.



...when denial
is the best
alternative.

Sweet, refreshing...

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Standard of Practice

Prescribing Benzodiazepines & Z-Drugs (including Zopiclone & other drugs)

Initial Approval: September 25, 2020

Effective Date: November 1, 2020

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

PREAMBLE

This Standard establishes the standard of practice and ethical requirements of all members in relation to prescribing benzodiazepines and/or Z-Drugs for maximum safety for all patients whether in the community or in a health care facility. **This Standard does not apply to the use of these drugs in the treatment of cancer, palliative and end-of-life patients, seizure disorders, bipolar/psychotic disorder, and acute alcohol withdrawal.** Medical evidence of the risk to

The evidence: Opioids and benzodiazepines

Benzodiazepines increase opioid toxicity and risk of overdose.

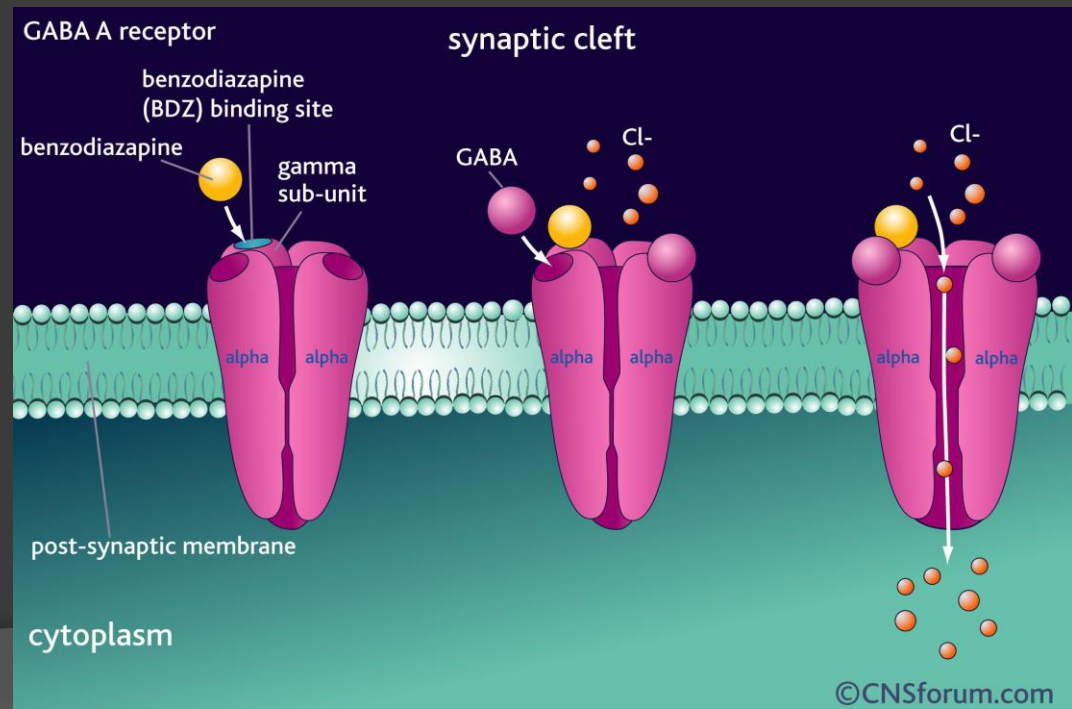
- **The serum concentration of opioids is lower in mixed overdoses than in pure overdoses, suggesting that other drugs significantly lower the lethal opioid dose (Cone 2004).**
- **Most opioid overdoses involve multiple drugs in addition to opioids. Overall, the top two other substances contributing to deaths between 2014 and 2017 were benzodiazepines and antidepressants.**

Short term and long-term harms

- ⦿ Daytime sedation
- ⦿ Falls, fractures
- ⦿ **Cognitive and functional impairment**
- ⦿ **Memory disorders (episodic memory impairment)**
- ⦿ Motor vehicle accidents
- ⦿ Physical dependence, sedative hypnotic use disorder
- ⦿ Risks of diversion
- ⦿ **Respiratory depression/death (especially in combination with alcohol, opioids or other sedating medications)**

Benzodiazepine withdrawal symptoms

- Common: GI symptoms, irritability, insomnia, anxiety, sweating
- Less common, more severe: tremors, dysphoria, psychosis, delirium tremens, seizures



Initial Assessment

- **Take the time to take a good history** - it determines next steps
- Name them!
- Prescribed or other sources?
- Do you take them and if so, **how many days out of the week?**
- How many tabs; how often?
- Original indication?
- **Have they been a problem?**

Inherited Prescriptions

- Set the stage!
- Strong recommendation: **Take over prescribing if prescription needs to continue!!**
- Communicate with original prescriber
- Respectful education – usually well received
- **Dispense with methadone or buprenorphine/naloxone**

Choosing a starting dose

- Long acting agents preferred in OUD population!
- Diazepam useful tablet sizes
- Benzodiazepines are often used to treat intermittent withdrawal!
- Once stable dose of OAT, needs ALWAYS decreases
- NEVER more than diazepam 10mgs BID; max 15mgs BID
- OD dosing an option once tolerant to sedation with diazepam

Can't control use... ?

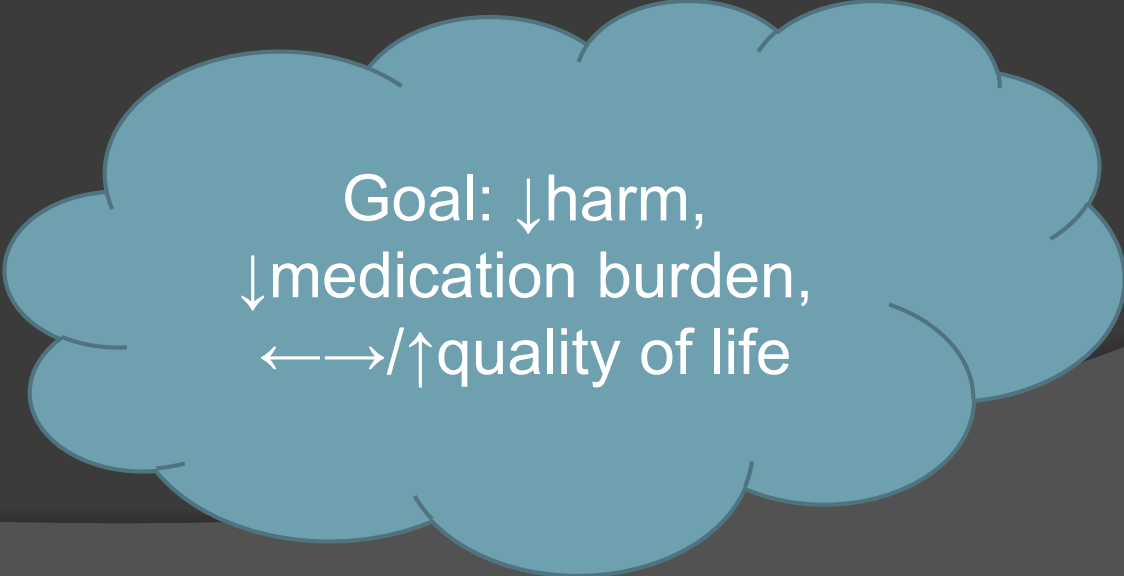
- ⦿ Consider in-patient start!!
- ⦿ CARMA clinic handout
- ⦿ Prescriber referral required

Monitoring...

- ⦿ Limit carries to 5 carries per week until tapered off
- ⦿ Periodic comprehensive UDS's
- ⦿ Clinical presentation
- ⦿ Collateral history
- ⦿ Pill counts
- ⦿ If street supplementation – stop prescribing!
- ⦿ Consider motor vehicle branch notification if heavy or binge use and driving

De-prescribing benzodiazepines

- Is the planned and supervised process of dose reduction or stopping of benzodiazepines because they are either causing harm or no longer providing benefit



Goal: ↓harm,
↓medication burden,
←→/↑quality of life

De-prescribing benzodiazepines

- Consider reason for taking benzodiazepine and manage
- Do not initiate taper until stable dose of OAT; usually after 3-6 months
- More urgent in the elderly
- More urgent if polypharmacy

Engage

Plan Taper

Monitor

- ⦿ Discuss adverse effects of benzo's and the benefits associated with decreasing or stopping use
- ⦿ Discuss goals and preferences
- ⦿ Discuss the process – Decrease in small increments to minimize withdrawal effects
- ⦿ Discuss adverse effects – usually mild and short term (days to weeks). May include: GI symptoms, irritability, insomnia, anxiety, sweating

Engage

Plan Taper

Monitor

| Benzodiazepine | Equivalent to 5 mg diazepam (mg) * |
|-----------------------------|------------------------------------|
| Alprazolam (Xanax®)** | 0.5 |
| Bromazepam (Lectopam®) | 3–6 |
| Chlordiazepoxide (Librium®) | 10–25 |
| Clonazepam (Rivotril®) | 0.5–1 |
| Clorazepate (Tranxene®) | 7.5 |
| Flurazepam (Dalmane®) | 15 |
| Lorazepam (Ativan®) | 0.5–1 |
| Nitrazepam (Mogadon®) | 5–10 |
| Oxazepam (Serax®) | 15 |
| Temazepam (Restoril®) | 10–15 |
| Triazolam (Halcion®)** | 0.25 |

| Drug | Available doses |
|------------|--|
| Alprazolam | 0.25mg, 0.5mg, 1mg, 2mg scored tabs |
| Temazepam | 15, 30 mg caps |
| Diazepam | 2mg, 5mg, 10mg scored tabs |
| Lorazepam | 0.5mg, 1mg, 2mg tabs (0.5 mg tab not scored) 0.5mg, 1mg, 2mg SL tab |
| Oxazepam | 10mg, 15mg, 30mg scored tabs |
| Triazolam | 0.125mg, 0.25mg scored tabs |
| Flurazepam | 15mg, 30mg cap |
| Nitrazepam | 5mg, 10mg scored tab |
| Clonazepam | 0.25mg, 0.5mg, 1mg, 2mg scored tabs |

Engage

Plan Taper

Monitor

- ⦿ Taper benzodiazepine 10-25% q2-3 weeks
- ⦿ Usually bigger dose reductions to start and then smaller as get around 25% of original dose
- ⦿ Can use planned drug free days near end

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*Professor
Heather Ashton*

ASHTON MANUAL

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BENZODIAZEPINES: HOW THEY WORK AND HOW TO WITHDRAW

(aka The Ashton Manual)

- PROTOCOL FOR THE TREATMENT OF BENZODIAZEPINE WITHDRAWAL
- Medical research information from a benzodiazepine withdrawal clinic

Professor C Heather Ashton DM, FRCP

Revised August 2002

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Engage

Plan Taper

Monitor

- ⦿ See your patient regularly to assess for withdrawal symptoms and benefits
- ⦿ Adjust taper according to patient response/situation
- ⦿ Remember, any dose reduction is a positive step!

References

- ⦿ Deprescribing.org *Benzodiazepine and Z-drug (BZRA) Deprescribing Notes*, Feb 2019
- ⦿ http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b06.html
- ⦿ Paquin et al. *Risk versus risk: a review of benzodiazepine reduction in older adults*. *Expert Opin Drug Saf* 2014;13(7):919-34.
- ⦿ Pottie K et al. *Deprescribing benzodiazepine receptor agonists. Evidence-based clinical practice guideline*