COUNCIL FOR INFORMATION ON
TRANQUILLISERS, ANTIDEPRESSANTS AND PAINKILLERS

Registered Charity No. 519334

JDI Centre
3 – 11 Mersey View
Waterloo
Liverpool L22 6QA

Tel 0151 474 9626
Fax 0151 284 8324
Helpline 0151 932 0102

www.citawithdrawal.org.uk

BENZODIAZEPINE WITHDRAWAL PROTOCOL

WHO IS CITAp

This is to introduce the Council for Information on Tranquillisers, Antidepressants and Painkillers, previously Council for Information on Tranquillisers and Antidepressants (C.I.T.A.).

C.I.T.A.p is a nationally recognised organisation and registered charity, established to raise awareness of the problems associated with benzodiazepine hypnotic and tranquilliser addiction. CITAp is acknowledged by the Department of Health as a source of information and help to GPs, nurses and other health professionals on the management of benzodiazepine dependency and withdrawal from these drugs.

BENZODIAZEPINE ADDICTION

The problem of benzodiazepine addiction is an enormous one with many hundreds of thousands of people in the UK and abroad being chemically dependent on these drugs, having been prescribed them, often several decades previously, as a short term solution to their anxiety and insomnia problem. Addiction is inevitable if these are prescribed for more than a few weeks and this is a physiological rather than psychological dependency. The problem is also a hidden one. Many patients do not realise or accept that they are in fact addicted, preferring to rationalise their need for continued prescriptions by saying that if they do not take their tablets they experience a resurgence of their original anxiety or insomnia symptoms, not realising that this anxiety or insomnia is an addiction withdrawal symptom rather than simply the removal of benefits.

In fact there are no benefits from benzodiazepines after prolonged use. Tolerance is quickly established and anxiety and insomnia become only partially, if at all, controlled by the medication, even at increased doses, something that the patient does not always realise. This in turns leads on to a paradoxical, benzodiazepine induced exacerbation of these same symptoms to the point where the medication is serving merely to offset the more severe withdrawal symptoms but with little real benefit.

The symptoms of tranquilliser tolerance and their withdrawal are many and varied, but are identical to symptoms of phobic anxiety states. The common pathway in both circumstances is the inappropriate secretion of large quantities of adrenalin. The physiological effects of adrenalin, palpitations, agitation and hyperventilation are well known to doctors, but not to patients. These effects may therefore be misinterpreted as a sign of impending demise. This makes the sufferer frightened which, in turn, causes further adrenalin secretion, and further distress, so the vicious circle goes on, until a full blown panic attack results. The patient may then request further tranquillisers from their doctor, which repeats the same process of short term benefit followed by tolerance and reappearance of symptomology – only at a higher dose level, thus reinforcing and perpetuating the dependency problem. It is easy to see therefore how a short term solution turns in to a long term dependency situation.

The above scenario applies equally to the hypnotics, zopiclone (Zimovane, Zilese) and zolpidem (Stilnoct), the so-called z-drugs, which were introduced to replace the hypnotic benzodiazepines, and which have proved to be even more addictive than the drugs they replaced. Although not in themselves benzodiazepines they are active on adjacent neural binding sites. They therefore act in a very similar manner, and are in effect "benzodiazepines in disguise". For the purpose of this withdrawal protocol they can be treated as benzodiazepines.

THE CITAp BENZODIAZEPINE WITHDRAWAL PROTOCOL

Stage One – Preparing to Reduce

Withdrawing from benzodiazepines safely is a long and slow process and it is important to choose a suitable time and situation in which to begin this. It should not be undertaken too soon after having dealt with another major life event such as a bereavement or divorce, nor following major medical treatment or surgery. Do not attempt to withdraw from other similar drugs such as antidepressants simultaneously with a benzodiazepine, seek advice about which to come off first. Where possible, it is useful to involve relatives and close friends in your plans as their help and support will be invaluable at times. Once it has become clear that the time has come to tackle a benzodiazepine (or z-drug) dependency problem, the first step is to exchange the currently taken benzodiazepine medication, whether this is one that is being taking for anxiety (an anxiolytic) or for insomnia (an hypnotic),for the pharmacological equivalent dose of diazepam. The table below details the equivalence values for some of the more common benzodiazepines and the z-drugs. This transfer is done for several reasons:

1. Diazepam being a long acting medication is less addictive and is slightly easier to come off as a result.

2. The tablet strengths of diazepam used for reduction are5mg and 2mg, and these can be broken in half, allowing reduction in steps of as little as 1mg at a time.

3. The prescribing of several tablets to replace perhaps just the one tablet of the original drug is a reminder of the size of the original dose.

4. Diazepam is useful both for daytime anxiety management and for night time sleeping. The total agreed dose per 24 hours can thus be spread across the day and night according to whether the priority is for daytime anxiety control or night time sleeping.

Sometimes the equivalent dose of diazepam does not always feel the same as the original benzodiazepine or a z-drug. This is because the peak serum levels of faster acting benzodiazepines and of hypnotics like the z-drugs are higher than that produced by the equivalent dose of the slower acting but longer lasting diazepam. As the brain becomes dependent upon the highest peak level it has been receiving, the lower but longer lasting diazepam peak does not feel the same, and it may take two-four weeks for the brain and body to adjust to the change to diazepam. If this does not happen then a return to the original medication may be necessary and reduction will have to proceed on the original drug, with the larger steps that this entails. But wherever possible, conversion to diazepam should be undertaken, as it will always achieve a smoother and easier reduction journey.

The equivalence factors given in the table below are the maximum doses to be used for transfer. However when calculating the conversion dosage, other factors should be taken into account to ensure the most suitable dose is chosen. Elderly patients may require lower doses than their younger counterparts which also reduces the chances of falls due to daytime sedation. Those taking other hypnotic or anxiolytic may require less diazepam as also may those who have only taken benzodiazepines for a very short time. Once the new prescription for diazepam has been decided upon and commenced it is important to stabilise for 2-4 weeks in order for the brain and the body to adjust to this, before any attempt to begin reducing further. During this time it will become apparent whether the chosen diazepam dose is appropriate or whether it needs to be adjusted or down a little, but once stability has been achieve the time has come to begin slow reduction.

N.B. TO STOP TAKING TRANQUILLISERS SUDDENLY IS DANGEROUS

EQUIVALENT DOSAGE OF BENZODIAZEPINE/OTHER HYPNOTIC TO DIAZEPAM.

ONE MG OF THESE DRUGS EQUALS =	EQUIVALENT DOSE IN DIAZEPAM
Lorazepam (Ativan)	10 mg
Temazepam (Normison)	¾ mg
Nitrazepam (Mogadon)	1½ mg *
Flurazepam (Dalmane)	1 mg
Oxazepam (Serenid)	¾ mg
Clonazepam (Rivotril)	20 mg
Clorazepate (Tranxene)	1 mg
Chlordiazepoxide (Librium)	¾ mg
Triazolam (Halcion)	20 mg
Loprazolam (Dormonoct)	8 mg
Lormetazepam (Noctamid)	8 mg
Clobazam (Frisium)	¾ mg
Alprazolam (Xanax)	12 mg
Bromazepam (Lexotan)	2 mg
Zopiclone (Zimivane, Zilese)*	¾ mg **
Zolpidem (Stilnoct) *	¾ mg **

*A 1 mg → 1 mg conversion for nitrazepam has been suggested by other authorities but it has been CITAp's experience that the high peak serum achieved with this benzodiazepine, especially when taken in high doses as is common amongst many young clients, makes the 1 mg →1.5 mg conversation more appropriate and acceptable.

** Zopiclone and zolpidem are not benzodiazepines, but have a similar mode of action and are equally addictive if taken on a regular basis for longer than 2 - 4 weeks. Conversion to diazepam followed by slow withdrawal is the most successful way to come off these hypnotics.

Stage Two - Reducing

Reducing on diazepam ideally should be done at a rate of 1mg of diazepam every two weeks. The 2mg tablets have a central groove allowing them to be broken or cut in half. A special tablet cutter can be bought from major chemists to make this job easier or the prescribing pharmacist will often be prepared to cut up some tablets at the time of dispensing. If this reduction process immediately feels too fast then the reduction steps can be undertaken at four-weekly intervals, alternatively a liquid diazepam preparation can be employed which is used with a syringe and which allows steps even smaller than 1mg to be accurately achieved.

Those starting their reduction programme on high doses of diazepam or another drug may be able to reduce faster than the guidelines suggest, i.e. 2mg diazepam (or equivalent) reductions every two weeks, at least at the start, but they will need to slow down as their dose reduces. Towards the end of the programme very slow reduction is recommended and with longer times between the steps. If at any time, personal or other medical circumstances become too stressful, it may be necessary to have a pause in the reduction process until things settle down again. But any increase to a previous, higher dose is to be avoided as very quickly the brain adjusts and becomes re-dependent to this higher dose, and the good work achieved during the previous weeks or months will have been wasted.

It is possible to reduce on a benzodiazepine other than diazepam or on a z-drug directly, but the resulting reduction steps are larger and less manageable. If a decision has been made to reduce on the original benzodiazepine or z-drug, it is necessary to work with the smallest dose size tablets that are available, and then to reduce on a half-tablet of this every 4-6 weeks. This means switching to 5mg nitrazepam tablets rather than 10mg, to 10mg temazepam tabs, and with the z-drugs, to 3.75mg and 5mg of zopiclone and zolpidem respectively.

Stage Three – Managing Withdrawal

Slow and steady reduction over the months is the only way to minimise withdrawal symptoms. Varying the daily dose, of whatever medication is being taken, only makes the process more painful, producing a situation where the brain and body are going in and out of withdrawal on a daily basis, and hence impeding any chance of stability being achieved in the longer term. Several consequences of releasing the chemical hold on the mind that the medication has maintained over the years can however be particularly distressing:

1. Dealing with inappropriate adrenalin production

After years of having had an external chemical management of the adrenaline mediated stress response mechanisms, the brain will have lost its fine tuning of adrenaline release, and has to relearn this subtle skill. Until this has been achieved adrenaline secretion will be out of phase with what is required to manage the stresses of everyday life. As a result each day will feel like a series of emergencies with the brain and body over-reacting to simple everyday stimuli, and with all the senses constantly on "red alert".

Two of the consequences of this inappropriate adrenaline production that need to be managed are, the physical agitation, as the muscles around the body become primed with glucose and blood ready to deal with the supposed emergency; and the shift in breathing pattern from the long, slow and relaxed abdominal breaths to the rapid and shallow chest breathing known as hyperventilation. These are two very valuable physiological mechanisms developed over millions of years to prepare us to deal with life's physical emergencies, but are totally inappropriate (as well as frightening!) when they happen in the supermarket queue, in the middle of a meeting, or, as very frequently happens, when first waking up in the morning.

Despite the frightening nature of these symptoms they do not signal any serious medical problem or abnormality, they are a perfectly *normal* part of the mind/body interaction – it is just the *context* within which they are happening that is abnormal. Although such panic or anxiety attacks are a frequent reason for individuals to rush off to hospital A&E departments, they can be easily managed at home through gentle exercise and by learning abdominal breathing. CITAp and its helpline, as well as agencies like "No Panic" can provide advice and training in this regard.

2. Dealing with Insomia

Withdrawal from benzodiazepines nearly always produces some degree of sleeping problems in the short term, whether or not it is a hypnotic medication that is being withdrawn, and even when this sleeping medication has been ineffective for some years. In the longer term, after full recovery, sleep is often better, as the medication itself might have for some time been acting paradoxically in inhibiting sleep. There is a need however to re-educate the mind into sleeping naturally, without the aid of powerful mind altering medications, and help with this is available from the CITAp Helpline

It is advisable, where possible, to spend some time out of doors, rather than sitting around the house all day. Even if this is only for an hour or so late afternoon or early evening, it creates a necessary separation between the day and the night. Then it is easier to wind down slowly as you prepare for sleep, perhaps with a bath and a warm drink such as milk, Ovaltine, or Horlicks, (avoiding caffeine-containing drinks such as cocoa or chocolate) and gentle story to read or listen as you drift off to sleep.

Stage Four – The Future

Breaking free from the chemical hold of a benzodiazepine or z-drug is a difficult, but very worthwhile battle to win, and the sense of getting "Back to Life", as the CITAp's handbook book puts it, is an achievement well worth the struggle. You may still need to consider further counselling to help in the rebuilding and planning of your future and to develop new non-prescription remedies for anxiety, depression and sleep management. But this future will have ***you*** in control and not your medication.