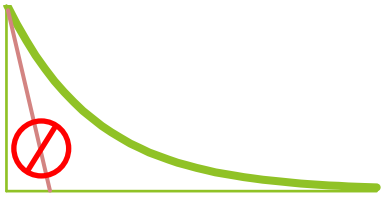
Evidence-Based BZRA Discontinuation 1: Getting Started

40% of BZD users >4 weeks cannot taper using the generic medical school method



1. Abrupt discontinuation (< 2 weeks) can cause seizures.[1]
2. 4 to 6-week tapers are far too fast for many patients.[2]
3. Formulaic plans have low success rates. Taper plans need to be custom.[3]
4. Some patients require over a year to successfully complete a taper.
5. Craving and addiction are uncommon. Physiological dependence is common.[4]
6. Many patients have received flawed information about BZDs. These patients require retraining to understand that BZDs are likely the cause of their problems, not the solution.

BZRA-specific discontinuation principles for the affected 40%

1. Before BZD discontinuation, the clinician establishes a plan with the patient which includes support.
2. Tapers are more successful if the reductions in dose are small and gradual.
3. Tolerable tapers can be as small as 10% or less per month, and some patients can reduce by 10% or more per week.[3] **Allow the patient to decide the rate of taper.**
4. If the patient defers to you, start at 10% per month unless the patient has a history of BZD withdrawal failure. In that case, consider starting at 5%/month.
5. With the clinician's advice, the patient determines when they are stable enough to make each cut.
6. Some BZDs are available in formulations that facilitate tapering, others are not. See benzoreform.org/tapering-details/ to determine if the prescribed BZD has such a formulation, and what to do if it does not.
7. If the prior reductions in dose were well tolerated, the clinician can advise making the next reduction larger.
8. Healing is non-linear. Smaller cuts are typically required as the dose decreases.[5]
9. Some patients can tolerate only very small cuts, some as small as 1%. See benzoreform.org/tapering-details/ for micro-tapering formulations and methods.
10. Resist the temptation to up-dose or use PRN BZDs. If the taper schedule is patient-led, these measures should not be needed.

Easing the deprescription process

1. Add adjunctive medications and other management techniques, as needed. *BZRA Discontinuation 2: Symptomatic Relief* lists several options shown to work with BZRA tapers.
2. Often, symptoms do not fully abate immediately after tapering and can continue for years post-taper.[6] These patients need reassurance that this is normal. *BZRA Discontinuation 3: Completion and Repair* provides guidelines for treating this condition.
3. Deprescription and recovery can take a long time. It is important to enlist a team to support the process. *BZRA Discontinuation 4: It Takes a Team* shows how to help the patient to get the support that they need.

The most-cited work on BZD withdrawal is Benzodiazepines: How They Work and How to Withdraw, also known as the "Ashton Manual", by Heather Ashton, MD.

(at benzo.org/uk/manual/)

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