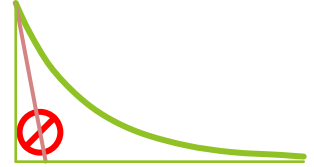


# Evidence-Based BZRA Discontinuation 3: Completion and Repair

Use the link at the bottom of the page for details and references

## Completing discontinuance for affected patients

1. In all but the simplest cases, non-linear dosage cuts will work best. The next cut should be based on the last dose, not the dose at the beginning of the taper.
2. Some patients may take as long to complete the last 10% as they took for the first 90%.
3. Allow the patient to determine the next dosage cut, and avoid PRN use and up-dosing.
4. Continue to use the methods outlined in [benzoreform.org/tapering-details/](http://benzoreform.org/tapering-details/).



## Setting repair time expectations

1. Up to 40% of long-term BZD users exhibit Benzodiazepine Injury Syndrome (BZIS).<sup>1</sup>
2. BZIS symptoms are often indistinguishable from BZWS symptoms.
  - Same symptom list
  - May have more or fewer symptoms
  - Same unpredictable waxing-and-waning pattern
3. Advise the patient of the possibility of symptoms increasing in reaction to increases in Net Neural Load. This is similar to Central Sensitization, but virtually all stimuli – whether pleasurable or not – can add together to increase the number and severity of BZIS symptoms presented.<sup>2</sup>
4. Longer use and/or higher doses of BZDs increase the probability of BZIS.<sup>3</sup>
5. BZIS symptoms can continue for weeks to years after discontinuance of BZDs.<sup>4</sup>
6. In some cases, some residual BZIS symptoms continue indefinitely.<sup>4</sup>

## Prescriber support post-discontinuation

1. Look for BZIS-related symptoms. They often complicate diagnosis of other problems.
2. Residual BZIS symptoms can be treated like you would BZWS symptoms.
3. Advise the patient to avoid substances known to increase BZIS symptoms
  - All BZRAs (including BZDs and Z-drugs)
  - Fluoroquinolones<sup>5</sup>
  - Alcohol
4. Advise the patient that the symptom exacerbations associated with the Net Neural Load phenomena may persist, but they diminish when stimuli are reduced.
5. The deprescription task is not completed until the patient is symptom-free or has accepted the limitations of their ongoing BZIS.

## References

- 1 Tyrer P et al. Gradual withdrawal of diazepam after long-term therapy. *Lancet*. 1983;1(8339):1402-1406 [Abstract](#)
- 2 Peppin J et al. The Benzodiazepine Crisis: The Ramifications of an Overused Drug Class. Oxford Univ. Press 2020
- 3 Barker MJ et al.. Cognitive effects of long-term benzodiazepine use: a meta-analysis. *CNS Drugs*. 2004;18(1). [Full article](#)
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- 4 Ashton H. Protracted withdrawal syndromes from benzodiazepines. *J Subst Abuse Treat*. 1991;8(1-2):19-28. [Abstract](#)
- 5 Kamath A. Fluoroquinolone induced neurotoxicity: a review. *J Adv Pharmacy Ed Res*. 2013;3(1):16-9. [Full article](#)

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