

# Benzodiazepine Withdrawal Syndrome (BZWS)

## An Evidence-based Summary for Professionals

I would like to discuss my benzodiazepine prescription with you, and I am concerned

- that you might not listen to or believe me.
- that I will be on these drugs for the rest of my life.
- of dependence, tolerance, and withdrawal.
- about tapering too quickly.

I want us to work together, and I want to talk to you about high quality evidence-based studies and literature reviews indicating:

- Physiological dependence on benzodiazepines (BZDs) or non-benzodiazepines (Z-drugs) can develop in as little as 2-4 weeks.<sup>[1]</sup>
- After 4 weeks of use, up to 47% of patients will go through withdrawal.<sup>[2][3]</sup>
- Withdrawal symptoms can present while the patient is on a consistent dose (tolerance withdrawal), and can persist for months or even years after deprescription of BZDs.<sup>[4]</sup>
- Over 130 varied and intermittent symptoms are associated with BZD dependence and withdrawal.<sup>[5]</sup> This variability can often lead to misdiagnosis.

### Diagnosing BZD or Z-drug Dependence and Withdrawal

Patient has history of BZD or Z-drug use

- Higher dose and/or longer use increase risk
- > 4 weeks use typical
- Intermittent use, or 2-4 weeks use (lower probability)

Symptoms (over 130 symptoms have been identified)<sup>[5]</sup>

- Symptoms are varied and intermittent, with no apparent pattern.



For details and references:  
Scan or go to [benzoreform.org/resources-for-prescribers/](https://benzoreform.org/resources-for-prescribers/)

### Selected Psychological BZWS Symptoms

Anxiety states, Agitation, Irritability/restlessness, Depersonalization/ Derealization, Depression / Sadness / Suicidality, Excitability / Mood swings, Paranoia /Feelings of persecution

### Selected Neurophysiologic BZWS Symptoms

Hyperacusis / Tinnitus, Cutaneous sensory alterations, Dizziness / Lightheadedness, Dyscognition, Muscular / Neuromuscular symptoms, Pain – Ache /Neuropathic / Local or diffuse, Sexual dysfunction, Sleep problems, Smell, taste and visual alterations

### Selected Somatic BZWS Symptoms

*Cardiovascular:* Flushing / Palpitations / Tachycardia / BP ↑ or ↓  
*Appetite change / Weight gain or loss, Dry mouth / Thirst, Menstrual abnormalities / Breast engorgement, Fatigue / Malaise, Food intolerance*  
*GI:* Gas / Constipation /Diarrhea / Dysphagia / Nausea / Vomiting, Hyperventilation or Dyspnea  
*Urinary:* Frequency / Incontinence / Polyuria

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This pamphlet does not provide patient medical advice. It is provided for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

## Treatment of BZD Dependence

1. SEIZURE RISK - Do not abruptly discontinue BZDs.
2. Before BZD discontinuation, establish a plan with the patient which includes support.
3. If tolerated, transition patient to a long-acting BZD (diazepam is preferred, as a liquid).<sup>[6]</sup>
4. Slowly taper the patient off of the BZD - often it takes more time than for opioids.
  - Patient-led tapers with prescriber guidance are the most successful.
  - Many patients can reduce by no more than 10% or less per month, some patients by 10% or more per week. **Allow the patient to decide where to start.**
  - Follow the patient's lead to adjust (up or down) the amount and interval of subsequent reductions. Tapering may take a year or more to complete.<sup>[7]</sup>
  - The taper rate usually must be slowed as the remaining dosage decreases.
5. Never up-dose or use PRN BZDs.
6. Add other management techniques, as needed. For example, cognitive behavioral therapy is more effective in anxiety management than BZDs and can help with withdrawal.<sup>[8]</sup> Start these early in the withdrawal process, as they usually take time to be effective.
7. Often, symptoms do not fully abate immediately after tapering. In some cases, symptoms can continue for years post-taper.<sup>[9]</sup> Patients need reassurance that this is normal.
8. Many other alternative treatments and references can be found at [www.benzoreform.org](http://www.benzoreform.org).
9. The most authoritative work on BZDs is *Benzodiazepines: How They Work and How to Withdraw*, also known as the "Ashton Manual", by Heather Ashton, MD. (at [www.benzo.org/uk/manual/](http://www.benzo.org/uk/manual/))

## BZD and Z-drug prescription guidelines.<sup>[5]</sup>

- Benzodiazepines are important for alcohol withdrawal, status epilepticus, and in anesthesia. They have no role for anxiety in PTSD, OCD, and most life situations. They can be used as a bridge until other treatments get underway for crisis, functionally disabling anxiety and/or insomnia.<sup>[6]</sup>
- Prescribe the lowest effective dose for the shortest duration possible.
- Limit prescribing to no more than 4 weeks.
- Benzodiazepine efficacy often diminishes after 4 weeks of use.
- Physiological dependence is common after 4 weeks' use.
- A guided withdrawal process is usually needed after physiological dependence is established.

## References

- [1] Pharmacological Treatment of Mental Disorders in Primary Health Care, Geneva: [World Health Organization](http://www.who.int); 2009. Available at <https://www.ncbi.nlm.nih.gov/books/NBK143202/>
- [2] de las Cuevas C. Benzodiazepines: more "behavioural" addiction than dependence. *Psychopharmacology (Berl)*. 2003 May [Abstract](#)
- [3] Lugoboni F, Quaglio G. Exploring the dark side of the moon: the treatment of benzodiazepine tolerance. *Br J Clin Pharmacol*. 2014 [Article](#)
- [4] Ashton H. ["Benzodiazepines: How They Work and How to Withdraw"](#). 2002
- [5] Lader M. Withdrawing Benzodiazepines in Patients With Anxiety Disorders. *Curr Psychiatry Rep*. 2016 Jan;18(1):8. [Abstract](#)
- [6] Clinical Practice Guidelines: Management of Anxiety Disorders. *Can J Psychiatry*. 2006; 51 (Supplement 2): 29S, 54S. [Abstract](#)
- [7] Pottie, K. Deprescribing benzodiazepine receptor agonists: evidence-based clinical practice guideline. *Canadian Fam Phys*. 2018 [Article](#)
- [8] APA Guidelines for Panic Disorder. Practice Guideline (January 2009) [Full guidelines](#)
- [9] Durham RC Long-term outcome of eight clinical trials of CBT for anxiety disorders: symptom profile of sustained recovery and treatment-resistant groups. *J Affect Disord*. 2012 Feb;136(3):875-81. doi: 10.1016/j.jad.2011.09.017. Epub 2011 Oct 19. [Abstract](#)
- [10] 16 prescription guidelines exist for BZDs. They are all listed and linked at <https://benzoreform.org/links/>. This is a list of the items that are common to all of these guidelines.
- [11] Ashton H. Protracted withdrawal syndromes from benzodiazepines, *J of Substance Abuse Trtmt*, Vol 8, #1–2, 1991, P19-28, [Abstract](#)