



Recommendations for Tapering Benzodiazepines

A taper schedule reduces the potential for serious adverse events when discontinuing benzodiazepines.

TAPERING SLOWLY

Consider slow tapering in patients who have been on benzodiazepines for a long time, or who are taking high dosages, or using shorter half-life agents in order to reduce risk and severity of withdrawal symptoms. The slower the taper, the better it is tolerated.

- Calculate total daily dose.
- Using the Equivalency Chart, switch to a longer acting agent by converting dose from short-acting agent (alprazolam, lorazepam) to long-acting agents, such as diazepam. (Clonazepam small tablets can be difficult to cut, and thus not suitable for tapering.)
- Upon initiation of taper reduce the calculated dose by 25–50% to adjust for possible metabolic variance.
- First follow-up visit 2–4 days after initiating taper to determine need to adjust initial calculated dose.
- Reduce the total daily dose of the long-acting agent by 5–10% per week in divided doses.
- After $\frac{1}{4}$ to $\frac{1}{2}$ of the dose has been reached, with cooperative patient, you can slow the taper (consider slowing the taper to 5% or less per week).
- Consider adjunctive agents to help with symptoms: trazodone, buspirone, hydroxyzine, clonidine, antidepressants, neuroleptics and alpha blocking agents.

BENZODIAZEPINE EQUIVALENCY CHART

BENDIAZEPINE	HALF-LIFE	DOSE EQUIVALENT
Alprazolam	12 hours	0.5 mg
Chlordiazepoxide (Librium)	100 hours	25 mg
Clonazepam (Klonopin)	34 hours	0.25 mg
Clorazepate (Tranxene)	100 hours	10 mg
Diazepam (Valium)	100 hours	5 mg
Lorazepam (Ativan)	15 hours	1 mg
Temazepam (Restoril)	11 hours	10 mg
Triazolam (Halcion)	2 hours	0.25 mg

RAPID-TAPER METHOD

Some highly-motivated patients prefer a rapid taper (weeks versus months). Patient preference needs to be factored in the design of a tapering schedule.

- Pre-medicate 2 weeks prior to taper with valproate 500 mg twice daily (BID) or carbamazepine 200mg every morning and 400 mg every night; monitor lab blood levels for these drugs as indicated.
- Plan to continue this medication for 4 weeks post-benzodiazepines.
- Discontinue the current benzodiazepine treatment and switch to diazepam 2 mg BID x 2 days, followed by 2 mg every day x 2 days, then stop. For high doses, may begin with 5 mg BID x 2 days and then continue as described.
- Use adjuvant medications as mentioned above for rebound anxiety and other symptoms.

BASIC PRINCIPLES

- Expect anxiety, insomnia and resistance.
- Patient education and adherence to the mutually agreed upon taper schedule is essential to success.
- The rate of successful discontinuation of benzodiazepine treatment is significantly higher for the patients receiving cognitive-behavioral therapy than for the patients receiving a taper program alone.
- Withdrawal symptoms are patient specific and may appear 3 days to 2 weeks after taper initiation and will generally subside by the 4th week.
- Accurate symptom identification is important to ensure the patient does not go into withdrawal seizures.

REFERENCES

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