

A-TAPER: Deprescribing Benzodiazepines

Assess *then* TAPER

- A** **Assess** benzodiazepine (BZD) use
- T** **Talk** about risks
- A** Select **Alternatives**
- P** **Plan** next steps
- E** **Engage** patient (shared decision-making)
- R** **Reduce** dose

Deprescribing Benzodiazepines: A-TAPER Checklist

Before getting started: *Review the patient’s complete medication list.

I. ASSESS	
Assess Benzodiazepine (BZD) Use	
	*Identify all benzodiazepines (BZDs) the patient is currently taking
	*Calculate total daily dose (TDD) of BZDs being taken – in lorazepam milligram equivalents (LME)
	*Determine length of BZD therapy (how long the patient has been taking BZDs)
	*Assess appropriateness of patient’s BZD use (indication and goals of therapy)
	Assess the effectiveness of patient’s BZD therapy
	*Assess the safety/potential for harm of patient’s BZD therapy
	Screen for misuse/abuse/non-use (adherence) [*Check the NC CSRS]
Assess at follow-up visits:	
	Assess adherence to de-prescribing regimen; identify barriers to implementation
	Assess symptoms of conditions being treated: anxiety &/or insomnia
	Assess for side effects/withdrawal symptoms
II. TALK about Risks	
	Discuss risks associated with BZD use
	Discuss strategies for reducing falls risk
III. Select ALTERNATIVES	
	*Select non-pharmacological strategies for managing anxiety &/or insomnia
	*Select alternate medications for managing anxiety &/or insomnia
IV. PLAN next steps	
	*Prioritize medications to be tapered or substituted
	*Identify a final dose goal for each medication being tapered
	*Plan a dose reduction strategy (or adjust dose reduction strategy as needed at follow-up)
	Consider implementing an benzodiazepine taper agreement with patient
	*Use adjuvant medications, as needed, to mitigate withdrawal symptoms
	Ensure patient receives adequate and ongoing psychosocial support
	*Establish a monitoring and follow-up plan
V. ENGAGE patient (shared decision-making)	
	Include patient and/or caregiver in all decisions made concerning alternate therapies and tapering schedule
	Use Motivational Interviewing (MI) techniques when engaging with the patient
VI. REDUCE dose	
	Implement plan for BZD tapering and initiation of any alternate therapies
	Educate patient on how to store and dispose of unused BZDs appropriately
	Educate patient about signs/symptoms of withdrawal or re-emergence of their disease symptoms

**Step will be performed by a consultant pharmacist upon reviewing the patient’s medical record. The consultant pharmacist’s findings and recommendations will be included in a documentation-only note for the patient’s provider to consider.*

Deprescribing Benzodiazepines: A-TAPER Guidance & Resources

Before getting started: Review the patient's complete medication list*

Medication review best practices:

- ✓ Ensure patient's medication list is up-to-date and accurately reflects everything they are taking
- ✓ Assess patient's medication experience: beliefs, concerns, expectations, and understanding
- ✓ For each medication assess: indication and goals of therapy
- ✓ For each medication assess: effectiveness, safety, and patient adherence
- ✓ Assess any barriers to care (e.g., socioeconomic barriers or cognitive impairment) that may impact a patient's ability to fully adhere to their medication regimen
- ✓ Make appropriate medication therapy changes, as warranted, based on assessments of indication, effectiveness, safety, and patient adherence [IESA]
- ✓ Educate the patient on any medication changes made

Resources

- [SAFE Medication Review Framework](#) (CDC handout)
- [Ten Medications Older Adults Should Avoid or Use with Caution](#) (HealthinAging.org tip sheet)
- [Medication Management Resources for Providers](#)

I. ASSESS

➤ Assess **benzodiazepine** (BZD) use

□ Identify all **benzodiazepines (BZDs)** the patient is currently taking*

➤ Common prescription benzodiazepines [generic (brand) names]:

- Alprazolam (Xanax)
- Chlordiazepoxide (Librium)
- Clonazepam (Klonopin)
- Clorazepate (Tranxene-T)
- Diazepam (Valium)
- Estazolam
- Flurazepam
- Lorazepam (Ativan)
- Oxazepam
- Quazepam (Doral)
- Temazepam (Restoril)
- Triazolam (Halcion)

Resources

- [Benzodiazepine Information Sheet](#) (UNC resource) [recommended resource]
- [Benzodiazepine & Z-Drug \(BZRA\) Deprescribing Algorithm](#) (deprescribing.org provider resource)

□ Calculate the total **daily dose (TDD)** of benzodiazepines being taken*

➤ Calculate the total daily dose (TDD) of all benzodiazepines the patient is taking, factoring in scheduled and on-demand doses (can convert to diazepam equivalents).

Resources

- [Benzodiazepine Equivalency Table](#) (UNC resource)

- Determine length of benzodiazepine therapy*
 - Determine **how long** the patient has been taking benzodiazepines (length of therapy), and if their use has been persistent or intermittent
- Assess **appropriateness** patient's benzodiazepine use*
 - Clarify indication for use and goals of therapy, considering clinical, functional, and patient personal goals of therapy
- Assess **effectiveness** of patient's benzodiazepine therapy
 - Assess anxiety and insomnia symptoms (should not be the sole assessment for effectiveness)
 - Assess functional status/functional goals
- Assess **safety**/potential for harm of patient's benzodiazepine therapy*
 1. Assess benzodiazepine-induced side effects.
 2. Assess potential drug interactions and cumulative effects.

Resources

- [Benzodiazepine Information Sheet](#) (UNC resource)

- Screen for misuse/abuse/non-use (**adherence**)*
 - Assessing a patient's adherence to a prescribed medication regimen is always important. For benzodiazepines, screening for misuse, abuse, and non-use is also critical for evaluating the safety and effectiveness of the medication.
 1. Assess patient/caregiver understanding of regimen(s)
 2. Utilize assessment tools
 - [DSM-V Diagnosis for Sedative, Hypnotic and Anxiolytic Use Disorder - Overview](#) (UNC resource)
 - [Severity of Dependence Scale \(SDS\)](#)
 3. Perform a pill count for all benzodiazepines the patient is taking
 - [Pill Count Procedure](#) (UNC resource)
 4. Check your state's [Prescription Drug Monitoring Program \(PDMP\)](#) at least every 3 months [e.g., NC Controlled Substance Reporting System (CSRS)]*
 5. Perform Urine Drug Testing (UDT) at least annually, if available
 - [UNC Sample Urine Drug Screening Report](#) (UNC resource)
 - [Urine Drug Testing Factsheet](#) (CDC handout)
 - [Urine Drug Testing](#) (AAFP resource)

➤ Assess at **follow-up** visits

At all **follow-up** visits:

- Assess **adherence** to deprescribing regimen; identify barriers to implementation
 - [Addressing Barriers to Benzodiazepine Tapering](#) (UNC resource)

- Assess **symptoms**/severity of anxiety and/or insomnia
- Assess for **side effects**/withdrawal symptoms
 - [Benzodiazepine Information Sheet](#) (UNC resource)
 - [CIWA-B Benzodiazepine Withdrawal Scale](#)

II. TALK about Risks

- Discuss risks associated with benzodiazepine use
 - Educate patients on risks associated with benzodiazepine use and the potential benefits of reducing the amount they take.

Resources

- [EMPOWER Trial Brochure](#) (patient education resource)
- [Is a Benzodiazepine or Z-Drug Still Needed for Sleep?](#) (deprescribing.org patient resource)
- [Benzodiazepine & Z-Drug \(BZRA\) Deprescribing Algorithm](#) (deprescribing.org provider resource)
- [Ten Medications Older Adults Should Avoid or Use with Caution](#) (HealthinAging.org tip sheet)
- Lorazepam information sheet (Epic patient education resource)

- Discuss strategies for reducing falls risk
 - Review fall prevention strategies with the patient and/or caregiver.

Resources

- [Algorithm for Fall Risk Screening, Assessment, and Intervention](#) (CDC STEADI provider resource)
- [Stay Independent: Learn More About Fall Prevention](#) (CDC STEADI patient pamphlet)
- [Check for Safety – A Home Fall Prevention Checklist for Older Adults](#) (CDC STEADI patient pamphlet)
- [Talking About Fall Prevention with Your Patients](#) (CDC STEADI provider resource)
- [Take Steps to Prevent Older Adult Falls](#) (CDC STEADI provider resource)
- [What YOU Can Do to Prevent Falls](#) (CDC STEADI patient pamphlet)
- [Protect Your Loved Ones From Falling](#) (CDC STEADI patient pamphlet)
- [Tips for Preventing Serious Falls](#) (HealthinAging.org tip sheet)
- [Home Safety Tips for Older Adults](#) (HealthinAging.org tip sheet)
- [Take Control of Your Health: 6 Steps to Prevent a Fall](#) (National Council on Aging patient resource)
- Preventing Falls: Care Instructions (Epic patient education resource)
- Preventing Outdoor Falls: Care Instructions (Epic patient education resource)
- 13 Ways to Prevent Falls in the Hospital (Epic patient education resource)
- How to Get Up Safely After a Fall: Care Instructions (Epic patient education resource)
- Preventing Falls – videos (Epic patient education resource)

III. Select ALTERNATIVES

- Select alternative medications and non-pharmacological strategies*
 1. Select non-pharmacological strategies for managing anxiety and/or insomnia
 2. Select alternative medications for managing anxiety and/or insomnia

Resources

- [Benzodiazepine Information Sheet](#) (UNC resource) [recommended resource]
- [Is a Benzodiazepine or Z-Drug Still Needed for Sleep?](#) (deprescribing.org patient resource)
- [Benzodiazepine & Z-Drug \(BZRA\) Deprescribing Algorithm](#) (deprescribing.org provider resource)
- [EMPOWER Trial Brochure](#) (patient education resource)
- [Alternatives to Benzodiazepines \[VIDEO 11:01\]](#) (UNC resource)

IV. PLAN next steps

- Prioritize medications to be tapered or substituted*
 - “Consider sequential tapers for patients who are on chronic benzodiazepines and opioids. Coordinate care with other prescribers (e.g., psychiatrist) as necessary. In general, taper off opioids first, then the benzodiazepines” [wa.gov]

Reference

- [Washington State Interagency Guideline on Prescribing Opioids for Pain \[06-2015\]](#)

- Identify a final dose goal for each medication being tapered*
 - Decide if the ultimate goal for the taper is dose reduction or medication discontinuation. If dose reduction, decide what the final dose goal will be.
- Plan a dose reduction strategy (or adjust dose reduction strategy as needed at follow-up)*
 - Consider starting with: 25% reduction every 1-2 weeks
 - Can switch to 12.5% reduction near end (+/- drug-free holidays)
 - If dose does not allow for 25% reduction, consider using 50% reduction with drug-free days

Resources

- [Benzodiazepine Tapering Strategies](#) (UNC resource) [recommended resource]
- [Benzodiazepine & Z-Drug \(BZRA\) Deprescribing Algorithm](#) (deprescribing.org provider resource)
- [EMPOWER Trial Brochure](#) (patient education resource)
- [Benzodiazepine Information Sheet](#) (UNC resource)
- [Planning to Stop Taking Benzodiazepine: Care Instructions](#) (Epic patient education resource)

- Consider implementing a benzodiazepine taper agreement with patient
 - Having a patient and their provider sign a benzodiazepine taper agreement ensures that both the patient and the provider know what goal they are working towards and the responsibilities of each party involved.

Resources

- [Benzodiazepine Taper Agreement](#) (UNC resource)

- Use adjuvant medications, as needed, to mitigate withdrawal symptoms
 - A taper can also be paused or slowed if withdrawal symptoms persist or are severe.
- Ensure patient receives adequate and ongoing psychosocial support
 - Refer patient to a mental health provider (psychiatrist, psychologist, counselor) or help in the management of anxiety and/or insomnia
 - Encourage the use of cognitive behavioral therapy (CBT) for increased success in tapering plan

Resources

- [Benzodiazepine Information Sheet](#) (UNC resource) [recommended resource]
- [Is a Benzodiazepine or Z-Drug Still Needed for Sleep?](#) (deprescribing.org patient resource)
- [Benzodiazepine & Z-Drug \(BZRA\) Deprescribing Algorithm](#) (deprescribing.org provider resource)

- Establish a monitoring and follow-up plan*
 - Having a follow-up plan in place will facilitate tapering success.

V. ENGAGE patient (shared decision-making)

- Include patient &/or caregiver in all decisions made concerning alternate therapies and tapering schedule
 - All decisions made should be made in collaboration with the patient and/or caregiver. Consider implementing a benzodiazepine taper agreement with your patient to ensure that both the patient and the provider know what goal they are working towards and the responsibilities of each party involved.

Resources

- [Benzodiazepine Taper Agreement](#) (UNC resource)
- [Addressing Barriers to Benzodiazepine Tapering](#) (UNC resource)
- [Planning to Stop Taking Benzodiazepine: Care Instructions](#) (Epic patient education resource)

- Use Motivational Interviewing (MI) techniques when engaging with the patient
 - Motivational interviewing helps the patient identify the benefits, from their perspective, of tapering their benzodiazepine medication(s).

Resources

- [Motivational Interviewing Resource - Anxiety](#) (UNC resource)

VI. REDUCE dose

- Implement plan for benzodiazepine tapering and initiation of any alternate or additional therapies
 - Consider starting with: 25% reduction every 1-2 weeks
 - Can switch to 12.5% reduction near end (+/- drug-free holidays)
 - If dose does not allow for 25% reduction, consider using 50% reduction with drug-free days

Resources

- [Benzodiazepine Tapering Strategies](#) (UNC resource) [recommended resource]
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- [Benzodiazepine Information Sheet](#) (UNC resource)
- [Alternatives to Benzodiazepines \[VIDEO 11:01\]](#) (UNC resource)

- Educate patient on how to store and dispose of unused benzodiazepines appropriately

Resources

- [Safe Drug Storage and Disposal](#) (UNC Health Care resource)
- [How to Dispose of Medicines Properly](#) (EPA resource)
- [Drug Disposal Options](#) (FDA resource)

- Educate patient about signs/symptoms of withdrawal or re-emergence of their disease symptoms

- Some patients may experience withdrawal symptoms during the tapering process. Educating patients about common withdrawal symptoms and how these symptoms can be mitigated can help facilitate a successful taper.

Resources

- [Benzodiazepine Information Sheet](#) (UNC resource)
- [Planning to Stop Taking Benzodiazepine: Care Instructions](#) (Epic patient education resource)