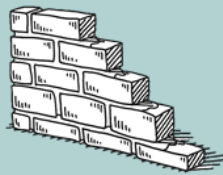


Addressing Barriers to Benzodiazepine Tapering

Identified Barriers to Tapering

- Patient's fear of returning symptoms (e.g., anxiety, insomnia) and/or unpleasant withdrawal symptoms
- Psychological and physical dependence causing patient to rely on medication to function
- History of chronic use contributing to a reluctance to discontinue and resistance to change
 - Difficulties convincing patient that medication is no longer beneficial and poses risk/harm
- Patient's sense of safety because of long-term use without side effects
- Patient denial of side effects, or minimizing severity of side effects
 - Unable to recognize that side effects can be attributed to benzodiazepine medications
- Physician's fear of disrupting the physician-patient relationship
 - Prescribing medication may be viewed by the patient as caring and showing concern
 - Physicians may feel as if prescribing medication is an act of empathy
- Lack of patient and physician knowledge on successful tapering techniques and non-pharmacological treatment options
- Reluctance to change or discontinue medication prescribed by a different physician
- Difficult life circumstances (e.g., domestic violence, social issues, mental health problems)
- The emotional burden experienced by providers when attempting to discuss and initiate a benzodiazepine taper
- Lack of trust within the physician-patient relationship
- Lack of time to initiate de-prescribing conversation, difficulty implementing taper, and limited experience with tapering and withdrawal management



Strategies to Overcome Barriers to Tapering



- Emphasize positives associated with discontinuing medication
- Consider a slow taper to reduce/avoid withdrawal symptoms
- Express empathy for patient's experience and provide support
- Engage patient in shared-decision making and open communication
- Recognize patient is at greater risk taking the medication than not taking it
- Provide patient education explaining that anxiety and insomnia may be experienced during withdrawal but will improve with time
- Treat anxiety, insomnia, and additional withdrawal symptoms with the appropriate alternative agents or psychotherapy
- Emphasize risks of continuing medication (e.g., cognitive/functional impairment, difficulties with balance, falls, motor vehicle accidents, unintentional overdoses)

Strategies to Prevent Inappropriate Use

- Explain the benefits versus the risks prior to initiating a benzodiazepine
- Inform the patient of the plan for short-term or intermittent, as needed, or scheduled use
- Avoid use of benzodiazepines in patients with risk factors for adverse outcomes, such as:
 - Current, recent, or recurrent substance use disorder
 - Current opioid use
 - Elderly patients
 - Diagnosis of sleep apnea or COPD
- Discuss the value of non-pharmacological therapies in addition to or in place of benzodiazepines

Adapted from: Gold J and Ward K. Pharmacist Toolkit: Benzodiazepine Taper. College of Psychiatric and Neurologic Pharmacists website. <https://cpnp.org/guideline/benzo>.

Additional resources: (1) Bain, K. Discontinuing Medications: A Novel Approach for Revising the Prescribing Stage of the Medication-Use Process. *Journal of the American Geriatric Society*. 56(10): 1946-1952. 2008. (2) Martin, P. A Drug Education Tool Developed for Older Adults Changes Knowledge, Beliefs, and Risk Perceptions about Inappropriate Benzodiazepine Prescriptions in the Elderly. *Patient Education and Counseling*. 92(1): 81-87. (3) Martin, P. An Educational Intervention to Reduce the use of Potentially Inappropriate Medications Among Older Adults (EMPOWER study): protocol for a cluster randomized trial. *Trials*. 14(1): 80. 2013. (4) Mokhar, A. Patient-Centered Care Interventions to Reduce the Inappropriate Prescription and Use of Benzodiazepines and Z-Drugs: A Systematic Review. *PeerJ*. 6:e5535. 2018. (5) Parr, J. Views of General Practitioners and Benzodiazepine Users on Benzodiazepines: A Qualitative Analysis. *Social Science & Medicine*. 62(5):1237-1249. 2005.