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**

<table>
<thead>
<tr>
<th>Step</th>
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<tbody>
<tr>
<td>*</td>
<td>Identify all benzodiazepines (BZDs) the patient is currently taking</td>
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<tr>
<td>*</td>
<td>Calculate total daily dose (TDD) of BZDs being taken – in lorazepam milligram equivalents (LME)</td>
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<td>*</td>
<td>Determine length of BZD therapy (how long the patient has been taking BZDs)</td>
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<td>Assess appropriateness of patient’s BZD use (indication and goals of therapy)</td>
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<td>Assess the effectiveness of patient’s BZD therapy</td>
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<td>*</td>
<td>Assess the safety/potential for harm of patient’s BZD therapy</td>
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<tr>
<td></td>
<td>Screen for misuse/abuse/non-use (adherence) [<em>Check the NC CSRS]</em></td>
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**Assess at follow-up visits:**

<table>
<thead>
<tr>
<th>Step</th>
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<tbody>
<tr>
<td></td>
<td>Assess adherence to de-prescribing regimen; identify barriers to implementation</td>
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<tr>
<td></td>
<td>Assess symptoms of conditions being treated: anxiety &amp;/or insomnia</td>
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<tr>
<td></td>
<td>Assess for side effects/withdrawal symptoms</td>
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### II. TALK about Risks

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<tbody>
<tr>
<td></td>
<td>Discuss risks associated with BZD use</td>
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<td></td>
<td>Discuss strategies for reducing falls risk</td>
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### III. Select ALTERNATIVES

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<tr>
<td>*</td>
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<td>Select alternate medications for managing anxiety &amp;/or insomnia</td>
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### IV. PLAN next steps

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<td>*</td>
<td>Prioritize medications to be tapered or substituted</td>
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<td>Identify a final dose goal for each medication being tapered</td>
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<td>Plan a dose reduction strategy (or adjust dose reduction strategy as needed at follow-up)</td>
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<td>Consider implementing an benzodiazepine taper agreement with patient</td>
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<td>Use adjuvant medications, as needed, to mitigate withdrawal symptoms</td>
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<td></td>
<td>Ensure patient receives adequate and ongoing psychosocial support</td>
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<td>Establish a monitoring and follow-up plan</td>
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### V. ENGAGE patient (shared decision-making)

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<td>Include patient and/or caregiver in all decisions made concerning alternate therapies and tapering schedule</td>
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<td>Use Motivational Interviewing (MI) techniques when engaging with the patient</td>
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### VI. REDUCE dose

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<td></td>
<td>Implement plan for BZD tapering and initiation of any alternate therapies</td>
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<td>Educate patient on how to store and dispose of unused BZDs appropriately</td>
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<tr>
<td></td>
<td>Educate patient about signs/symptoms of withdrawal or re-emergence of their disease symptoms</td>
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*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).
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 of 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.

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)
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
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
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]
  - Benzodiazepine & Z-Drug (BZRA) Deprescribing Algorithm (deprescribing.org provider resource)
  - Is a Benzodiazepine or Z-Drug Still Needed for Sleep? (deprescribing.org patient resource)
  - EMPOWER Trial Brochure (patient education resource)
  - 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)