Catholic Health Initiatives
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Project ECHO®

Opioid Review and MAT Clinic

February 6, 2019

Benzo Talk Part 2

Learning Objectives

- Evaluate the pharmacologic properties that differentiate one benzo from another
- Describe common indications for benzos, and which benzos are appropriate for those indications
- List the contraindications and harms of benzodiazepines
- Benzo withdrawal and taper protocols

Benzo Overdose

- Therapeutic index is very high
- Dangerous overdoses are coingestions (etoh, opioids)
- Support/monitor the patient
- Intubate if necessary
- Reversal of opioids with naloxone
- Role of flumazenil?

These are probably mixed overdoses

Cocaine and methamphetamine rates are comparable to these

Opioid rates many times (>10X) higher

National Vital statistic report Vol 67, no 9 2018

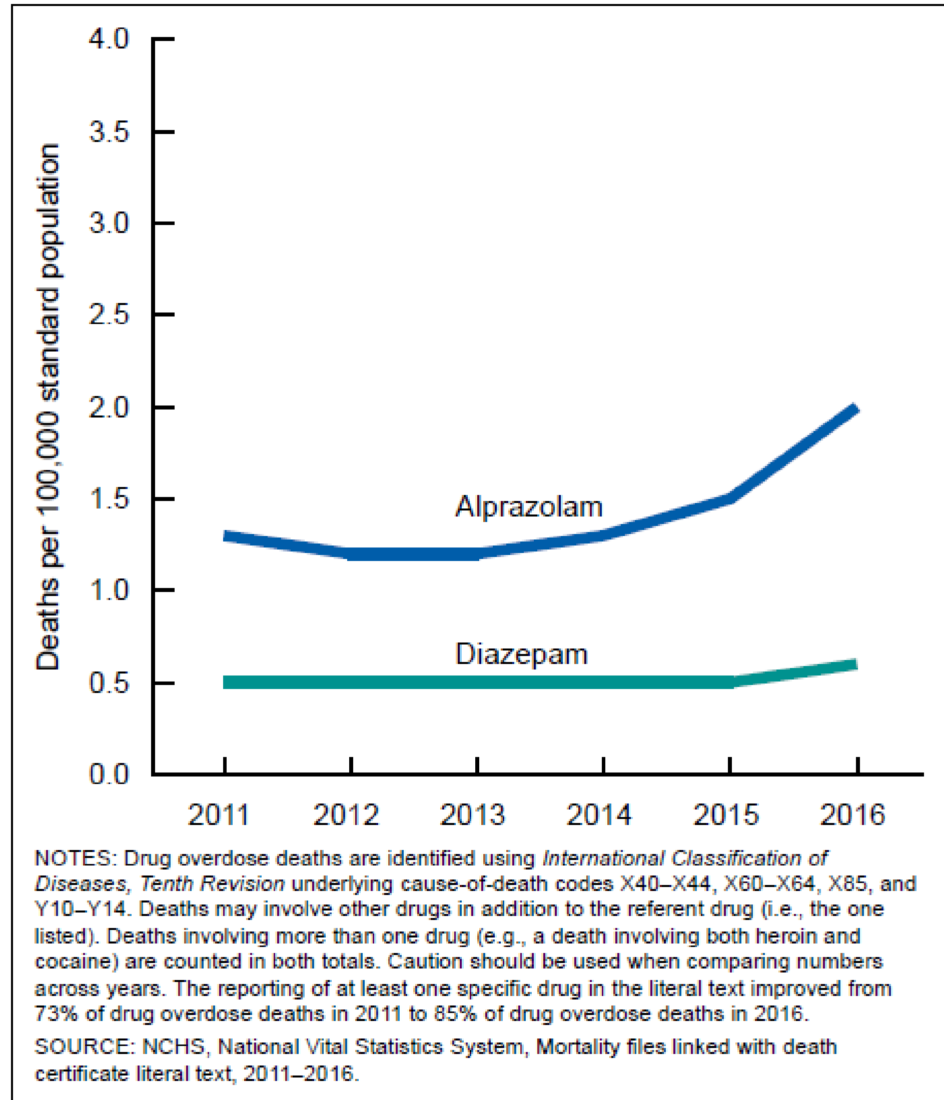

Figure 2. Age-adjusted rates for drug overdose deaths involving selected benzodiazepines, 2011–2016

Benzos and Addiction

- Benzos are not highly addictive
- Most patients with addiction who use benzos are not addicted to the benzos
  - Bzds used to mitigate other drugs' toxicities
    - Coming down from methamphetamine
    - Boosting opioids
    - Bridging WD between opioid intoxications
- ***True benzo use d/o (BUD) is incredibly complex and challenging***: risk to themselves & others

Benzo Use Disorder (BUD) Prevalence

- General population, US adults:
  - 12.5% use benzos annually (10.444% licit)
  - 3% use benzos long-term (therapeutically)
  - 2.1% misused benzos at least once
  - 0.2% benzo use disorder
- Of those with a benzo prescriptions:
  - 17.1% misuse benzos
  - 1.5% benzo use disorder
- Of those on MAT:
  - >45% use benzos

- NEJM March 23, 2017 "treatment of benzodiazepine dependence" Soyka
- Maust "benzodiazepine use and misuse among adults in the US" 17 dec 2018
- J clin Psychiatry 2018 "Prevalence and correlates of benzodiazepine use, misuse, and use disorder among adults in the united states" Blanco et al

Common non-benzo sedatives

- Carisoprodol, “Soma” or pro-meprobamate
  - Barbiturate
- Butalbatol, “Fiorinol”
  - Barbiturate
- Phenobarbitol
  - long acting non-euphoric barbiturate used for tapers
- Propofol– cross tolerant with benzos
- GHB “Xyrem”
  - Powerful short acting sedative
- “Z drugs”: zolpidem, eszopiclone, zaleplon
  - Ambien lunesta sonata
  - Mild benzo-like drugs for sleep
- Alcohol!

Cautions with z-drugs: mild benzos

- Falls in hospital
- Falls at home
- Hip fracture
- Car accidents the next morning
- Amnesia during the night

Online synthetic benzos

- Available on the dark web *e.g.*
  - Etizolam
  - Flubromazolam
  - Clonazolam
- Recall that much street "alprazolam" is actually fentanyl
- Many do not trigger a bzd screen

Benzo Cessation Syndromes

- Recurrence
- Rebound
- Withdrawal

Post cessation anxiety recurrence

- People on benzos have anxiety disorders
- Those anxiety sx return after benzo cessation
- On benzos, loss of normal coping mechanisms
- After benzos stopped, sxs return, patient feels naked
- Recurrence is universal and very distressing to benzo patients.

Benzo rebound anxiety

- Recurrence of anxiety symptoms *with a vengeance*
- Brief (2 weeks) amplified underlying anxiety
- If before benzos the patient had 1 panic attack a week, after benzos they will have panic attacks daily for a few weeks
- Reassure them, normalize, treat anxiety sx

True benzo withdrawal is life threatening and requires close monitoring and detoxification

- Hypertension, tachycardia, arrhythmias
- Seizures
- Delirium
- Psychosis

Likelihood of true withdrawal

- Past withdrawal (including seizure)
- Short acting meds
- Round the clock use of bzds
- Concomitant heavy alcohol use
- Concomitant medical illness
- High dose

Timing of benzo withdrawal

- Onset of withdrawal from time from last dose:
  - Short acting: 2-3 days
  - Long acting >7 days
  - Alprazolam: wild card

Risk assessment for withdrawal

- Benzo exposure sufficient for physiologic dependence is highly variable!

  – 6 months daily use moderate dose
  – 3 months daily use 3X normal dose
  – Use throughout the day
  – Any duration in an alcohol/barbiturate dependent patient

Patients with BUD are notoriously poor historians, and unreliable pill takers

They are not lying!
They just don’t remember

Benzo detox

Optimize non-bzd treatment for anxiety and counsel all patients

No hx addiction

Leave bzd the same and slowly decrease by 10% increments over months, or over 4-6 weeks. Max 8 weeks!

Failed first attempt

Change bzd to long activing, shorten prescription duration, increase visit frequency, and try again

BUD, or high risk

Inpatient therapy at a facility with medical detox; often require commitment; may want to restrict providers

Taper Tips: Rxs

- Do not use multiple benzos at once
- Leave the buprenorphine alone (unless unsafe)
- Consider gabapentin low dose, carbamazepine
- Anti anxiety meds that helps sleep: mirtazapine, doxepin, ?trazodone?
- I avoid diphenhydramine and hydroxyzine (delirium)
- SSRI are acceptable
- Referral to therapist!

NEJM March 23, 2017 “treatment of benzodiazepine dependence” Soyka

See attachment on benzos and MAT....