

Appendix 4 – TAPERING OFF MY SLEEPING MEDICATION

WHY SHOULD I STOP MY MEDICATION?

Long-term use of certain types of sleeping pills (called ‘benzodiazepines’) can give rise to many unwanted effects. The more common ones are poor memory and reasoning, blunting or flattening of emotion, depression, and increased anxiety. In addition, the evidence suggests that, after a few weeks of regular use, these medications begin to lose their effectiveness as the body becomes accustomed to the drug (tolerance). When tolerance develops, "withdrawal" symptoms can appear even though the person continues to take the drug. Thus, symptoms suffered by many long-term users are a mixture of adverse effects of the drugs and "withdrawal" effects due to tolerance. The good news is that almost anyone who really wants to stop benzodiazepines can be successful. The choice is yours!

WHAT CAN I DO TO STOP?

- (1) Work out a plan with your doctor
- (2) Make sure you have adequate support from family, friends, and health professionals.
- (3) Get into the right frame of mind: Be confident. Be patient. Choose the best plan for you.

THE BASIC PLAN

The key to success is **slowly** reducing or “tapering” the dosage. Depending on the dose that you are taking, complete withdrawal from the drug may take several months to a year.

If you are taking a relatively short-acting benzodiazepine, such as alprazolam (Xanax®) and lorazepam (Ativan®), your doctor may recommend that you start by switching to a longer-acting drug (such as diazepam) in order to achieve a smooth decline in concentrations of the drug in the body. Otherwise, you might experience symptoms or “cravings” between each dose.

As a very rough guide, the daily dose of medication is reduced by 10%-25% per week for the first 2-4 weeks. Once you are down to half of your original dose, the reduction will be slower— usually 5% in daily dosage every 1-2 weeks. Example: A person taking 20mg diazepam each night would reduce the nightly dosage by 2 mg every 1-2 weeks until a dose of 10 mg diazepam per night is reached. This could take up to 5 weeks. From 10 mg diazepam a day, reduce daily dosage by 0.5 mg every week or two. This would take a further 20-40 weeks.

Some people prefer to reduce faster, and some might go even slower.

Examples of tapering schedules for diazepam, alprazolam, lorazepam, clonazepam, temazepam, and zopiclone are available at <<http://www.benzo.org.uk/manual/bzsched.htm>>. Most of them are actual schedules which have worked for real people who withdrew successfully. However, each schedule must be tailored to individual needs; no two schedules are necessarily the same.



TIPS

As far as possible, never increase your dose. You can “stand still” at a certain point, and you can have a vacation from further tapering for a few weeks if circumstances change (e.g., if there is a death or family crisis). Also, avoid compensating for benzodiazepines by increasing your intake of alcohol, cannabis or non-prescription drugs.

Getting off the last tablet: Although stopping the last tiny dose is often viewed as particularly difficult, for most patients, this is surprisingly easy! The small dose which you are taking at the end of your schedule is having very little (if any) effect. Do not be tempted to stretch out the withdrawal to a ridiculously slow rate towards the end.

Most people are successful after the first attempt to stop these sleeping pills. Those who need a second try may have tapered too quickly the first time. A slow and steady benzodiazepine withdrawal, with you in control, is nearly always successful. However, if for any reason you do not succeed at your first attempt, you can always try again. They say that most smokers make 7 or 8 attempts before they finally give up cigarettes!

Sources: (1) Ashton manual: <http://www.benzo.org.uk/manual/bzcha01.htm>, (2) Morin CM, Bastien C, Guay B, Radouco-Thomas M, Leblanc J, Vallières A. Randomized Clinical Trial of Supervised Tapering and Cognitive Behavior Therapy to Facilitate Benzodiazepine Discontinuation in Older Adults With Chronic Insomnia. *Am J Psychiatry* 2004; 161:332-342. (3) Baillargeon L, Landreville P, Verreault R, Beauchemin J-P, Grégoire J-P, Morin CM. Discontinuation of benzodiazepines among older insomniac adults treated with cognitive-behavioural therapy combined with gradual tapering: a randomized trial. *CMAJ* 2003; 169(10):1015-20. (4) Oude Voshaar RC, Gorgels WJM, Mol AJJ, et al. Tapering-off long-term benzodiazepine use with or without simultaneous group cognitive behavioural therapy: a three-condition randomised controlled trial. *Br J Psychiatry* 2003; 182: 498– 504.; (5) Zitman FG, Couvee JE. Chronic benzodiazepine use in general practice patients with depression: an evaluation of controlled treatment and taper-off. Report on behalf of the Dutch Chronic Benzodiazepine Working Group. *Br J Psychiatry* 2001; 178: 317–324.; (6) Gorgels W, Oude Voshaar R, Mol A, van de Lisdonk E, Mulder J, van den Hoogen H, van Balkom A, Breteler M, Zitman F. Consequences of a benzodiazepine discontinuation programme in family practice on psychotropic medication prescription to the participants. *Fam Pract.* 2007 Oct;24(5):504-10. Epub 2007 Jul 21.

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