

# Benzodiazepine Information for Doctors

You may be reading this because you are concerned about a patient who claims to be troubled by “benzo withdrawal” after discontinuing a benzodiazepine. While you appreciate that withdrawal does indeed exist, you are baffled that although it has been months or maybe one or two years since the last dose, your patient is still insisting that the problems are caused by withdrawal. We hope that the following information will help in providing the best care for your patient.

## Symptoms

When taken long-term (more than four weeks), the patient can become dependent on the drug and may experience withdrawal symptoms such as profuse sweating, headaches, nausea, dizziness, gastric disturbances, palpitations, chills, muscle pain, twitches, spasms and tremors. Psychological symptoms such as feelings of depersonalisation, derealisation, anxiety, panic attacks, cognitive ‘fog’ and distorted visual, tactile, auditory and gustatory perception are also common.

## Cold Turkey

A patient should never be advised to discontinue taking a benzodiazepine abruptly. Quitting cold turkey is dangerous and can cause serious problems including seizures and psychosis.

## Tapering

The decision to withdraw should be the patient’s and she or he must be allowed to taper off the drug at a comfortable pace using the most appropriate weaning process. The more common methods are: substituting with diazepam, titration by crushing the tablet into a powder and mixing it with water, and the direct method where the dosage is very slowly reduced

## Duration

The conflicting reports regarding the duration of withdrawal and whether or not protracted withdrawal exists poses one of the biggest problems for patients. Many patients are baffled when their doctors explain that since the drug has already left the body, it is impossible for them to still be experiencing withdrawal.

This is inaccurate and misleading. When the benzodiazepine sub-units have been down-regulated, the process of re-synthesising and re-externalising onto the receptor assembly can take weeks, months or longer.

Doctors who are unaware of this usually acknowledge the acute and early post-acute stages of withdrawal. However, once symptoms persist longer, these patients are told the withdrawal period has ended and the problems are ‘all in the head’. Benzo-wise doctors will agree that while many people recover within a six to eighteen-month period, it is not uncommon for a percentage of patients to experience symptoms (often interspersed with windows of normality) for two to three years or longer in rare cases.

## ‘Pre-existing anxiety’ myth

Because many patients are prescribed benzodiazepines for anxiety-related issues, the consensus is usually that the post-withdrawal syndrome or any protracted symptoms are in fact due to a resurgence of the pre-existing anxiety. So many patients who were prescribed benzodiazepines for a medical conditions and had no history of anxiety, depression or any other psychological problem have reported exceptionally high levels of anxiety during withdrawal. They also are subject to intense organic fear, distorted perception and numerous anxiety-related symptoms. Pre-existing anxiety or not, a nervous system in a hyper-excitable state due to the down-regulation of GABA receptors can reduce the most grounded and stable person to literally a ‘quivering wreck’.

It is the responsibility of every doctor who prescribes a benzodiazepine to inform the patient of the possibility of dependency.

## References & Essential Reading:

Ashton, C. Heather, 2002. *Benzodiazepines: How They Work and How to Withdraw* [online] available at [www.benzo.org.uk](http://www.benzo.org.uk) [accessed June 26, 2006].

Frederick, V. Baylissa, 2009. *Benzo-Wise: A Recovery Companion*. Iowa: Campanile Publishing