

Caring for Benzodiazepine Users

Some benzodiazepines are widely and successfully used as short-term treatment in certain settings such as in hospitals, as pre-medication before operations, in the treatment of some forms of epilepsy and movement disorders, and in the management of alcohol withdrawal as they work to alleviate delirium tremens. While some carers are aware of the dependency and withdrawal issues related to their long-term use, others are not and this creates problems for the user. The following are useful points to be considered when caring for benzodiazepine users:

Symptoms: When taken long-term (more than four weeks), users can become dependent on the drug and may experience withdrawal symptoms when it is discontinued. This withdrawal experience is not the same as other types of drug withdrawal especially in terms of duration, and symptoms vary according to individual.

Cold-Turkey: A user 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 client's, under the supervision of a doctor, and the taper must be done at a comfortable pace using the most appropriate method. Being pressured into tapering too quickly can cause additional problems. Factors to be considered include personal circumstances, overall general health, the stressors in the user's life, support available and previous experience with drugs.

Duration: The conflicting reports regarding the possible duration of withdrawal and whether or not protracted withdrawal exists poses one of the biggest problems for benzo users. Withdrawal can last as short as between 5 and 28 days for those with mild dependencies. These clients are often told the withdrawal period has ended and the problems are "all in the head" which in turn causes much frustration and often results in misdiagnoses of psychological disorders.

A 'normal' withdrawal tends to last within a six to eighteen-month period. However, it is not uncommon for some to experience symptoms (often interspersed with periods of normality) for two to three years or longer in rare cases.

Pre-existing Anxiety Myth: Because most clients are prescribed benzodiazepines for anxiety-related issues, the consensus is usually that any protracted symptoms are in fact due to a resurgence of the pre-existing anxiety. Many ex-users were prescribed benzodiazepines for medical issues and had no history of anxiety, depression or any other psychological issues. Despite this, they report having very intense psychology symptoms. Pre-existing anxiety or not, a nervous system in a hyper-excitable state (due to the down-regulation of GABA receptors in the brain) can reduce the most grounded and stable person to literally a 'quivering wreck'.

Accessibility: Try to be accessible for a while longer after it appears as if recovery has been achieved. Withdrawal symptoms often come in 'waves' and a 'window of clarity' (period during which the symptoms temporarily subside) can be mistaken for full recovery. Most people are devastated when the symptoms resurface and this is when support may be needed the most.

Reassurance: More than anything, someone having a troubling withdrawal needs constant reassurance. Persistent, intense symptoms can cause doubt and increased anxiety. You will need to keep giving reassurance that despite the presence of symptoms, recovery is indeed taking place. When faced with a troubling withdrawal, hope is an essential coping tool and to fuel this will undoubtedly make a positive difference.

References:

Johns, Bliss. *Benzo-Wise: A Recovery Companion*. Iowa: 2nd Edition, Campanile Publishing, 2010

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