

When your patient may be experiencing benzodiazepine associated symptoms of tolerance and withdrawal

PROFESSIONAL'S GUIDE

for as-prescribed BZD dependence

Benzodiazepines

Your patient may present to your office exhibiting an atypical state of anxiety. If your patient has been taking a benzodiazepine, they may have become physically dependent on it and tolerant to its effects due to chronic down-regulation of GABA-A receptor sites. Despite its clinical presentation, which can include neurological symptoms, it is unlikely that your patient has developed new or worsening mental illness.

Your patient may actually be experiencing “tolerance withdrawal,” a phenomenon associated with normal-dose benzodiazepine dependency. It features benzodiazepine withdrawal symptoms without decreasing the dose. In patients dependent on short-acting benzodiazepines, such as Xanax (alprazolam) or Ativan (lorazepam), withdrawal symptoms may emerge between doses; this phenomenon is known as “interdose withdrawal.” Informing your patient of this possibility may help them make a decision on whether they feel if they should withdraw from their benzodiazepine.



Signs & Symptoms

may include:

- Anxiety
- Intense and atypical panic
- Agoraphobia
- Insomnia
- Sensitivity to light, sound, smell
- Gastrointestinal disturbance
- Dizziness
- Depersonalization and Derealization
- Hyperacusis
- Perceptual disturbances
- Mood changes
- Cognitive fog
- Seizures
- Tremors
- Nightmares
- Tinnitus,
- Muscular spasms
- Tension Headache
- Migraine, aura
- Palpitations
- and more...

This information is to assist in awareness and education. It is not a substitute for medical advice. It is not intended to treat, cure or prevent any disease. Always consult a trusted healthcare professional before making changes to your medication(s).



worldbenzoday.org handout



Do:

- Research & recognize the signs and symptoms
- Provide patient with taper information (Ashton Manual at benzo.org.uk/manual)
- Inform your patient of BZD risks
- Familiarize yourself with diazepam substitution tapering (but be open to other methods suggested by your patient).
- Allow your patient to “hold” their taper or take breaks when needed during tapering
- Suggest a physical exam to rule out other causes of symptoms
- Encourage your patient to join a peer support group – benzobuddies.org (free) or other similar groups
- Respect if the patient refuses adjunctive medications (which sometimes exacerbate BZD withdrawal)



Do Not:

- Shame or stigmatize your patient or threaten to discharge them
- Misdiagnose normal-dose benzodiazepine dependency as a substance abuse disorder
- Abruptly discontinue or rapidly taper a BZD
- Confuse physical dependence with addiction
- Force your patient to discontinue a BZD against their will (it should be their choice)
- Attempt to dictate the rate/speed of your patient's taper
- Suggest detox

Endorsement

This information has been reviewed and endorsed by Professor Malcolm. H Lader, O.B.E., LL.B., D.Sc., Ph.D., M.D., F.R.C. Psych., F. Med. Sci.