

Benzodiazepine Tapering

Why Taper?

There are few indications for benzodiazepine use beyond 2 to 6 weeks; longer use results in loss of effectiveness for short-term indications and development of psychological and physical dependence. Patients who taper to a reduced dose or discontinuation frequently do better – less daytime fatigue, fewer falls, improved brain performance, alertness and reflexes – especially as patients age.

How Do I Talk with My Patients About Tapering?

A single written communication or conversation with your patient discussing risks of long-term use and benefits of tapering can promote successful discontinuation. Conversations with your patients about a taper can be challenging:

- Express safety concerns “*I care about your safety...*” “*I am worried...*”
- Share that many patients improve and do better at reduced dose or discontinuation, even if worse at first
- Listen to and acknowledge their fears (e.g., trouble sleeping, feeling anxious) “*I hear...*”
- Reassure patients you are here to support them “*We’ll connect often...*”
- Remind them the taper is not set in stone and can be slowed down throughout the process based on their symptoms

How Do I Taper?

Gradual, FLEXIBLE tapers over a minimum of 2 to 6 months or much longer are more likely to be successful. Partner with patients to agree on a tapering schedule – patients with some control over their dose reduction schedule may have a more successful taper.

BENZODIAZEPINE TAPERS FROM SELECTED GUIDELINES/RESOURCES

RESOURCE	SELECTED RECOMMENDATION
Joint Clinical Practice Guideline on Benzodiazepine Tapering: Considerations when Benzodiazepine Risks Outweigh Benefits - 2025	<ul style="list-style-type: none"> • 5% to 10% every 2 – 4 weeks; individualize and adjust based on patient’s response • Do not exceed 25% every 2 weeks
Kaiser Permanente Benzodiazepine and Z-Drug Safety Guideline – 2022	<ul style="list-style-type: none"> • 10% every 2 – 4 weeks (slow taper) if function is not improved or benzodiazepine tolerance has developed with long-term use*
Canadian Guidelines on Benzodiazepine Receptor Agonist Use Disorder Among Older Adults – 2020	<ul style="list-style-type: none"> • < 6 months: 10% to 25% every 1 – 2 weeks; individualize based on type of medication, dosage used, and duration of therapy • > 6 months: 10% every 2 – 4 weeks, slower rates at the end

*10% every week (moderate taper) if medication adverse effects indicates risks are greater than benefit or comorbidities increase risk of complication; 25% per week (rapid taper) and/or REFER TO SPECIALIST if substance misuse, abuse, diversion, significant risk of respiratory depression due to unstable clinical conditions, or recent overdose.

Do I Switch To A Long-Acting Formulation?

Switching from a short- or intermediate-acting to a long-acting benzodiazepine has not been shown to be more effective or to reduce the severity of withdrawal symptoms. The decision to switch to a longer acting benzodiazepine should be patient specific. Consider switching to a longer acting or different benzodiazepine if current benzodiazepine does not allow for dose reduction (e.g., capsules, tablets difficult to halve or quarter).

What About Z-Drugs?

Z-drugs (zolpidem, zopiclone, eszopiclone, zaleplon) are not “safer” than benzodiazepines and patients may experience withdrawal with abrupt discontinuation. For short-term use, taper the Z-drug by decreasing the number of days per week of taking the medication (e.g., take 6 nights per week x 2 weeks, then 5 nights per week x 2 weeks...). For long-term use reduce by about 25% of the original dose each week or every other week; consider a slower rate of tapering and offer Cognitive Behavioral Therapy for Insomnia (CBT-I) for higher doses.

How Do I Keep My Patient Safe?

Benzodiazepine receptor agonist withdrawal symptoms can be life-threatening – do not abruptly discontinue. Slower tapers minimize withdrawal symptoms. Anticipate rebound insomnia and anxiety. Consider cognitive behavioral therapy and offer sleep hygiene advice (https://bit.ly/Healthy_Sleep_Habits_Adults), even if the benzodiazepine is not used to treat insomnia. Review patient’s progress frequently to offer support and balance dose reduction and withdrawal symptoms.

TIPS FOR TAPERING

- Go SLOW
- Verify current regimen prior to initiating taper; patient-reported use may differ from prescription
- Adjust the pace throughout as needed – slow or keep the same dose for a while (i.e., pause); do not reverse the taper
- Pause once 50% of the original dose is reached and taper more slowly after the pause (i.e., reduce by smaller dose increments); the last part of the taper tends to be the most difficult
- If switching to a longer acting benzodiazepine, keep the patient at the longer acting benzodiazepine approximate equivalent dose for at least two months before starting the taper

A decrease in dose is still a win even if the benzodiazepine is not completely discontinued

BENZODIAZEPINE EQUIVALENCY TABLE (APRIL 2025)				
<i>Benzodiazepine equivalence lacks a strong evidence base and is inadequately documented in the literature. Most estimates rely on expert opinion, unreferenced tables in published materials, and clinical experience</i>				
GENERIC	BRAND EXAMPLE	ELIMINATION HALF-LIFE IN HOURS ^{1,2}	DOSAGE FORMS	APPROXIMATE EQUIVALENT DOSE ³
Alprazolam	Xanax [®]	6 – 15	Tablet (IR, ER); ODT; Oral Solution	0.5 – 1 mg
Clonazepam	Klonopin [®]	17 – 60	Tablet; ODT	0.5 – 1 mg
Diazepam	Valium [®]	44 – 48 (100 – 200) ⁴	Tablet; Oral Solution	10 mg
Lorazepam	Ativan [®]	12 – 20	Tablet; Oral Concentrate	1 – 2 mg
Oxazepam	Serax [®]	3 – 11	Capsule	20 – 30 mg
Temazepam	Restoril [®]	3 – 18	Capsule	20 – 25 mg

1. Ranges based on Lexidrug, Micromedex, and product labeling. **2.** Half-lives may vary in older patients and certain medical conditions. **3.** Ranges based on Ashton Manual (2002), VA/DoD PTSD Clinician Guide (2013). **4.** Reported half-life of active metabolite.

KEY: **IR** Immediate-Release; **ER** Extended-Release; **ODT** Oral Disintegrating Tablet

References

- American Society of Addiction Medicine (ASAM). Joint Clinical Practice Guideline on Benzodiazepine Tapering: Considerations When Benzodiazepine Risks Outweigh Benefits. Published February 28, 2025. Accessed May 5, 2025. <https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/benzodiazepine-tapering-2025/bzd-tapering-document---final-approved-version-for-distribution-02-28-25.pdf>
- Ashton CH. Benzodiazepines: How They Work and How to Withdraw (The Ashton Manual). Benzodiazepine Information Coalition website. Published 2002. Accessed May 5, 2025. <https://www.benzoinfo.com/ashtonmanual/>
- Centre for Effective Practice (CEP). Managing Benzodiazepine Use in Older Adults. Published 2019. Accessed May 5, 2025. <https://tools.cep.health/tool/managing-benzodiazepine-use-in-older-adults/>
- Chahal K, Glass M, Falk J, Singer A, Leong C. Patient values and preferences regarding communicating risk versus benefit of benzodiazepine initiation: a cross-sectional survey study. Health Sci Rep. 2023;6(12):e1597. doi:10.1002/hsr2.1597
- Colorado Consortium for Prescription Drug Abuse Prevention. Benzodiazepine Deprescribing Guidance. Published January 2022. Accessed May 5, 2025. <https://corxconsortium.org/wp-content/uploads/Benzo-Deprescribing.pdf>
- Conn DK, Hogan DB, Amdam L, et al. Canadian guidelines on benzodiazepine receptor agonist use disorder among older adults. Can Geriatr J. 2020;23(1):116-122. doi:10.5770/cgj.23.419
- Guina J, Merrill B. Benzodiazepines II: waking up on sedatives—providing optimal care when inheriting benzodiazepine prescriptions in transfer patients. J Clin Med. 2018;7(2):20. doi:10.3390/jcm7020020
- Kaiser Permanente Washington. Benzodiazepine and Z-Drug Safety Guideline. Updated January 2022. Accessed May 5, 2025. <https://wa.kaiserpermanente.org/static/pdf/public/guidelines/benzo-zdrug.pdf>
- Kennedy KM, O'Riordan J. Prescribing benzodiazepines in general practice. Br J Gen Pract. 2019;69(680):152-153. doi:10.3399/bjgp19X701273
- Medi-Cal Drug Utilization Review Board. Clinical Review: Recommendations for the Tapering of Benzodiazepines. Published March 30, 2021. Accessed May 5, 2025. https://medicalrx.dhcs.ca.gov/cms/medicalrx/staticassets/documents/provider/dur/educationalarticles/dured_31028_Clinical_Review_Recommendations_for_the_Tapering_of_Benzodiazepines.pdf
- Modesto-Lowe V, Chaplin MM, León-Barriera R, Jain L. Reducing the risks when using benzodiazepines to treat insomnia: a public health approach. Cleve Clin J Med. 2024;91(5):293-299. doi:10.3949/ccjm.91a.23061
- National Institute for Health and Care Excellence (NICE). Generalised Anxiety Disorder and Panic Disorder in Adults: Management. NICE Guideline [CG113]. Published January 2011. Updated July 2023. Accessed May 5, 2025. <https://www.nice.org.uk/guidance/cg113>
- National Institute for Health and Care Excellence (NICE). Medicines Associated with Dependence or Withdrawal Symptoms: Safe Prescribing and Withdrawal Management for Adults. NICE Guideline [NG215]. Published April 20, 2022. Accessed May 5, 2025. <https://www.nice.org.uk/guidance/ng215>
- RxFiles Academic Detailing. Geri-RxFiles: Assessing Medications in Older Adults. Published 2019. Accessed May 5, 2025. <https://www.rxfiles.ca/rxfiles/uploads/documents/An%20orientation%20to%20the%20GeriRxFiles.pdf>
- Scottish Government Effective Prescribing & Therapeutics Division. Benzodiazepines and Z-Drugs: Quality Prescribing—A Guide for Improvement 2024–2027. Published 2024. Accessed May 5, 2025. <https://www.gov.scot/publications/quality-prescribing-benzodiazepines-z-drugs-guide-improvement-2024-2027/>
- Therapeutic Research Center. Clinical Resource: Appropriate Use of Oral Benzodiazepines. Pharmacist's Letter/Pharmacy Technician's Letter/Prescriber Insights. November 2024. Accessed May 5, 2025. <https://pharmacist.therapeuticresearch.com/Content/Segments/PRL/2014/Aug/Appropriate-Use-of-Oral-Benzodiazepines-7283>
- U.S. Department of Veterans Affairs, Department of Defense. VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Published 2013. Accessed May 5, 2025. <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal012418.pdf>
- Product labeling references available upon request.

tipSC NOTES answer questions frequently asked by individual providers in the community. Such focus is not intended as an endorsement by tipSC since a complete overview of a medical condition or situation is beyond the scope of the condensed newsletter format. The reader is responsible for using professional judgment in analyzing and interpreting this information before accepting and utilizing it in clinical practice