

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)				
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				
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/VA_DoD_PTSD_CPG_Final_012418.pdf

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