West Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group
Ipswich and East Suffolk Clinical Commissioning Group

Stopping Hypnotics and Anxiolytics – Quick Reference Guide

The long-term use of benzodiazepines is associated with a number of adverse effects and other complications. Older people are more vulnerable to the adverse effects of benzodiazepines, such as impaired cognitive function and memory, which may be wrongly diagnosed as dementia.

Use of z-drugs for prolonged periods can result in tolerance, dependence and withdrawal syndrome. Tolerance to these medicines progressively reduces their effectiveness for the treatment of insomnia or anxiety. Dependence may develop, and continuing treatment may serve only to prevent withdrawal symptoms, for example, anxiety, depression, impaired concentration, insomnia, abdominal cramps, palpitations and perceptual disturbances (such as hypersensitivity to physical, visual and auditory stimuli).

Withdrawal is possible in many patients once problems related to prolonged drug use are explained and discussed. Reports demonstrate that patients provided with information (e.g. a letter from their GP) explaining the disadvantages of regular use of the medicines will voluntarily reduce their usage. A shared-care approach with substance misuse services may be required with more complex scenarios.

Patients currently taking hypnotics or anxiolytics will fall into several different categories and will therefore require different management strategies. Consider the below options.

Potential substance misusers

- Patients on multiple drugs of abuse.
- Patients unwilling to participate in a managed withdrawal programme.
- Patients who may be diverting some or all of their supply to others.

Consider a managed withdrawal approach or refer to substance misuse services.

Patients who may need to remain on treatment

- Those who are terminally ill, or with serious physical illness such as ischaemic heart disease.
- Severe mental health problems (contact managing psychiatrist).
- Epilepsy requiring benzodiazepine treatment.

Stabilise and monitor

Patients suitable for managed withdrawal

- Patients appropriately initiated on, treatment, but inadvertently continued long-term use.
- Patients discharged from hospital that were inadvertently issued with a newly initiated drug and continued in primary care.

Managed withdrawal

See overleaf for guide on managing withdrawal of hypnotics and anxiolytics.

Adapted from the 'All Wales Medicines Strategy Group Educational Pack: Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics across Wales'.
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Managed withdrawal of hypnotics and anxiolytics

Selected patients suitable and willing to enter scheme

Convert drug to equivalent diazepam dose or taper existing drug as appropriate.
- Agree dose reduction with patient.
- Fill in the **'Reduction card' (page 10)**, one card for the patient and one for the notes.
- Fill in the **'Patient record sheet' (page 11)**.

Diazepam 5 mg approximate equivalent doses	
≡ alprazolam 250 micrograms	≡ lorazepam 500 micrograms
≡ clobazam 10 mg	≡ lormetazepam 0.5-1 mg
≡ clonazepam 250 micrograms	≡ nitrazepam 5 mg
≡ flurazepam 7.5-15 mg	≡ oxazepam 10 mg
≡ chlordiazepoxide 12.5 mg	≡ temazepam 10 mg
≡ loprazolam 0.5-1 mg	

Agree contract with patient using the **'Patient contract' (page 12)**

Make arrangements for follow-up and provide patient with the leaflet
'Stopping your medicine: benzodiazepines and z-drugs. A guide for patients' (pages 13-14)

Start the reduction process; this may take several weeks or months to complete

See examples of withdrawal schedules to support the withdrawal

Pages 3-4: Hypnotics - nitrazepam, temazepam, lormetazepam, zopiclone and zolpidem

Pages 5-9: Anxiolytic - diazepam, lorazepam, chlordiazepoxide, oxazepam

Note that these withdrawal schedules are given for guidance only. The rate of withdrawal should be individualised according to the drug, dose, and duration of treatment. Patient factors such as personality, lifestyle, previous experience and specific vulnerabilities should also be taken into account.

Patient having no difficulties

Continue gradual reduction

Goal achieved

Patient having difficulties

Seek advice

Substance Misuse Service

Suffolk

Turning Point, Bury St Edmunds Hub – 01284766554

Turning Point, Ipswich Hub – 01473220240

North East Essex

North Essex STaRS (Colchester) – 01206 710757

Open Road (Colchester) – 01206 766096

Open Road (Clacton) – 01255 434186

Patient stabilised

Examples of hypnotic withdrawal schedules

Nitrazepam

Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Dose	Number of 5 mg tablets/day	Number of 5 mg tablets/week
Starting dose	Nitrazepam 20 mg	4	28
Stage 1 (1–2 weeks)	Nitrazepam 15 mg	3	21
Stage 2 (1–2 weeks)	Nitrazepam 12.5 mg	2½	18
Stage 3 (1–2 weeks)	Nitrazepam 10 mg	2	14
Stage 4 (1–2 weeks)	Nitrazepam 7.5 mg	1½	11
Stage 5 (1–2 weeks)	Nitrazepam 5 mg	1	7
Stage 6 (1–2 weeks)	Nitrazepam 2.5 mg	½	4
Stage 7 (1–2 weeks)	Nitrazepam 2.5 mg *alternate nights*	½	2
Stage 8	Stop nitrazepam		

Temazepam

Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Dose	Number of 10 mg tablets/day	Number of 10 mg tablets/week
Starting dose	Temazepam 30 mg	3	21
Stage 1 (1–2 weeks)	Temazepam 25 mg	2½	18
Stage 2 (1–2 weeks)	Temazepam 20 mg	2	14
Stage 3 (1–2 weeks)	Temazepam 15 mg	1½	11
Stage 4 (1–2 weeks)	Temazepam 10 mg	1	7
Stage 5 (1–2 weeks)	Temazepam 5 mg	½	4
Stage 6 (1–2 weeks)	Temazepam 5 mg *alternate nights*	½	2
Stage 7	Stop temazepam		

Lormetazepam

Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Dose	Number of 500 microgram tablets/day	Number of 500 microgram tablets/week
Starting dose	Lormetazepam 1.5 mg	3	21
Stage 1 (1–2 weeks)	Lormetazepam 1 mg	2	14
Stage 2 (1–2 weeks)	Lormetazepam 500 micrograms	1	7
Stage 3 (1–2 weeks)	Lormetazepam 250 micrograms	½	4
Stage 4 (1–2 weeks)	Lormetazepam 250 micrograms *alternate nights*	½	2
Stage 5	Stop lormetazepam		

Zopiclone

Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Dose	Number of tablets/day	Number of tablets/week
Starting dose	Zopiclone 15 mg	2 x 7.5 mg	14 x 7. 5 mg
Stage 1 (1–2 weeks)	Zopiclone 11.25 mg	1 x 7.5 mg 1 x 3.75 mg	7 x 7.5 mg 7 x 3.75 mg
Stage 2 (1–2 weeks)	Zopiclone 7.5 mg	1 x 7.5 mg	7 x 7.5 mg
Stage 3 (1–2 weeks)	Zopiclone 3.75 mg	1 x 3.75 mg	7 x 3.75 mg
Stage 4 (1–2 weeks)	Zopiclone 3.75 mg *alternate nights*	1 x 3.75 mg	4 x 3.75 mg
Stage 5	Stop zopiclone		

Zolpidem

Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Dose	Number of tablets/day	Number of tablets/week
Starting dose	10 mg	2 x 5 mg	14 x 5 mg
Stage 1 (1–2 weeks)	7.5 mg	1½ x 5 mg	11 x 5 mg
Stage 2 (1–2 weeks)	5 mg	1 x 5 mg	7 x 5 mg
Stage 3 (1–2 weeks)	2.5 mg	½ x 5 mg	4 x 5 mg
Stage 4 (1–2 weeks)	2.5 mg *alternate nights*	½ x 5 mg	2 x 5 mg
Stage 5	Stop zolpidem		

Examples of anxiolytic withdrawal schedules

Diazepam

Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Daily dose	Number of tablets/day	Number of tablets/week
Starting dose	Diazepam 70 mg	7 x 10 mg	49 x 10 mg
Stage 1 (1–2 weeks)	Diazepam 65 mg	6 x 10 mg 1 x 5 mg	42 x 10 mg 7 x 5 mg
Stage 2 (1–2 weeks)	Diazepam 60 mg	6 X 10 mg	42 x 10 mg
Stage 3 (1–2 weeks)	Diazepam 55 mg	5 x 10 mg 1 x 5 mg	35 x 10 mg 7 x 5 mg
Stage 4 (1–2 weeks)	Diazepam 50 mg	5 x 10 mg	35 x 10 mg
Stage 5 (1–2 weeks)	Diazepam 45 mg	4 x 10 mg 1 x 5 mg	28 x 10 mg 7 x 5 mg
Stage 6 (1–2 weeks)	Diazepam 40 mg	4 x 10 mg	28 x 10 mg
Stage 7 (1–2 weeks)	Diazepam 35 mg	3 x 10 mg 1 x 5 mg	21 x 10 mg 7 x 5 mg
Stage 8 (1–2 weeks)	Diazepam 30 mg	3 x 10 mg	21 x 10 mg
Stage 9 (1–2 weeks)	Diazepam 25 mg	2 x 10 mg 1 x 5 mg	14 x 10 mg 7 x 5 mg
Stage 10 (1–2 weeks)	Diazepam 20 mg	2 x 10 mg	14 x 10 mg
Stage 11 (1–2 weeks)	Diazepam 18 mg	1 x 10 mg 4 x 2 mg	7 x 10 mg 28 x 2 mg
Stage 12 (1–2 weeks)	Diazepam 16 mg	1 x 10 mg 3 x 2 mg	7 x 10 mg 21 x 2 mg
Stage 13 (1–2 weeks)	Diazepam 14 mg	1 x 10 mg 2 x 2 mg	7 x 10 mg 14 x 2 mg
Stage 14 (1–2 weeks)	Diazepam 12 mg	1 x 10 mg 1 x 2 mg	7 x 10 mg 7 x 2 mg
Stage 15 (1–2 weeks)	Diazepam 10 mg	1 x 10 mg	7 x 10 mg
Stage 16 (1–2 weeks)	Diazepam 8 mg	4 x 2 mg	28 x 2 mg
Stage 17 (1–2 weeks)	Diazepam 6 mg	3 x 2 mg	21 x 2 mg
Stage 18 (1–2 weeks)	Diazepam 4 mg	2 x 2 mg	14 x 2 mg
Stage 19 (1–2 weeks)	Diazepam 3 mg	1½ x 2 mg	11 x 2 mg
Stage 20 (1–2 weeks)	Diazepam 2 mg	1 x 2 mg	7 x 2 mg
Stage 21 (1–2 weeks)	Diazepam 1 mg	½ x 2 mg	4 x 2 mg
Stage 22	Stop		

Lorazepam

Start from the most relevant point of the schedule depending on the patient's current dose.

Lorazepam has a short half-life, therefore conversion to diazepam during withdrawal may help to reduce withdrawal symptoms. Make initial dose reductions using the patient's existing medication (see table below). Once the dose has been reduced to the equivalent of 20 mg diazepam per day, convert to diazepam and continue to reduce according to the schedule. Conversion from lorazepam to diazepam has been staggered to allow time for the patient to stabilise between dose changes.
Note: some patients will prefer to remain on the original drug for the duration of the withdrawal.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Daily dose	Number of tablets/day	Number of tablets/week	Daily diazepam equivalent
Starting dosage	Lorazepam 6 mg	6 × 1 mg	42 × 1 mg	60 mg
Stage 1 (1–2 weeks)	Lorazepam 5.5 mg	5½ × 1 mg	39 × 1 mg	55 mg
Stage 2 (1–2 weeks)	Lorazepam 5 mg	5 × 1 mg	35 × 1 mg	50 mg
Stage 3 (1–2 weeks)	Lorazepam 4.5 mg	4½ × 1 mg	32 × 1 mg	45 mg
Stage 4 (1–2 weeks)	Lorazepam 4 mg	4 × 1 mg	28 × 1 mg	40 mg
Stage 5 (1–2 weeks)	Lorazepam 3.5 mg	3½ × 1 mg	25 × 1 mg	35 mg
Stage 6 (1–2 weeks)	Lorazepam 3 mg	3 × 1 mg	21 × 1 mg	30 mg
Stage 7 (1–2 weeks)	Lorazepam 2.5 mg	2½ × 1 mg	18 × 1 mg	25 mg
Stage 8 (1–2 weeks)	Lorazepam 2 mg	2 × 1 mg	14 × 1 mg	20 mg
Stages 9–12. Convert lorazepam to diazepam*				
Stage 9 (1 week)	Lorazepam 1.5 mg + Diazepam 5 mg	1.5 × 1 mg + 1 × 5 mg	11 × 1 mg + 7 × 5 mg	20 mg
Stage 10 (1 week)	Lorazepam 1 mg + Diazepam 10 mg	1 × 1 mg + 1 × 10 mg	7 × 1 mg + 7 × 10 mg	20 mg
Stage 11 (1 week)	Lorazepam 0.5 mg + Diazepam 15 mg	0.5 × 1 mg + 3 × 5 mg	4 × 1 mg + 21 × 5 mg	20 mg
Stage 12 (1 week)	Stop lorazepam Diazepam 20 mg	2 × 10 mg	14 × 10 mg	20 mg
Stage 13 (1–2 wks)	Diazepam 18 mg	1 x 10 mg 4 x 2 mg	7 x 10 mg 28 x 2 mg	18 mg
Stage 14 (1–2 wks)	Diazepam 16 mg	1 x 10 mg 3 x 2 mg	7 x 10 mg 21 x 2 mg	16 mg
Stage 15 (1–2 wks)	Diazepam 14 mg	1 x 10 mg 2 x 2 mg	7 x 10 mg 14 x 2 mg	14 mg
Stage 16 (1–2 wks)	Diazepam 12 mg	1 x 10 mg 1 x 2 mg	7 x 10 mg 7 x 2 mg	12 mg
Stage 17 (1–2 wks)	Diazepam 10 mg	1 x 10 mg	7 x 10 mg	10 mg
Stage 18 (1–2 wks)	Diazepam 8 mg	4 x 2 mg	28 x 2 mg	8 mg
Stage 19 (1–2 wks)	Diazepam 6 mg	3 x 2 mg	21 x 2 mg	6 mg
Stage 20 (1–2 wks)	Diazepam 4 mg	2 x 2 mg	14 x 2 mg	4 mg
Stage 21 (1–2 wks)	Diazepam 3 mg	1½ x 2 mg	11 x 2 mg	3 mg
Stage 22 (1–2 wks)	Diazepam 2 mg	1 x 2 mg	7 x 2 mg	2 mg
Stage 23 (1–2 wks)	Diazepam 1 mg	½ x 2 mg	4 x 2 mg	1 mg
Stage 24	Stop			

**for patients receiving < 20 mg diazepam daily equivalent, see separate schedule*

Chlordiazepoxide

Chlordiazepoxide is long-acting therefore conversion to diazepam is not required.
Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Daily dose	Number of tablets/day	Number of tablets/week	Daily diazepam equivalent
Starting dosage	Chlordiazepoxide 90 mg	9 × 10 mg	63 × 10 mg	30 mg
Stage 1 (1–2 weeks)	Chlordiazepoxide 75 mg	7 × 10 mg 1 × 5 mg	49 × 10 mg 7 × 5 mg	25 mg
Stage 2 (1–2 weeks)	Chlordiazepoxide 60 mg	6 × 10 mg	42 × 10 mg	20 mg
Stage 3 (1–2 weeks)	Chlordiazepoxide 50 mg	5 × 10 mg	35 × 10 mg	16.6 mg
Stage 4 (1–2 weeks)	Chlordiazepoxide 45 mg	4 × 10 mg 1 × 5 mg	28 × 10 mg 7 × 5 mg	15 mg
Stage 5 (1–2 weeks)	Chlordiazepoxide 40 mg	4 × 10 mg	28 × 10 mg	13.3 mg
Stage 6 (1–2 weeks)	Chlordiazepoxide 35 mg	3 × 10 mg 1 × 5 mg	21 × 10 mg 7 × 5 mg	11.6 mg
Stage 7 (1–2 weeks)	Chlordiazepoxide 30 mg	3 × 10 mg	21 × 10 mg	10 mg
Stage 8 (1–2 weeks)	Chlordiazepoxide 25 mg	2 × 10 mg 1 × 5 mg	14 × 10 mg 7 × 5 mg	8.3 mg
Stage 9 (1–2 weeks)	Chlordiazepoxide 20 mg	2 × 10 mg	14 × 10 mg	6.6 mg
Stage 10 (1–2 weeks)	Chlordiazepoxide 15 mg	1 × 10 mg 1 × 5 mg	7 × 10 mg 7 × 5 mg	5 mg
Stage 11 (1–2 weeks)	Chlordiazepoxide 10 mg	1 × 10 mg	7 × 10 mg	3.3 mg
Stage 12 (1–2 weeks)	Chlordiazepoxide 5 mg	1 × 5 mg	7 × 5 mg	1.6 mg
Stage 13	Stop			

Oxazepam

Oxazepam has a short half-life therefore conversion to diazepam is recommended. *Note:* some patients will prefer to remain on the original drug for the duration of the withdrawal.

Start from the most relevant point of the schedule depending on the patient's current dose.

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

	Daily dose	Number of tablets/day	Number of tablets/week	Daily diazepam equivalent
Starting dosage	Oxazepam 120 mg	8 × 15 mg	56 × 15 mg	40 mg
Stage 1 (1–2 weeks)	Oxazepam 105 mg	7 × 15 mg	49 × 15 mg	35 mg
Stage 2 (1–2 weeks)	Oxazepam 90 mg	6 × 15 mg	42 × 15 mg	30 mg
Stage 3 (1–2 weeks)	Oxazepam 75 mg	5 × 15 mg	35 × 15 mg	25 mg
Stage 4 (1–2 weeks)	Oxazepam 60 mg	4 × 15 mg	28 × 15 mg	20 mg
Stages 5–8. Convert oxazepam to diazepam*				
Stage 5 (1 week)	Oxazepam 45 mg + Diazepam 5 mg	3 × 15 mg + 1 × 5 mg	21 × 15 mg + 7 × 5 mg	20 mg
Stage 6 (1 week)	Oxazepam 30 mg + Diazepam 10 mg	2 × 15 mg + 1 × 10 mg	14 × 15 mg + 7 × 10 mg	20 mg
Stage 7 (1 week)	Oxazepam 15 mg + Diazepam 15 mg	1 × 15 mg + 3 × 5 mg	7 × 15 mg + 21 × 5 mg	20 mg
Stage 8 (1 week)	Stop Oxazepam + Diazepam 20 mg	2 × 10 mg	14 × 10 mg	20 mg
Stage 9 (1–2 weeks)	Diazepam 18 mg	1 x 10 mg 4 x 2 mg	7 x 10 mg 28 x 2 mg	18 mg
Stage 10 (1–2 weeks)	Diazepam 16 mg	1 x 10 mg 3 x 2 mg	7 x 10 mg 21 x 2 mg	16 mg
Stage 11 (1–2 weeks)	Diazepam 14 mg	1 x 10 mg 2 x 2 mg	7 x 10 mg 14 x 2 mg	14 mg
Stage 12 (1–2 weeks)	Diazepam 12 mg	1 x 10 mg 1 x 2 mg	7 x 10 mg 7 x 2 mg	12 mg
Stage 13 (1–2 weeks)	Diazepam 10 mg	1 x 10 mg	7 x 10 mg	10 mg
Stage 14 (1–2 weeks)	Diazepam 8 mg	4 x 2 mg	28 x 2 mg	8 mg
Stage 15 (1–2 weeks)	Diazepam 6 mg	3 x 2 mg	21 x 2 mg	6 mg
Stage 16 (1–2 weeks)	Diazepam 4 mg	2 x 2 mg	14 x 2 mg	4 mg
Stage 17 (1–2 weeks)	Diazepam 3 mg	1½ x 2 mg	11 x 2 mg	3 mg
Stage 18 (1–2 weeks)	Diazepam 2 mg	1 x 2 mg	7 x 2 mg	2 mg

Patients receiving < 20 mg equivalent diazepam daily dose of short-acting benzodiazepines (lorazepam and oxazepam)

Where the dose of a short-acting benzodiazepine is equivalent to less than 20 mg diazepam, first convert to an equivalent dose of diazepam using a staggered cross-over:

e.g. lorazepam:

Lorazepam 1 mg
Lorazepam 0.5 mg + diazepam 5 mg for 1 week
Diazepam 10 mg for 1 week

e.g. oxazepam:

Oxazepam 45 mg
Oxazepam 30 mg + diazepam 5 mg for 1 week
Oxazepam 15 mg + diazepam 10 mg for 1 week
Diazepam 15 mg for 1 week

Subsequently, reduce from an appropriate point on the diazepam reduction schedule. Note: some patients will prefer to remain on the original drug for the duration of the withdrawal.

	Daily dose	Number of tablets/day	Number of tablets/week
Stage 1 (1–2 weeks)	Diazepam 20 mg	2 x 10 mg	14 x 10 mg
Stage 2 (1–2 weeks)	Diazepam 18 mg	1 x 10 mg 4 x 2 mg	7 x 10 mg 28 x 2 mg
Stage 3 (1–2 weeks)	Diazepam 16 mg	1 x 10 mg 3 x 2 mg	7 x 10 mg 21 x 2 mg
Stage 4 (1–2 weeks)	Diazepam 14 mg	1 x 10 mg 2 x 2 mg	7 x 10 mg 14 x 2 mg
Stage 5 (1–2 weeks)	Diazepam 12 mg	1 x 10 mg 1 x 2 mg	7 x 10 mg 7 x 2 mg
Stage 6 (1–2 weeks)	Diazepam 10 mg	1 x 10 mg	7 x 10 mg
Stage 7 (1–2 weeks)	Diazepam 8 mg	4 x 2 mg	28 x 2 mg
Stage 8 (1–2 weeks)	Diazepam 6 mg	3 x 2 mg	21 x 2 mg
Stage 9 (1–2 weeks)	Diazepam 4 mg	2 x 2 mg	14 x 2 mg
Stage 10 (1–2 weeks)	Diazepam 3 mg	1½ x 2 mg	11 x 2 mg
Stage 11 (1–2 weeks)	Diazepam 2 mg	1 x 2 mg	7 x 2 mg
Stage 12 (1–2 weeks)	Diazepam 1 mg	½ x 2 mg	4 x 2 mg
Stage 13	Stop		

Hypnotic and Anxiolytic Withdrawal

Reduction card

This surgery has agreed with you the following reduction regimen of your medication:

Name of patient.....

Name of usual doctor.....

Date of first appointment ...../...../..... (DD/MM/YYYY)

Agreement to be kept by the patient (copy in the notes)

Drug name	Strength	No. of tablets/day	No. of weeks	Total number given	Reduction every fortnight	Date

Hypnotic and Anxiolytic Withdrawal

Patient record sheet

Please bring this record sheet to each appointment.

NAME.....

DOB.....

ADDRESS.....

.....

INITIAL DRUG AND DOSAGE.....

CONVERTED DOSE OF DIAZEPAM (IF APPLICABLE)

.....

.....

WITHDRAWAL REGIMEN

DATE	DRUG AND DOSAGE	DATE FOR NEXT APPOINTMENT	COMMENTS

Hypnotic and Anxiolytic Withdrawal

Patient contract

I have discussed the gradual reduction of .....and have agreed that the reduction will be carried out in the following way:

- The reduction agreed with my doctor/pharmacist will be written on the reduction card and will be kept by both of us as a record of the agreement.
- The next reduction will also be discussed and the agreement will be written on the reduction card.
- I will be able to get my prescription for this/these drugs by giving my reduction card to the receptionist with 48 hours notice.
- I will not be able to get my prescription earlier than planned without seeing my doctor to discuss why.
- If I feel that I am having problems and explain this to the receptionist, my doctor will try to see me as soon as is reasonable.
- If I am unable to resolve these problems with my doctor, I understand that I will be referred to either a voluntary agency for support or to a hospital specialist team and that my medication will not be reduced again until they have seen me.

Patient's signature _____

Doctor's signature _____

Stopping your medicine: benzodiazepines and z-drugs. A guide for patients

What are benzodiazepines and z-drugs, and why are they used?

Benzodiazepines are a group of medicines that can be prescribed for short periods to help with sleeping problems or to help with episodes of severe anxiety. Examples include temazepam and nitrazepam for sleeping problems, and diazepam and lorazepam for anxiety.

Z-drugs act in a similar way to benzodiazepines and are used to help with sleeping problems. Examples of z-drugs are zolpidem and zopiclone.

Benzodiazepines and z-drugs are only available on prescription and must only be taken by the person they were prescribed for.

Benzodiazepines and z-drugs often work well for a short period of two to four weeks, but if you use them for longer, the medicine may lose its effect and you may become dependent on it.

What are the side effects of taking benzodiazepines and z-drugs?

Benzodiazepines and z-drugs act on the brain and may therefore:

- affect your memory and concentration
- make you feel confused or irritable
- make you feel drowsy
- make you more likely to have a fall
- make you more likely to have an accident, either at home, work or in the car.

Why should I stop taking a benzodiazepine or z-drug?

There are many good reasons why you should stop taking your benzodiazepine or z-drug:

- If you have used it for a long time and the medicine has lost its effect, it will no longer help with the condition you are taking it for.
- You may become, or may have already become, dependent on it. If you stop, you will have fewer side effects, so you will be:
  - More alert and able to concentrate
  - Less drowsy
  - Less irritable and depressed
  - Less likely to have an accident when driving

How should I stop taking my benzodiazepine or z-drug?

1. DO NOT stop taking your medicine suddenly

You should discuss stopping your medicine with your doctor, pharmacist or practice nurse to make sure that you reduce your dose slowly. Different people will need to reduce their dose at different speeds. Once you have decided to stop, it is important that you make this a slow gradual process, as this will give you a better chance of long-term success. It is important that you take it at your own pace – one that feels right for you.

2. Plan how you will reduce and stop

Your doctor, pharmacist or practice nurse will give you advice on how you should reduce the dose of your medicine and help you think about other ways of dealing with your worries/sleep problems. Depending on which medicine you are taking, it may be easier to withdraw if you change to diazepam tablets. Diazepam tablets are available in a number of different strengths, which makes it easier to reduce your dose more slowly. Your doctor, pharmacist or practice nurse will let you know if you can change to diazepam and will tell you how you can reduce your dose. Most people find that about one to two weeks between each dose reduction works for them, but everyone should find their own level.

3. Keep a diary

Keeping a diary can help as it records your progress and achievements. This will give you more confidence and encouragement to carry on.

4. Don't go back!

When people begin to reduce their dose, they often become more able to deal with normal day-to-day events and may feel much better. However, it is also common to have a bad patch at some time during the process. If you feel you are going through a bad patch, stick with the current dose until you feel ready to reduce again; this may take several weeks but it is important that you take it at your own pace. Any reduction in dose is a step in the right direction.

5. Be aware of possible side effects

If your medicine is reduced slowly it is unlikely that you will have any side effects, but it is a good idea to be aware of possible side effects as they will tell you that you may need to reduce more slowly:

- *Aches and pains* can be common when reducing the dose of benzodiazepines and z-drugs; taking painkillers can help you feel better.
- *Sleeping problems* may occur when reducing your dose, so it is important to get some exercise as this can help you sleep. Try not to worry about not sleeping; the more you worry about not getting sleep, the less sleep you are likely to get.
- *Stomach and bowel problems*, such as diarrhoea and irritable bowel syndrome may occur. These symptoms usually disappear after stopping the medicine completely, but you may wish to discuss them with your doctor or pharmacist.
- *Sinus problems* can cause sinus pain; taking painkillers can help.
- *Vivid dreams and nightmares* may occur. As you reduce your dose, your dreaming will return and although they may sometimes be disturbing, it is a sign that your sleep is returning to normal and that your body is re-adjusting successfully.
- *Hot flushes and shivering*. The feeling of burning and extreme heat and sweating is also common, while some people can suddenly feel cold.
- *Panic attacks* can be very distressing but they are never fatal and usually last no more than 30 minutes. Getting control of your breathing by taking slower and deeper breaths will help you feel less panic.
- *Anxiety may be* mistaken for the condition that your medicine was prescribed for in the first place.
- *Agoraphobia* can make you feel unable to go out on your own, or can simply mean not wanting to go out even though you are able to with effort. Usually, as you continue to reduce your dose, these feelings go away.

With time these symptoms should pass – don't give up. Good luck!