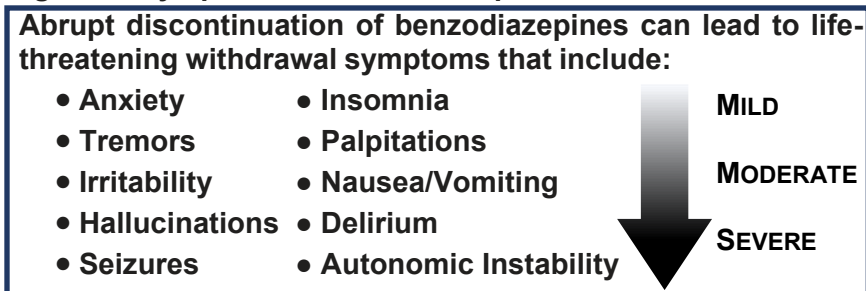


Health Alert

Patients at risk of benzodiazepine withdrawal in Philadelphia and surrounding counties August 15, 2023

Recently the Philadelphia Department of Public Health received notification that a clinician prescribing controlled substances to over 600 patients surrendered their Drug Enforcement Administration license, rendering them unable to continue to prescribe controlled substances. Most patients receiving controlled substances from this provider were receiving benzodiazepines and were from Montgomery County, but some were from Philadelphia and other surrounding counties. These patients may have now lost access to care, as well as ready access to medical records, and be at risk for life-threatening withdrawal due to abrupt discontinuation of benzodiazepines.

Figure 1: Symptoms of Benzodiazepine Withdrawal



The onset and duration of benzodiazepine withdrawal can vary based on the half-life of the benzodiazepine being used and can range from 24 hours to a couple weeks following abrupt discontinuation. Benzodiazepine withdrawal may be optimally treated with long-acting benzodiazepines, such as diazepam, clonazepam, or chlordiazepoxide. Patients with mild withdrawal symptoms who can tolerate medications by mouth can be treated with a long-acting benzodiazepine in an outpatient setting, though patients with moderate/severe withdrawal symptoms may require intervention within an acute care setting including use of intravenous benzodiazepines.

Patients without an appropriate indication for benzodiazepines or with a benzodiazepine use disorder may receive treatment with a medically supervised gradual dose taper. Benzodiazepine tapers can be initiated by [calculating](#) the total daily dose of benzodiazepine and converting to an equivalent long-acting formulation. Dose reductions may be completed over the course of weeks (See Figure 2) and can be accomplished in the outpatient setting. Inpatient benzodiazepine tapers may be indicated if the treatment has not been successful in the outpatient setting or if the patient has risk factors such as a history of seizures, traumatic brain injury, or comorbid substance use disorder. Adjunctive symptom management may include melatonin for insomnia, beta-blockers for tremors, and anticonvulsants for prevention of seizures. Medications that lower seizure thresholds should be avoided. In the inpatient setting, symptoms can be monitored using standardized scales such as the [Clinical Institute Withdrawal Assessment – Benzodiazepine scale](#) but should not be solely relied upon as validity and reliability is limited. Monitoring of vital signs is crucial. If benzodiazepine withdrawal symptoms increase, then the benzodiazepine dose should be stabilized or increased for a period of days.

In addition to medication treatment, benzodiazepine withdrawal care plans should include psychosocial support, such as case management, that include linkage to services that address patients' health-related social needs. [Cognitive Behavioral Therapy](#) (CBT) may be effective as an adjunct to a tapering regimen for patients who were

SUMMARY POINTS

- Approximately 600 patients receiving outpatient treatment with benzodiazepines from a provider in Montgomery County may have recently lost access to care and may now be at risk for life-threatening withdrawal symptoms and consequences including seizures and delirium.
- Benzodiazepine withdrawal can range from 24 hours to a couple of weeks.
- Benzodiazepine withdrawal can be optimally treated with long-acting benzodiazepines, such as diazepam, chlordiazepoxide or clonazepam.
- Patients receiving benzodiazepines without an appropriate indication may be treated with a benzodiazepine taper.

chronically taking benzodiazepines or used benzodiazepines to control anxiety and sleep disorders. Community Behavioral Health (CBH) provides Clinical Practice Guidelines (<https://cbhphilly.org/cbh-providers/cbh-provider-manual/cpg/>) that include benzodiazepine tapering recommendations adapted from the National Center for Posttraumatic Stress Disorder and summarized below.

Figure 2: Summary of CBH Clinical Practice Guidelines for Benzodiazepine Tapers*

Milestone suggestions	Example: Lorazepam 4mg twice a day converted to 40mg Diazepam daily	Benzodiazepine	Approximate Dose Equivalents	Elimination Half-life
Week 1	35mg/day	Chlordiazepoxide	10mg	Long-acting
Week 2	30mg/day	Diazepam	5mg	Long-acting
Week 3	25mg/day	Clonazepam	0.25-0.5mg	Long-acting
Week 4	20mg/day	Lorazepam	1mg	Intermediate-acting
Week 5-8	Continue 20mg/day	Alprazolam	0.5mg	Intermediate-acting
Week 9-10	15mg/day	Temazepam	10-20mg	Intermediate-acting
Week 11-12	10mg/day	Oxazepam	20mg	Short-acting
Week 13-14	5mg/day	* Adapted from National Center for Posttraumatic Stress Disorder, Effective Treatments for PTSD: Helping Patients Taper from Benzodiazepines; Fuller MA, Sajatovic M (2009) Drug Information Handbook for Psychiatry, 7 th ed. Hudson, OH: Lexi-Comp Inc; Perry PJ, et al. (1997) Psychotropic Drug Handbook, 8 th ed. Baltimore, MD: Lippincott Williams & Wilkins.		
Week 15	Discontinue			

Patients who lose access to their provider may seek out benzodiazepines from illicit sources. Counterfeit pills may contain fentanyl, a synthetic opioid, that increases the risk of fatal overdose. Naloxone is an opioid overdose reversal agent that is available free of charge from the Philadelphia Department of Public Health, and from retail pharmacies without a physician's prescription.

It is urgent that patients who are regularly prescribed benzodiazepines and lose access to care be reconnected to care. Patients with insurance can call the number on the back of their card to find an in-network provider. Patients without insurance or with unknown insurance status can be seen at a community health center.

Go to <https://findahealthcenter.hrsa.gov/> to find a nearby community health center where patients can establish care regardless of insurance status. The Pennsylvania Department of Health [Patient Advocacy Program](#) provides further assistance for patients to seeking care.

Additional resources

Access to behavioral health treatment, including treatment for benzodiazepine withdrawal:

- Community Behavioral Health (CBH): (888) 546-1200
- Behavioral Health Special Initiative: (215) 546-1200
- Department of Behavioral Health and Intellectual Disability Services – Crisis Response Centers: <https://dbhids.org/about/organization/behavioral-health-division/behavioral-health-crisis-intervention-services/crisis-response-center-behavioral-assessment-center/>
- Northeast Treatment Centers – Addiction Recovery Services: <http://netcenters.org/about-us/net-locations/>
- CareConnect Warmline: (484) 278-1679
- Shatterproof Treatment Atlas: <https://treatmentatlas.org/>
- SAMHSA's National Helpline: 1-800-662-HELP (4357)

Access to harm reduction resources, including naloxone and fentanyl test strips:

- Philadelphia Department of Public Health, Division of Substance Use Prevention and Harm Reduction: <https://www.substanceusephilly.com/get-supplies>
- Next Distro: <https://nextdistro.org/philly>
- Philadelphia Department of Public health – Learn how to get and use Naloxone: <https://www.phila.gov/services/mental-physical-health/learn-how-to-get-and-use-naloxone-narcan/>
- Pennsylvania Naloxone Copay Assistance Coupon: <https://www.phila.gov/media/20230711153238/PACE-Naloxone-Coupon.pdf>
- Pennsylvania Department of Health – Naloxone Frequently Asked Questions: <https://www.health.pa.gov/topics/disease/Opioids/Pages/Naloxone.aspx>