

Policy for Benzodiazepine Prescription

Evolving research and heightened scrutiny of quality of care—along with law enforcement concerns of misuse and diversion—have intensified the concern and monitoring long term (and even short term) benzodiazepine use. Therefore, this compels a reiteration and update of our practice policies, especially for those persons taking long term benzodiazepines with no obvious side effects or complications. (The operative word is “obvious.”) In short, the mere fact of long term usage requires careful scrutiny.

Because tranquilizers in the benzodiazepine class such as Xanax (alprazolam), Ativan (lorazepam) Klonopin (clonazepam) and others are controlled substances subject to definite standards of clinical and ethical care — as well as laws— prescription policy for such in this practice bears reiteration. Their risks are well known, including—but not limited to — dependency, addiction, impaired alertness and co-ordination, and illegal misuse and diversion. They can be especially problematic when combined with legitimate medications, and/or ill-advised medicines/drugs referred to below. Furthermore, because they are wide spread and easy to find in the community, they may be diverted and frequently present in the mix of narcotic overdose. For some public health and law enforcement agencies, this approaches a public health hazard.

These tranquilizing medications, when used only as prescribed, are very effective agents for the immediate relief of acute anxiety. They are indicated (short term) in appropriate clinical situations, as long as there are no contraindications. Those would include—but not be limited to—past or current misuse of benzodiazepines and other dependency-producing substances such as alcohol, cannabis, narcotic pain meds, stimulants, barbiturates, and various street drugs. Also, any history of illegal activity (convicted or not) connected with use of such.

Therefore, benzodiazepines are prescribed for acute use (assuming no contraindications) for up to 3 months. Chronic maintenance is rarely supported, even for those whose lives seem continually fraught with life’s stress. Clinical research has shown that tolerance develops over time with these medications, making them no longer effective at the accustomed dose. However, many patients consider them necessary because abrupt attempts to stop are met with anxiety symptoms. Reasons could be many. **Alevea Providers are very conservative with the use of benzodiazepines and will exhaust all efforts before playing a patient on these types of medications. We can empathize with our patients however, the long term success and relief from symptoms is part of the primary objective.**

Most common are withdrawal symptoms.

- Inadequate accepted treatment of ongoing biological anxiety disorder (such as General Anxiety Disorder (GAD), Social Anxiety Disorder (SAD), Obsessive Compulsive Disorder (OCD) and Panic Disorder (PD))
- Psychological craving, reliance. Looking for placebo response.
- For those who have been taking benzodiazepines long term, abruptly stopping could quickly lead to un-comfortable withdrawal symptoms. Therefore, a gradual taper schedule is called for in order to achieve physiological freedom from the tranquilizer. The time required can be individualized, but should fall within a window of 1 to 3 months.

If more time, or closer monitoring, be required at any time, a formal detox program would be in order. Please be reminded of the materials read and signed upon entrance to this practice: e.g. my availability is limited by a tight, part time appointment schedule. As a result, any urgencies or emergencies are directed to your nearest ER. If this proves too limiting and/or challenging, inpatient detox might be necessary.

For those who for years have been incorporating benzodiazepines into their very coping, the “loss” of such medication can seem daunting. In such instances—be they outpatient or inpatient—stress management counseling, especially CBT or biofeedback training, could support the detox and shift to alternatives with a suitable practitioner.

For most people in this practice, benzodiazepine use (problematic or not) is only a relatively minor aspect of their medication protocol. Their more important medications pertain to mood, anxiety, content, adjustment and attention disorders. Getting off the “benzo” (and any other uncalled-for substance) will only enhance the treatment of all conditions and improve quality of life.

Please bear in mind that the fact of (strictly) adhering to a longterm benzo prescription in and of itself does not necessarily justify continued use month after month, year after year. (That especially includes those who want only benzo prescriptions.) The same goes for those looking for symptomatic relief from seemingly relentless stress. In effect, the benzo replaces healthy coping. Subtle side effects of such are now acknowledged so that the cost/benefit assessment is warranted.

Thank you,

Alevea Mental Health

