

**PATIENT LEAFLET:**  
**How to withdraw from benzodiazepines and hypnotics after long term use**

Benzodiazepines have been widely available since the 1960s. Because we now know that longer term use can lead to some serious side effects, treatment of anxiety and insomnia is now limited to short-term relief (2-4 weeks) only, where anxiety is severe, disabling, or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia. Hypnotics such as zolpidem, zopiclone and zaleplon are used for short term treatment of insomnia and treatment should be as short as possible and should not usually exceed four weeks.

**Why should you stop hypnotics and benzodiazepines?** These drugs only treat the symptoms and not the causes of anxiety and insomnia. Long-term use can give rise to many unwanted and often serious side effects such as drowsiness, forgetfulness and confusion which has been linked to an increase in falls and fractures and shown to be associated with an increased risk of dementia.

**Sleep:** It is important to have a realistic expectation of sleep as duration drops by an average 27 minutes for every 10 years over the age of 40. Many people still find it difficult to get a good night sleep even when taking sleeping tablets. If used continuously for more than 6 weeks, you may feel you need to keep taking them (called addiction) and may become less effective at the same dose (called tolerance). When stopped too quickly, side effects such as anxiety, difficulty getting to sleep or staying asleep are often wrongly assumed to show that the tablets are still working.

Benzodiazepines and hypnotics induce light sleep and may inhibit the most important sleep stages essential to health such as REM or deep sleep. Therefore, when stopped, dreams may become more vivid - a sign that recovery is taking place. Return of good quality sleep may take time, particularly if anxiety is high, the brain is overactive, and it's hard to relax. A series of good habits and relaxation techniques have been shown to promote good quality sleep. We have tips on how to naturally improve your sleep pattern and coping strategies to help manage anxiety.

**Driving:** It is an offence to drive whilst impaired through drugs (Section 4 of the Road Traffic Act 1988). Taking these drugs may impair your judgement and you may not be safe to drive or operate machinery. A large study of drivers prescribed sleeping tablets in the previous 7 days had double the risk of road traffic accidents compared with those who did not take them.

**Withdrawal:** Many people complete a successful withdrawal without noticing any difference at all. People are often frightened of withdrawal, and reports of withdrawal side effects can be greatly exaggerated. People with bad experiences have often been withdrawn too quickly and without any explanation of the cause and nature of possible symptoms

With a gradual reduction schedule, withdrawal can be quite straight forward when you understand symptoms may be a side effect of withdrawal. Worry, fear and anxiety about dose reduction may even increase withdrawal symptoms. Not wanting to go out, anxiety / panicky feelings, aches and pains, sleeping problems, sinus / stomach / bowel problems, and vivid dreams are all side effects which may occur during withdrawal and may even mimic the reason why you started treatment originally. During withdrawal, people find that the symptoms are not constant but wax and wane, from day to day, week to week, and even during the day. There is no need to be discouraged as the body is re-adjusting, and they will become less frequent as time passes and eventually disappear.

**Each person's experience of withdrawal is unique.** In general, those who have withdrawn, even after 20 years of use, have quite quickly felt better both physically and mentally. Many users have remarked that it was not until they stopped that they realised they had been operating below par for many years. The course of withdrawal depends on many factors such as the dose, length of use, the reason it was prescribed, the personality of the individual, personal stresses, and past experiences and therefore everyone will need to go at their own pace.

**Each patient is in charge of their withdrawal** and can proceed at whatever pace is comfortable, amended at any time including a temporary pause if necessary. There is no need to rush, and treatment should not be stopped abruptly. Your body (and brain) may need time to readjust after many years of treatment. Slow withdrawal in your own environment allows time for your body to adjust and will allow you to continue with your normal life and to tailor your withdrawal to your own lifestyle. Be confident and get into the right frame of mind. If you have been taking benzodiazepines to help you cope with a recent personal crisis, it may be advisable to wait until things settle before starting to reduce the dose. Nobody will be forced or coerced to withdraw. In fact, people who are unwillingly pushed into withdrawal often do badly. On the other hand, the chances of success are very high for those sufficiently motivated and almost anyone who really wants to reduce their dose can do so.

**Make sure you have adequate support.** Support could come from your GP, partner, family, or close friend. Additionally, there are **leaflets** available to help support you.

**Dose tapering.** If in doubt, try a small reduction (reduce by  $\frac{1}{4}$  -  $\frac{1}{2}$  of a tablet) for a few days. You will probably notice no difference and wish to continue once you have started. Reduce the dose slowly to obtain a smooth, steady, and slow decline in blood and tissue concentrations. If you are prescribed a short-acting drug such as lorazepam it might not be possible to achieve a smooth decline and switching to a longer-acting benzodiazepine would be easier. Please ask your GP. The precise rate of withdrawal is an individual matter and usually the best judge is you. Whether it takes 6 months, 12 months or longer is of little significance.

**Don't go back!** People reducing their dose often begin to feel much better, however, bear in mind that it is also common to have a bad patch at some time during withdrawal. If this happens, stick with the current dose until you feel ready to reduce again; this may take several weeks, but try not to take extra or increase the dose or increase alcohol consumption.

**Stopping the last tablet:** Stopping completely is often viewed as difficult, mainly due to the fear of coping without any drug at all. The low dose at the end of the schedule is having little effect and in fact the final parting is surprisingly easy. Some people like to carry around a few tablets with them for security "just in case" but find that they rarely, if ever use them.

**Withdrawal in older people.** Older people can withdraw just as successfully as younger people, even if they have taken the drugs for years. A variety of trials with an elderly population showed that voluntary dosage reduction and total withdrawal was accompanied by better sleep and improvement in both psychological and physical health.

**Do not become obsessed with your withdrawal schedule.** Let it just become a normal way of life. If for any reason you do not succeed at your first attempt, you can always try again. The good news is that a slow and steady withdrawal, with you in control, is nearly always successful. One reassuring finding is that eventual success in withdrawal is not affected by the drug used, duration of use, dosage, rate of withdrawal, severity of symptoms, psychiatric diagnosis, or previous attempts at withdrawal. Therefore, from almost any starting point, you can be confident of success.