



# AOD ECHO Network

## Session 2

28/09/2021

**Didactic:** Benzodiazepines and associated withdrawal  
**Case presentation:** Dr Suni MacDonald

This project is supported with funding from Wellbeing SA

Contributing partners:



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where knowledge + health meet

# AOD ECHO Network

## Session 2 Agenda

- Welcome and introductions
- Announcements
- Didactic presentation: Benzodiazepines and associated withdrawal
  - Questions on the didactic
- Case presentation – Dr Suni MacDonald
  - Clarifying questions for Dr Suni MacDonald
  - Recommendations
- Post-session evaluation survey



# ECHO Etiquette

## Please:

- Remain on 'Mute' except when speaking.
- Ask questions or make comment by raising your hand (in 'Reactions')
- Use 'Chat' if you wish to communicate with the ECHO Coordinator.
- Maintain confidentiality.



# BENZODIAZEPINE WITHDRAWAL MANAGEMENT

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(Don't start them)

Get the story

Triangulate

Explain to patient

Calculate diazepam equivalent

Inpatient or outpatient?

Negotiate reduction

Limited dispensing

Monitor for exacerbation of anxiety

Engage with psychologist once dose is down

# Cessation – low dose - Outpatient

- > <40-50mg diazepam equiv, no seizures, responsible person cohabiting, not poly drug use
- > Daily dispensing, less often as dose ↓
- > MyHealth Record
- > Script Check SA
- > Reduce by 5-10% per week
- > See weekly – monitor using GAD7
- > Engage with psychologist once diazepam down to 15mg per day
- > Advice re driving

## Cessation – high dosage – inpatient

- > Withdrawal almost identical to alcohol withdrawal. [use CIWA-ar or CIWA-b]
- > Above 50mg diazepam equivalent >> IP
- > Seizure hx >> IP
- > Poly drug >> IP
  
- > Once below 40-50mg theoretically can be tapered in the community.
- > Switch to long acting
- > estimate dose >> halve it >> calculate QID dose

# Information?

[“SA Health benzodiazepine withdrawal management”](#)

[“SA health benzodiazepine equivalent”](#)

[“SA Health insomnia Kit”](#)



# Nursing perspective

## **Preplanning : client education and psycho-social supports**

- > [Benzodiazepines: Reasons to stop and stopping use](#)
- > Identify anxiety and sleep disturbance management strategies
- > Link with NGO AOD services  
[www.knowyouroptions.sa.gov.au](http://www.knowyouroptions.sa.gov.au)

## **Monitoring and Discharge**

- > regular appointments; check for WD symptoms (CIWA-b), dose compliance, other risks.
- > [Use GAD7](#) as taper progresses
- > Regularly review the agreed management plan and strategies with the client

## Advice from consumers:

- > Do not underestimate psychological dependence
- > The lead-up to reduction can be fearful and anxiety laden
- > Allow input from your patient in designing their reduction plan
- > Allow reduction to go slowly
- > Be aware that life may get in the way
- > Allow your patient to retain some control

# Psychological perspective re w/d

- > Psychoeducate & Conceptualise
  - development/exacerbation of anxiety/sleep problems with BZD
  - Development of BZD tolerance/dependence
  - w/d symptoms overlap with anxiety symptoms (not 'return' of anxiety)
- > Educate and normalize: wide range of (sometimes bizarre) protracted w/d symptoms and their interrelationship
  - physical sensations (e.g. numbness/tingling)
  - cognitive (↑worry & rumination), common beliefs
  - emotional (anxiety, fear, panic)
- > Anxiety / w/d symptoms linked with craving → management
  - Wait 15 mins, distraction, consider consequences

- > Interpretation of symptoms/sensations as catastrophic/harmful leads to escalation of anxiety – cycle
- > Identification of unhelpful/unbalanced thoughts and beliefs  
*“something is wrong with me”*; *“I’m an anxious person”*
- > Development of relaxation response – physiological de-arousal
- > Scheduling activities and development of routine, planning ahead to manage triggers
- > Maintain motivational enhancement throughout long withdrawal (e.g. benefits of change so far (e.g. cognition, memory), marking reduction in dose)
- > Problem solve – what bits hardest?



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