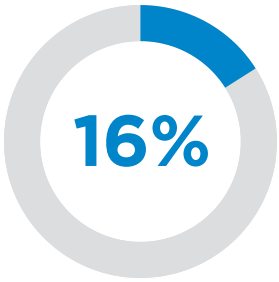
# FOCUS ON CONCURRENT USE OF BENZODIAZEPINES AND OPIOIDS

**Provider's guide to deprescribing benzodiazepines to improve patient safety**

## What are the risks of concurrent use of benzodiazepine and opioids?

Concurrent use of benzodiazepines and opioids can cause central nervous system depression, decrease respiratory drive and increase risk for potentially fatal overdose.[2] While there may be situations where prescribing benzodiazepines to a patient receiving opioids is appropriate, clinicians should generally avoid prescribing opioids and benzodiazepines concurrently whenever possible.[3]




of opioid overdose deaths also involved benzodiazepines.[1]

## What are the risks of chronic benzodiazepine use in older adults?

Benzodiazepines are most commonly used to treat anxiety disorders and insomnia as well as seizure disorders, muscle spasms, panic disorders and alcohol withdrawal. Common adverse effects of benzodiazepines include drowsiness, dizziness, weakness, and slowed breathing. Older adults are especially vulnerable to the adverse effects of benzodiazepines due to advanced age and changes in pharmacokinetics and pharmacodynamics. The use of benzodiazepines among older adults has been associated with intellectual and cognitive impairment (e.g. anterograde amnesia, diminished short-term recall, increased forgetfulness), psychomotor impairment (e.g. slowed reaction time, diminished speed) and increased risk of falls.[4] Generally, benzodiazepine prescribing is intended for short-term use while primary treatment of behavioral health conditions is being optimized. The American Geriatric Society makes a strong recommendation to avoid benzodiazepines in older adults as well as concurrently with opioids.[5]

## When to consider deprescribing?

Tapering of benzodiazepines should be considered in patients taking daily benzodiazepines for longer than one month and especially in patients who are age 65 and older, taking multiple benzodiazepines, taking concurrent therapy with opioids or amphetamines, and/or on supratherapeutic dosages.[6]

## How to start discussions about tapering with patients?

Patient education about the adverse effects of long-term benzodiazepine use can be a good starting point when discussing tapering. Individualized tapering schedules should consider factors such as lifestyle, environmental stressors, and available support. Abrupt withdrawal of benzodiazepine can be potentially dangerous and associated with rebound anxiety, hallucinations, seizures, delirium tremens, and, in rare cases, death.[3] Tapering benzodiazepines should be gradual and oftentimes slow. A commonly used tapering schedule is an initial reduction of the benzodiazepine dose by 10-25% every 1–2 weeks. Subsequent reductions should be individualized based on your patient's initial response.[3,7]

## What strategies can help improve the success of benzodiazepine deprescribing?

- Coordinate care with your patient's opioid prescriber(s)
- Educate on potential rebound anxiety that can occur
- Provide information on sleep hygiene
- Ensure your patient has adequate psychological support
- Initiate alternate treatment options, such as evidence-based psychotherapies (e.g. cognitive behavioral therapy) and/or first-line maintenance therapy for long-term treatment of anxiety (e.g. SSRIs, SNRIs, buspirone)
- Consider naloxone co-prescribing if continued concurrent therapy with opioids is warranted

**Together, we're making great strides toward improving the opioid epidemic. To access additional resources, go to CignaforHCP.com/OpioidResources.**


References:

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PCOMM-2021-1207 929875