

Benzodiazepines: Evil Drugs



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I have no relevant financial relationship with the manufacturers of any commercial products and/or providers of commercial services discussed in this CME activity. My content will include reference to commercial products; however, generic and alternative products will be discussed whenever possible.

I hate Benzos. I love chocolate.

Today is my 4th wedding anniversary.

I apologize if anyone is insulted by this talk.

Why I hate Benzos?



Benzos are better than opiates...

at killing people.

In 2010, Benzodiazepines overtook opiates as the leading cause of overdose deaths (NC DETECT), especially in the western counties of NC where the rate of Benzo prescribing is the highest. Counties with teaching hospitals have the lowest.

We have safe opioid prescribing courses and the NCMB have come out with new standards, what about Benzos? (Maine and Kentucky do)

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Are We Ignoring an Escalating Benzodiazapine Epidemic?

By [Indra Cidambi MD \(/content/indra-cidambi-md\)](#) 06/09/16

Deaths from benzodiazepine overdose have grown at a faster rate than deaths from opiate overdose each year for thirteen consecutive years.

In thinking about the current opioid overdose epidemic, most people think of opioid users and misusers as people singularly involved with opioids. In fact, many opioid users also use other drugs, and many opioid overdoses actually result from the over-ingestion of several drugs, often including benzodiazapines, which may be either prescribed by a health care provider or obtained illegally. Compounding the problem is that fact that detox from benzodiazapines is a complicated and often difficult process. Dr. Indra Cidambi teases apart the myriad issues that are involved in extricating users from both substances and calls for the kind of systemic change that will be needed in order for the U.S. to make progress in preventing future overdose deaths...Richard Juman, PsyD



What can we do now to arrest or reverse this trend?

What are Benzos good for?

There's presently no evidence to support the indefinite prescribing of Benzos for the treatment of any mental illness.

All APA treatment guidelines do not consider Benzos first, second, or third line treatments for any anxiety disorder except for the first two weeks of Panic disorder, whilst a serotonergic medication is started.

Contraindicated in PTSD and Grief.

What Benzos are good for?

Acute alcohol withdrawal syndrome

Acute anxiety disorders (2 weeks)

Sedation during a medical procedure

Treatment of acute psychosis and acute severe mania, in a monitored setting

Acute treatment of seizures

Short-term treatment for muscle relaxation

Treatment of severe dementia, in place of antipsychotics

Some neurologic disorders that cause severe muscle stiffness

Benzos cause Dementia

September 2014 BMJ: Benzodiazepine use and risk of Alzheimer's disease: case-control study

Rates increased by 50% after only 90 cumulative days!

BMJ 2014;349:g5205 doi:10.1136/bmj.g5205 (Published 9 September 2014)

Why are Benzos still prescribed?

- “Easier to write for them, than say no”
- “Someone else started it, I am just continuing them – not my fault...”
- Improving the bottom line: Return customers – they will keep seeing you until you die or they die – whichever happens first (conscious or unconscious level)
- Ego stroking: Patients say, “you are the only doctor who understands, cares, and willing to prescribe me 8 mg of Xanax a day”

Risk Factors of Benzo Prescribers

- Age
- Rural or mountain communities
- Not bothering with practicing evidence-based medicine
- Not attending the NCPA Annual Conference or NCSAM in Asheville (3/24-25/17)
- Too lazy, not enough time, or not trained to do CBT or coping skills
- Not recognizing Burt Hutto's photo

If you are going to prescribe a Benzo chronically...

Don't or plan to taper off

Check the NCCSRS regularly

Check a UDS first for illicit – and then a follow up with mass spec to see if they are testing positive for the Benzo you are prescribing and not for others too.

Your informed consent form should include the possibility of addiction and dementia.

Benzo Tapers

Usually alprazolam, clonazepam or lorazepam – D/C and switch to

Valium 10 mg PO qhs x 1 week

Valium 5 mg PO qhs x 1 week

Valium 2.5 PO qhs x 1 week

Valium 2 mg PO qhs x 1 week

Valium 1 mg PO qhs x 1 week and off

Plus non-addictive anti-anxiety meds

Q & A



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