

## Coming off benzodiazepines and “Z” drugs - a guide for patients

### What are benzodiazepines and why are they used?

Benzodiazepines, such as temazepam and diazepam, are a group of drugs which have been available since the early 1960s and are used as sleeping tablets or to help with severe anxiety. “Z” drugs, such as zolpidem, zopiclone, and zaleplon, are also used as sleeping tablets.

Benzodiazepines and “Z” drugs are only available on prescription. It is illegal to supply them in any other circumstances, including giving them away.

Benzodiazepines and “Z” drugs should only be taken for a short period of time (maximum of two to four weeks) to help cope with a crisis. They can be taken for sleeplessness but they should not be taken for more than one night in three. They treat the symptoms of a condition and not the causes. However, their effectiveness is limited to about four weeks. You may feel that you need to keep taking them despite any beneficial effect and, if taken over a long period of time, addiction may occur.

Counselling and other non-drug treatments have proven to be more effective than drugs in many cases.

### What are the effects of taking benzodiazepines?

Benzodiazepines act on the brain and may affect your memory and concentration. Other potential side-effects include tiredness and drowsiness.

Drinking alcohol while taking these tablets is dangerous. Alcohol can increase the effects of benzodiazepines and “Z” drugs and make you sleep very deeply so that you do not breathe properly or have difficulty waking.

The effects of benzodiazepines and “Z” drugs may make you too sleepy to drive or operate machinery.

Long-term benzodiazepine and “Z” drug treatment is associated with a number of side effects and other complications. Side effects, which may also occur with short-term use, include:

- drowsiness and falls
- impairment in judgement and dexterity
- increased risk of traffic accidents
- forgetfulness, confusion, irritability, aggression, and excitability
- withdrawal symptoms

Complications related to long-term use include:

- depression
- reduction in coping skills
- tolerance and dependence
- dementia and Alzheimer’s disease
- increased risk of premature death from any cause

### How to stop taking benzodiazepines and “Z” drugs?

If you have been taking benzodiazepines to help you cope with a personal crisis, it may be advisable to wait until things settle down before starting to reduce the dose. The following tips may help once you have decided to withdraw:

**You should not attempt to give them up completely all at once:** The rate at which a person should reduce his or her intake varies. It is important, however, once you have decided to withdraw that you make this a slow, gradual process as this often gives a better chance of long-term success. It is important that you take it at your own pace—one that feels right for you.

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**Consult your doctor, practice nurse, or pharmacist:** They can give advice on the rate at which you should reduce the dose of the drug and help you to consider other ways of dealing with your worries/sleeping problems. This could be anxiety management groups or counselling. Depending on which drug you are taking it may be easier to withdraw if you change to diazepam. Diazepam is available in 2mg, 5mg, and 10mg tablets which make it easier to cut your dose down more slowly. Discuss the possibility of change with your doctor.

**Don't go back!** When people begin to reduce their dose, they often become able to deal with normal day-to-day events and may feel much better. However, it is also usual 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 increase the dose.

**Keep a written record:** Plan your withdrawal. Most people have found that about one to two weeks between reductions works for them, but everyone finds their own level. Keeping a diary can help as it records your progress and achievements. This in itself will give you more confidence and encouragement to carry on.

### **Coping with withdrawal symptoms**

Not everyone experiences the same symptoms when withdrawing from benzodiazepines and "Z" drugs. Some people may not experience any symptoms whereas some will suffer more than others:

**Panic attacks** are a very common symptom of withdrawal and understanding the cause is important. Panic attacks are usually brought on by the effects of adrenaline and rapid, shallow breathing, or hyper-ventilation, that results in palpitations, sweating, unsteady legs, and trembling. Establishing control over breathing will help to remove the feeling of fright.

**Anxiety** may be mistaken for the condition for which the drug was initially prescribed. Gradual drug withdrawal should help to minimise symptoms.

**Agoraphobia** ranges from being unable to go out on your own, to simply not wanting to go out despite being able to do so with effort. Usually, as withdrawal continues, agoraphobic feelings are reduced.

**Aches and pains** are very common during withdrawal from benzodiazepines and "Z" drugs. Your local pharmacy can advise on a suitable painkiller to reduce these effects.

**Sleeping problems** are common during withdrawal, hence it is important to get some exercise as this helps to encourage sleep. Try not to worry about lack of sleep - the more you worry about not getting sleep, the less sleep you are likely to get.

**Stomach and bowel problems**, such as diarrhoea and irritable bowel syndrome, are very common during withdrawal and can be very distressing. Your local pharmacy may be able to recommend a diet and indigestion remedies that may improve these symptoms which usually disappear after withdrawal is complete.

**Hot flushes and shivering.** The feeling of burning and extreme heat (sweating) is also common. In contrast, others suddenly feel cold.

**Sinus problems.** Some people suffer from inflamed nasal passages which causes severe sinus discomfort.

**Vivid dreams and nightmares** may occur during withdrawal. This may be a good sign as before withdrawal most people do not dream—drug-induced sleep is 'dead' sleep. As withdrawal continues, dreaming returns and, although they may sometimes be disturbing, it is a sign that your sleep is returning to normal and that your body is re-adjusting successfully.

**Remember that the symptoms are not the disease – they show that you are progressing.**