

Sedative Use Disorder Management: Reviewing Evidence- Based Care Models and Best Practices

Christopher Milburn, MD

Christina Ferrari, MD

Carley Schaffer, LCADC

Xin Gao, PharmD

55th Annual ASAM Conference, April 7th, 2024



Disclosure Information

- ✦ Presenter 1: Christopher Milburn, MD.
 - ✦ No Disclosures
- ✦ Presenter 2: Christina Ferrari, MD.
 - ✦ No Disclosures
- ✦ Presenter 3: Carley Schaffer, MS, LCADC, CCTP, CCS
 - ✦ No Disclosures
- ✦ Presenter 4: Xin Gao Pharm.D., M.Sc.
 - ✦ No Disclosures

Workshop Outline

1. Brief didactic informational component (Pecha Kucha method)
2. Interactive interdisciplinary panel discussion
3. Small group case analysis and discussion

Learning Objectives

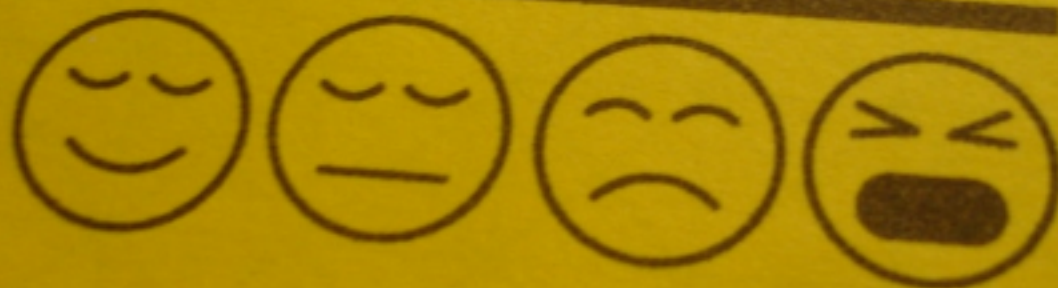
- ✦ Formulate gradual dose reduction benzodiazepine tapers based on current clinical recommendations
- ✦ Anticipate barriers to successful cessation of sedative use
- ✦ Develop strategies to incorporate sedative tapers into clinical practice





Page

Mood Status

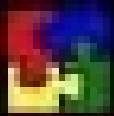




Boredom
William
Wain ©
2/12/10

PechaKucha Night

third time's the charm.



Microsoft Office Family Member

Microsoft **PowerPoint 97**

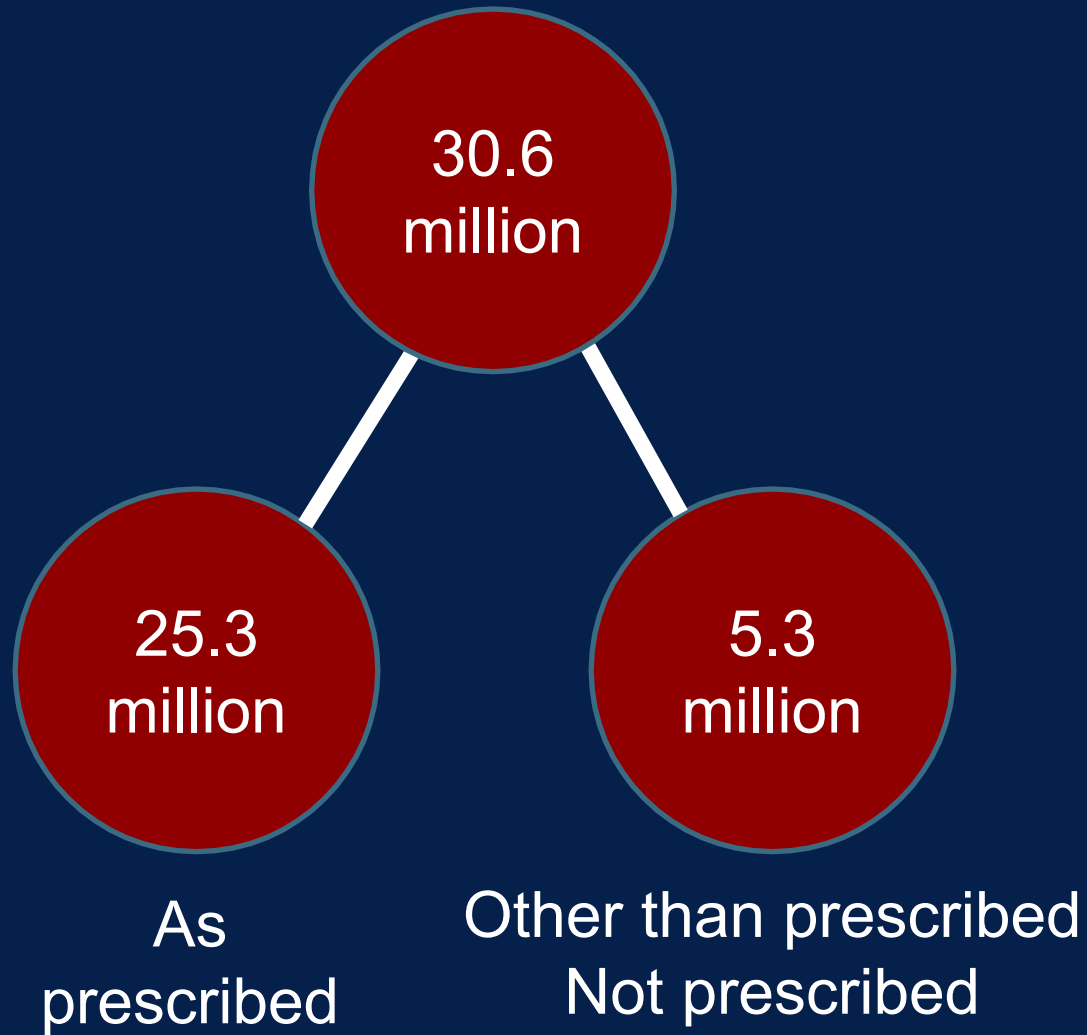
This product is licensed to:

Copyright © 1987-1996 Microsoft Corporation. All rights reserved.
This program is protected by US and international
copyright laws as described in Help About. Fax: 1155. Com











4

32



39













Adobe Firefly

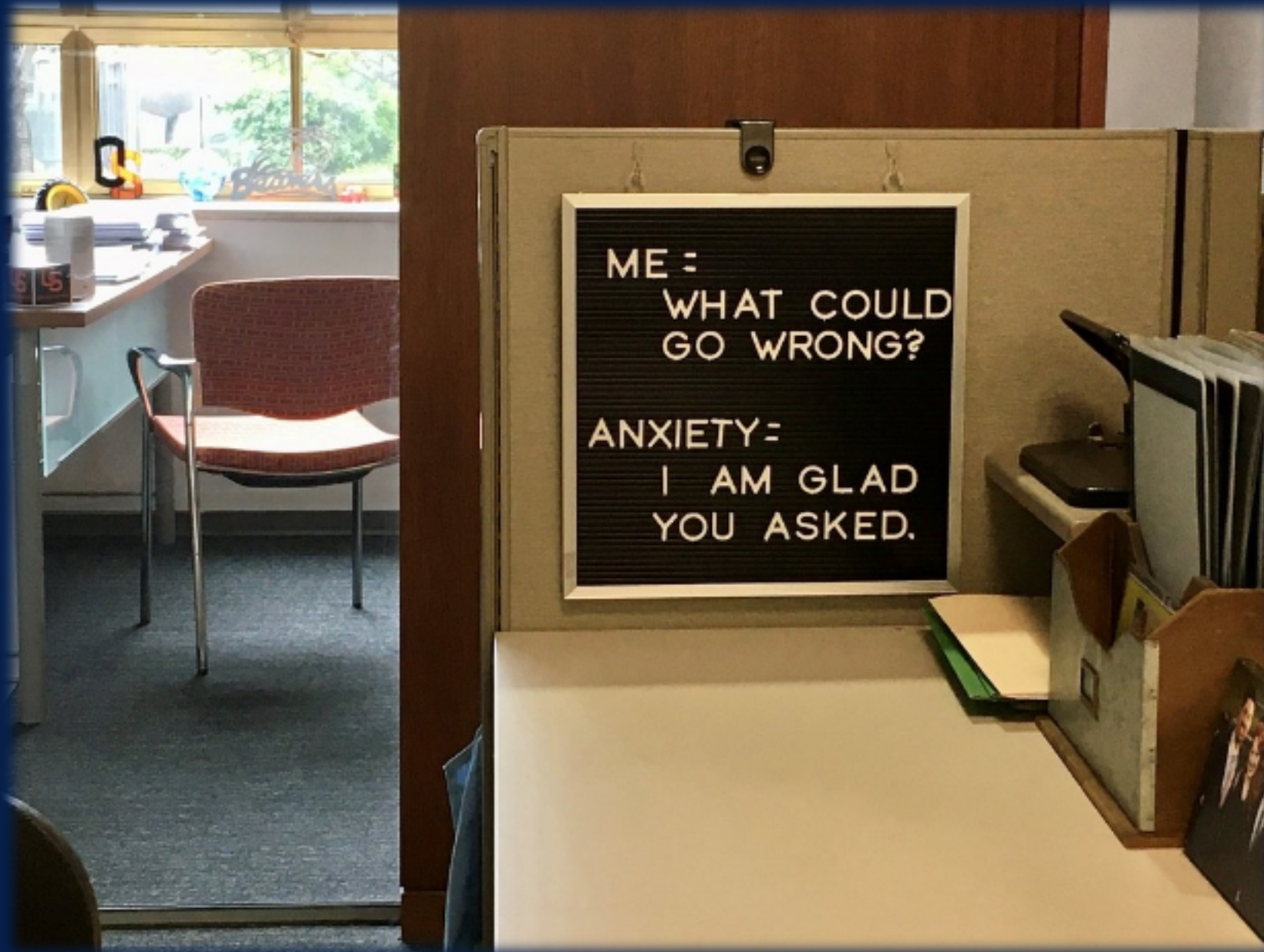




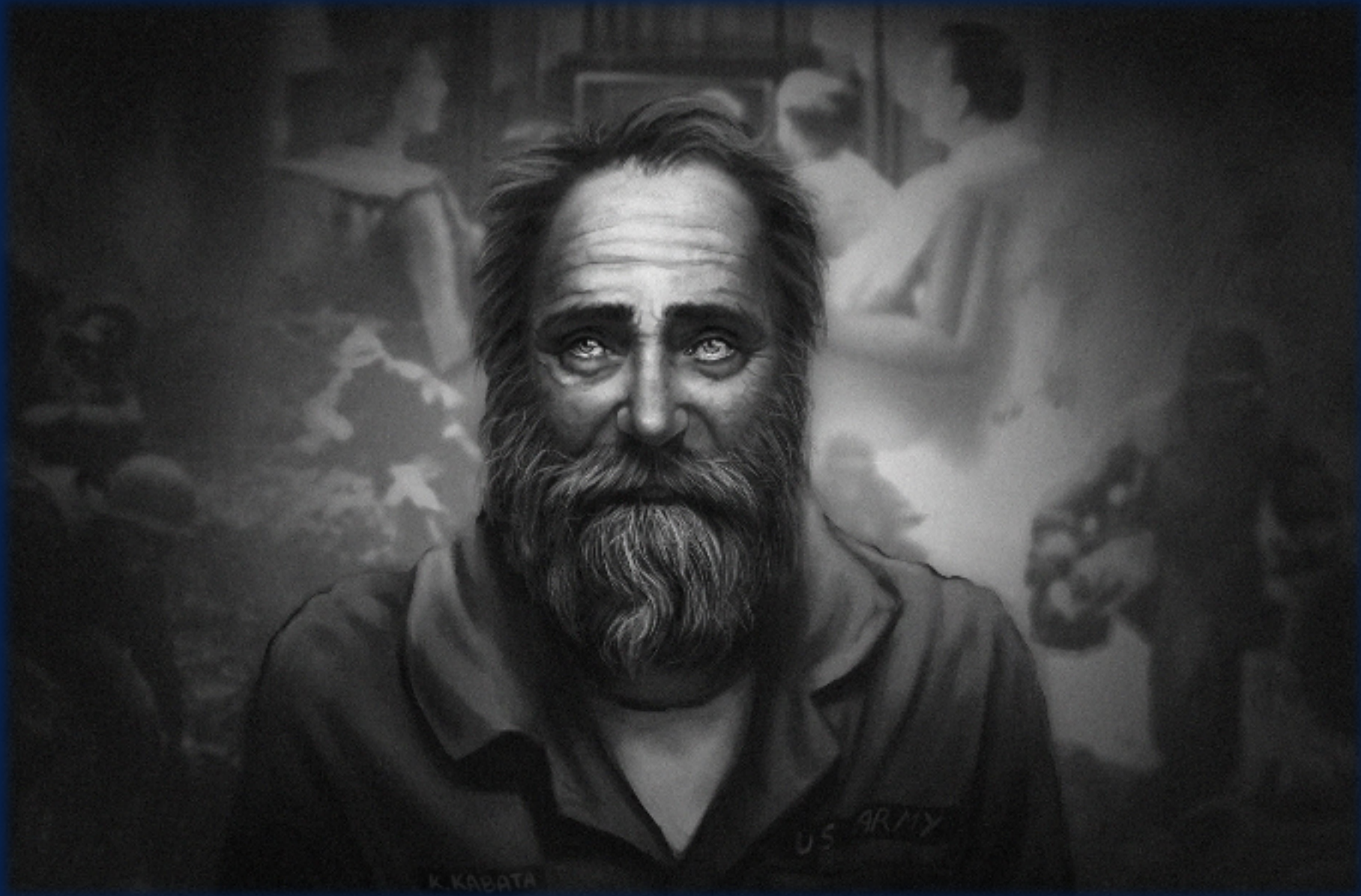


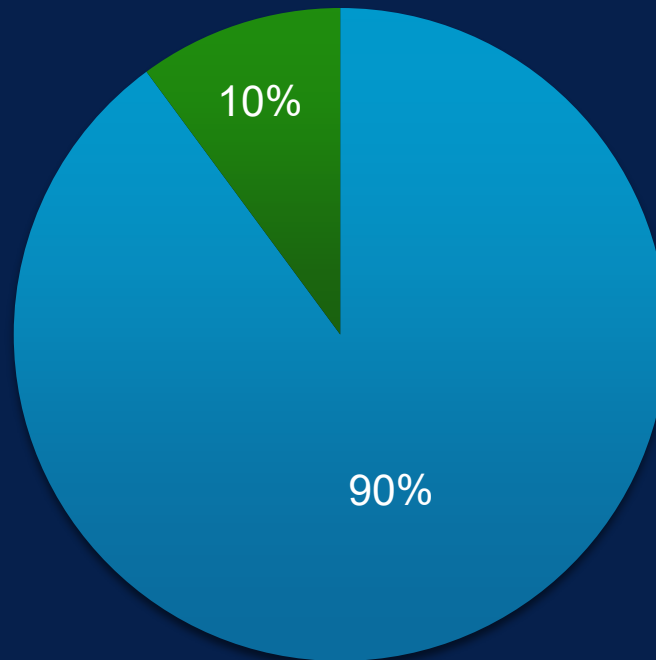












- **Never**
- **Never in another color**





INCONSISTENCY

NOT a problem if you're 4Kids







OLD WAY

NEW WAY





CONSISTENCY
IS —★ ★★— THE
KEY
TO ACHIEVING
GREATNESS



Taper Strategies





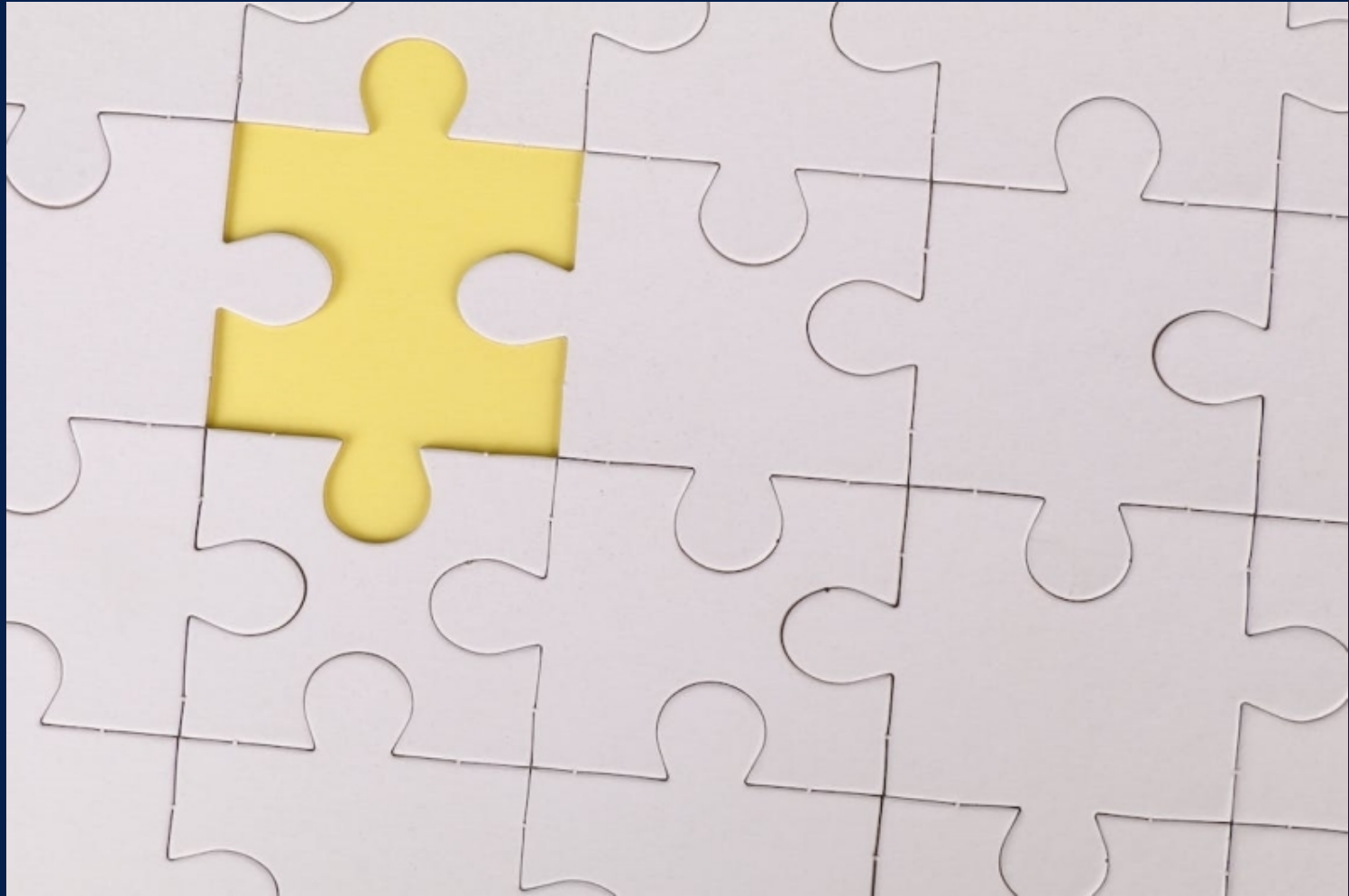
iStock™
Credit: Fahroni



Which one?







Alprazolam to Clonazepam

Medcalc → 4-32 mg

Clinical → 8 mg

Uptodate → 16 mg

☀ Alprazolam 8 mg

How much is too much?





A note on Pheno



Nisavic, et al., 2019; Nejad 2013; Kawasaki, Jacapraro, & Rastegar, 2012

PRNS



Taper Speed





What else ?





Parr, Kavanagh, et al 2008. Soyka 2017



Final Takeaways/Summary (Suggested)

- ✦ No one knows! Evidence is sparse
- ✦ Benzodiazepines have limited clinical utility and many potential harms
- ✦ There are many ways to taper someone safely
- ✦ IT CAN BE DONE

References

1. Abejuela, H. R., & Osser, D. N. (2016). The psychopharmacology algorithm project at the harvard south shore program. *Harvard Review of Psychiatry*, 24(4), 243–256. <https://doi.org/10.1097/hrp.000000000000098>
2. Ait-Daoud, N., Hamby, A. S., Sharma, S., & Blevins, D. (2018). A review of alprazolam use, misuse, and withdrawal. *Journal of Addiction Medicine*, 12(1), 4–10. <https://doi.org/10.1097/adm.0000000000000350>
3. Campos, B., Vinder, V., Passos, R. B. F., Coutinho, E. S. F., Vieira, N. C. P., Leal, K. B., ... Berger, W. (2022). To BDZ or not to BDZ? That is the question! Is there reliable scientific evidence for or against using benzodiazepines in the aftermath of potentially traumatic events for the prevention of PTSD? A systematic review and meta-analysis. *Journal of Psychopharmacology*, 36(4), 449–459. <https://doi.org/10.1177/02698811221080464>
4. George, T., & Tripp, J. (2019, October 11). Alprazolam. Retrieved from Nih.gov website: <https://www.ncbi.nlm.nih.gov/books/NBK538165/>
5. Herron, A. J., & Brennan, T. K. (2020). *The ASAM essentials of addiction medicine*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.
6. Hirschfeld, R. M. A., Bowden, C. L., Gitlin, M. J., Keck, P. E., Suppes, T., Thase, M. E., ... Perlis, R. H. (2010). *WORK GROUP ON BIPOLAR DISORDER*.
7. Isbister, G. K., O'Regan, L., Sibbritt, D., & Whyte, I. M. (2004). Alprazolam is relatively more toxic than other benzodiazepines in overdose. *British Journal of Clinical Pharmacology*, 58(1), 88–95. <https://doi.org/10.1111/j.1365-2125.2004.02089.x>
8. Kawasaki, S. S., Jacapraro, J. S., & Rastegar, D. A. (2012). Safety and effectiveness of a fixed-dose phenobarbital protocol for inpatient benzodiazepine detoxification. *Journal of Substance Abuse Treatment*, 43(3), 331–334. <https://doi.org/10.1016/j.isat.2011.12.011>
9. Liu, S. (2021). Trends in nonfatal and fatal overdoses involving benzodiazepines — 38 states and the District of Columbia, 2019–2020. *MMWR. Morbidity and Mortality Weekly Report*, 70. <https://doi.org/10.15585/mmwr.mm7034a2>

10. Maust, D. T., Lin, L. A., & Blow, F. C. (2019). Benzodiazepine use and misuse among adults in the united states. *Psychiatric Services, 70*(2), 97–106. <https://doi.org/10.1176/appi.ps.201800321>
11. Nejad, S. H., & Bajwa, E. K. (2013). Case 39-2012: a man with alcoholism, recurrent seizures, and agitation. *The New England Journal of Medicine, 368*(12), 1164–1165. <https://doi.org/10.1056/NEJMc1301018>
12. Nejad, S., Nisavic, M., Larentzakis, A., Dijkink, S., Chang, Y., Levine, A. R., ... Velmahos, G. (2020). Phenobarbital for acute alcohol withdrawal management in surgical trauma patients—a retrospective comparison study. *Psychosomatics, 61*(4), 327–335. <https://doi.org/10.1016/j.psych.2020.01.008>
13. Nisavic, M., Nejad, S. H., Isenberg, B. M., Bajwa, E. K., Currier, P., Wallace, P. M., ... Wilens, T. (2019). Use of phenobarbital in alcohol withdrawal management - a retrospective comparison study of phenobarbital and benzodiazepines for acute alcohol withdrawal management in general medical patients. *Psychosomatics, 60*(5), 458–467. <https://doi.org/10.1016/j.psych.2019.02.002>
14. Ogbonna, C. I., & Lembke, A. (2017). Tapering patients Off of benzodiazepines. *American Family Physician, 96*(9), 606–608. Retrieved from <https://www.aafp.org/pubs/afp/issues/2017/1101/p606.html>
15. Parr, J. M., Kavanagh, D. J., Cahill, L., Mitchell, G., & Young, R. McD. (2008). Effectiveness of current treatment approaches for benzodiazepine discontinuation: A meta-analysis. *Addiction, 104*(1), 13–24. <https://doi.org/10.1111/j.1360-0443.2008.02364.x>
16. Soyka, M. (2017). Treatment of benzodiazepine dependence. *New England Journal of Medicine, 376*(12), 1147–1157. <https://doi.org/10.1056/nejmra1611832>
17. Votaw, V. R., Witkiewitz, K., Valeri, L., Bogunovic, O., & McHugh, R. K. (2019). Nonmedical prescription sedative/tranquilizer use in alcohol and opioid use disorders. *Addictive Behaviors, 88*, 48–55. <https://doi.org/10.1016/j.addbeh.2018.08.010>

Panel Discussion



Who We Are



Christopher
Milburn, MD



Christina Ferrari,
MD



Shainna
McKenzie, APN



Xin Gao, PharmD

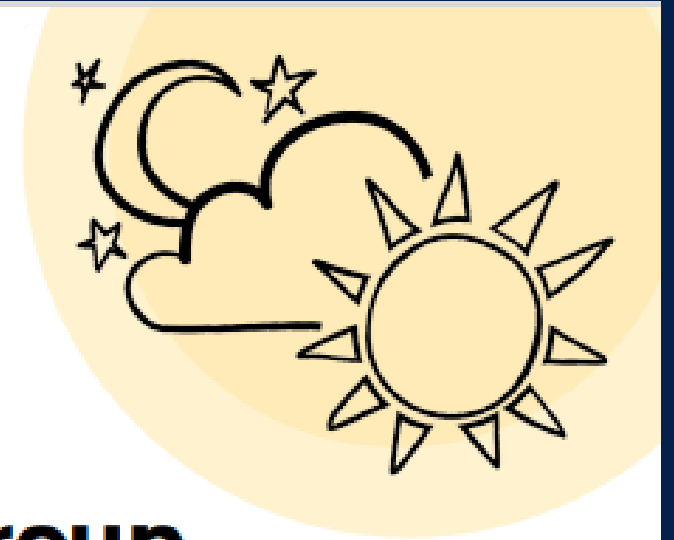


Carley Schaffer,
LCADC



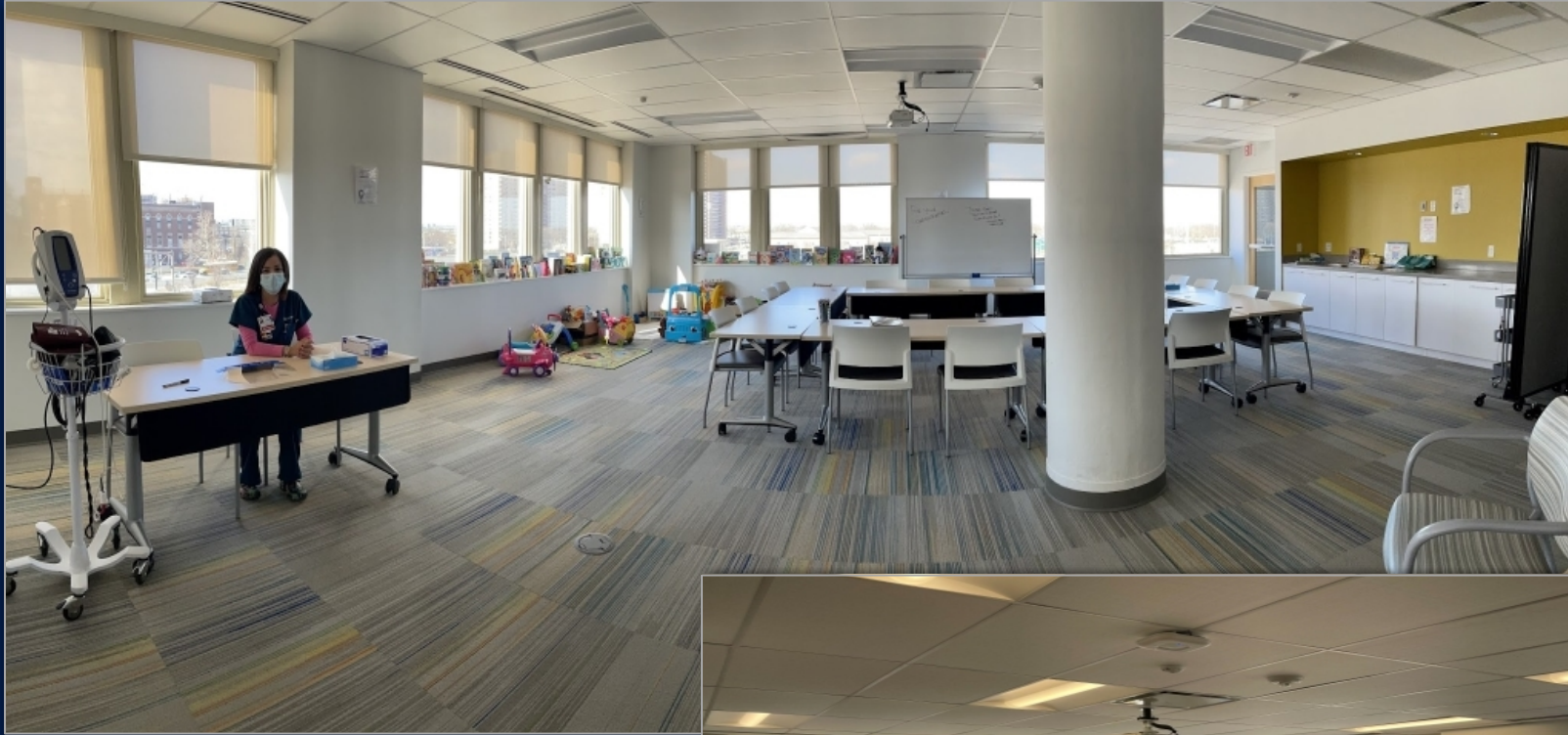
Peter Campos,
CADC

What We Do



**Beyond Benzodiazepines:
Join Our Addiction Support Group**

Group Medical Visit Model



Once-Weekly 2 Hour Group with Medical Visits:

- Up to 20 patients
- Therapist-led psychoeducation
- Peer Support
- Navigator, Nurse, Pharmacist support
- Physician medical visits
- Med Ed: fellows, residents, students
- Clothes, food available

CME Questions

☀ Which of the following commonly used indications for benzodiazepines is actually a relative contraindication?

- ☀ 1. Generalized Anxiety disorder;
- ☀ 2. Post-traumatic Stress Disorder;
- ☀ 3. Panic Disorder;
- ☀ 4. Social Anxiety Disorder

CME Questions

☀ Which of the following commonly used indications for benzodiazepines is actually a relative contraindication?

- ☀ 1. Generalized Anxiety disorder;
- ☀ 2. ***Post-traumatic Stress Disorder;***
- ☀ 3. Panic Disorder;
- ☀ 4. Social Anxiety Disorder

CME Questions

- ☀️ What would be the recommended weekly taper speed for a patient taking 3 mg alprazolam daily for the past six months, with no seizure history, who is interested in an outpatient gradual dose reduction?
- ☀️ 1. 5-25 percent;
 - ☀️ 2. 30-40 percent;
 - ☀️ 3. inpatient only;
 - ☀️ 4. 50 percent or more

CME Questions

☀ What would be the recommended weekly taper speed for a patient taking 3 mg alprazolam daily for the past six months, with no seizure history, who is interested in an outpatient gradual dose reduction?

☀ **1. 5-25 percent**

☀ 2. 30-40 percent

☀ 3. inpatient only

☀ 4. 50 percent or more

CME Questions

☀ How often are benzodiazepines found in toxicology reports of patients deceased from opioid overdoses?

- ☀ 1. 5-10;
- ☀ 2. 15-20;
- ☀ 3. 30-40;
- ☀ 4. 50-60

CME Questions

☀ How often are benzodiazepines found in toxicology reports of patients deceased from opioid overdoses?

☀ **1. 5-10**

☀ 2. 15-20

☀ 3. 30-40

☀ 4. 50-60

CME Questions

☀ All of the following medications have been found to have some evidence to reduce sedative withdrawal symptoms when used adjunctively except for:

- ☀ 1. Melatonin;
- ☀ 2. Carbamazepine;
- ☀ 3. Paroxetine;
- ☀ 4. ***Haloperidol***

CME Questions

☀ For which of these diazepam equivalent doses would an inpatient taper generally be recommended?

☀ 1. 30 mg

☀ 2. 50 mg

☀ 3. 70 mg

☀ 4. **100 mg**