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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

WHEN AND HOW TO USE BENZODIAZEPINES IN TREATING ANXIETY: AM I WITHHOLDING TREATMENT IF I DON'T USE BENZODIAZEPINES?

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GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

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SPEAKER DISCLOSURES

✓ No conflicts of interest

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OBJECTIVES

At the conclusion of this session, participants will be able to:

1. List alternatives to benzodiazepines for acute and ongoing treatment of anxiety.
2. Describe indications, contraindications, and adverse effects of benzodiazepines.
3. Discuss initial prescribing and ongoing monitoring of benzodiazepines.

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HOW COMMONLY ARE BENZODIAZEPINES PRESCRIBED?

- 2008 study of >219 million people in the US
- 18-80 years old
  - 5.2% filled at least one prescription in past year
  - Women>men
  - More common with older age
    - 2.6% (18-35yo), 5.4% (36-50yo), 7.4% (51-64yo), 8.7% (65-80yo)
  - Proportion with long term use increases with age (31.4% of use in 65-80 year olds)
    - » Olfson et al., *JAMA Psychiatry* 2015

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CASE #1

- A 33 yo man reports a fear of flying. He avoids airplanes and long distance travel as much as possible, but has a new job and needs to go to the east coast 2-3 times per year for work. He is terrified of this and asks whether he could take medication to help with his anxiety.

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CASE #2

- A 34 yo man presents with anxiety, panic attacks, and recent depression. He has been taking 40 mg paroxetine daily for 6 months, but he fears leaving the house, is unemployed, remains depressed, and has daily panic attacks. He says that he has had multiple medication trials in the past and that Xanax (alprazolam) is the only thing that has really helped. He doesn't think he could tolerate therapy or come in weekly.

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ALTERNATIVES TO BENZODIAZEPINES

Longer-term:

- SSRIs/other antidepressants (not bupropion)
- Psychotherapy (CBT, mindfulness)
- Buspirone
- Prazosin, clonidine

Acute/immediate:

- Hydroxyzine
- Beta blockers
- Gabapentin/pregabalin
- Atypical antipsychotics
- Paced breathing

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INDICATIONS

- Anxiety disorders (**NOT first-line**)
- Agitation/acute anxiety
- Adjunct for psychosis, mania, depression
- Insomnia
- Outpatient management of alcohol withdrawal
- Muscle relaxation
- Anesthesia
- Seizure disorders

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CONTRAINDICATIONS

- Respiratory disease (e.g. COPD)
- Sleep apnea
- Relative contraindications:
  - CNS injury (TBI, HIV/AIDS)
  - Impulsivity (e.g. borderline personality disorder)
  - Alcohol and other substance use disorders

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ADVERSE EFFECTS

- Sedation
- Psychomotor impairment (driving)
- Falls, hip fractures
- Anterograde amnesia
- Behavioral disinhibition
- Tolerance, dependence, withdrawal
- Increased risk for dementia?

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WHEN WOULD YOU USE A BENZODIAZEPINE?

- Need for rapid, short-term treatment of anxiety/agitation
- Nothing else works
- Patient cannot tolerate side effects of other medications
- Adjunct early in treatment

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INITIAL PRESCRIBING

- What diagnosis/symptom?
- For how long?
- Risk factors (e.g. substance use disorders, brain injury, impulsivity, PTSD, HIV)
- How will you know if medicine is effective?
- Select medicine with pharmacokinetics that match intended use
- Prescribe realistic amount and refills
- Talk with patient about first dose, side effects, abuse potential, warning signs

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BENZODIAZEPINE PHARMACOKINETICS

Generic/ Trade Name	Equivalent dose (mg)	Time to peak effect (hours)	Half-life (hours)	Active metabolites? Metabolism
Alprazolam (Xanax)	1	1-2	6-27	No Oxidation
Chlordiazepoxide (Librium)	20-25	0.5-4	5-100	Yes Oxidation
Clonazepam (Klonopin)	0.5-1	1-2	18-50	No Oxidation, nitroreduction
Diazepam (Valium)	10	0.5-1	20-100	Yes Oxidation
Lorazepam (Ativan)	1.5-2	2-4	10-20	No Conjugation

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TREATMENT PARTNERSHIP AGREEMENT

- Agreement to:
  - Inform provider of any history of substance abuse
  - Inform provider of use of any sedatives, other medications, drugs
  - No replacement prescriptions
  - Take medication as prescribed
  - Attend appointments
  - Submit to urine drug screens as needed
- Documentation that risks explained to patient
- Signed by provider and patient

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MONITORING

- Regular follow up
- Document refills, timing, expected date of next refill
- Warning signs:
  - – Lost prescriptions
  - – Need for early refills
  - – Need for higher doses
  - – Missed appointments

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CASE #3

- You are seeing a 67 year old woman for the first time. She has a long history of anxiety and depression and is currently mildly depressed (PHQ-9=7) and quite anxious GAD-7=18). She has been on benzodiazepines since her 20s, and is now taking alprazolam 1 mg qid and clonazepam 2 mg at bedtime. She does not want to change these medications. She says they are very helpful and “I don’t know what I’d do without them.”

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BENZODIAZEPINE WITHDRAWAL

- Anxiety
- Tremulousness
- Restlessness
- Sweating
- Weakness
- Hyperreflexia
- Seizures
- Perceptual distortions
- Delirium
- Mania
- Psychosis

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TREATMENT OF BZ WITHDRAWAL

- SLOW taper (10-12 weeks or more; usually no faster than 10% of dose per 1-2 weeks)
- Taper easier at higher doses
- Switch to longer half-life agent (e.g. diazepam, clonazepam)
- Cognitive behavioral therapy
- Carbamazepine?

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Longer-term:

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- Buspirone

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THERE'S AN APP FOR THAT…

Van Ameringen M et al.

There is an app for that! The current state of mobile applications (apps) for DSM-5 obsessive-compulsive disorder, posttraumatic stress disorder, anxiety and mood disorders.

Depression and Anxiety 2017; 34:526-539.

- (e.g. Flowy, PTSD Coach, PE Coach, Worry Knot, Personal Zen)

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