

Patient Perspectives

- **BenzoBuddies.org**, the largest online patient support forum, receives millions of page impressions per month. Patient narratives there are generating clinical data that clinicians can use to learn about unexpected withdrawal symptoms/syndromes in patients.
- Patients' benzodiazepine-related symptoms are often **misdiagnosed as a new or worsening condition**, often resulting in **polypharmacy**.
- Many patients were told or believed they were taking a "**low dose**," yet were later surprised at the Valium equivalence of their dose, the required length of taper, and severity of withdrawal.
- **Microgram taper techniques**, developed by patients out of necessity, are anecdotally reported to be the most tolerable and successful methods, especially in those most sensitive to reductions.
- Some patients taper on their own, **without informing their prescriber**, for fear of being "cut off" or forced to taper faster than is tolerable.
- Patients experiencing **protracted syndromes**, often persisting many years, are often met medically with disbelief.
- Benzodiazepine-harmed patients who experience **suicide ideation/action** often attribute it to the severity and duration of adverse effects and withdrawal in addition to insufficient support and understanding from both the medical community and their own families and friends.
- Adversely-affected patients feel there has been **insufficient pharmacovigilance from the FDA** in spite of the benzodiazepines' sordid history and overwhelming reports of adverse events, suicides, and deaths.

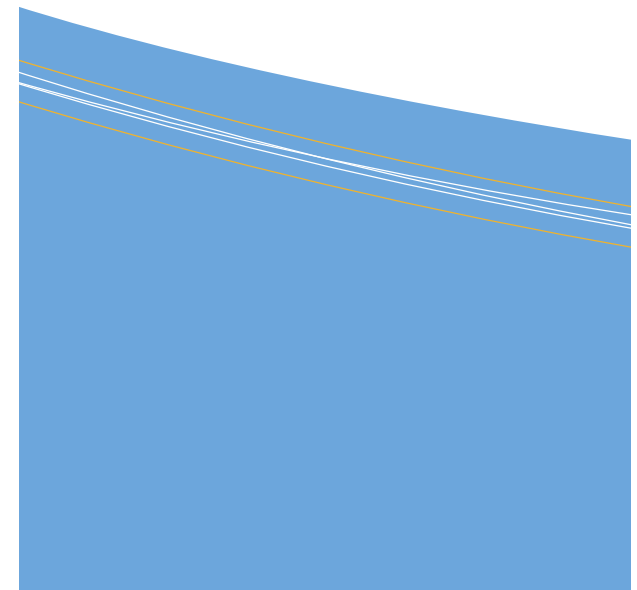


Contact Benzodiazepine Information Coalition

www.benzoinfo.com
1042 Fort Union Blvd. PMB 1030
Midvale, Utah 84047
email: bic@benzoinfo.com

Withdrawing Prescribed Benzodiazepine Patients

A PATIENT-CENTERED APPROACH



Critical Points for Clinicians:

- **Fluoroquinolone antibiotics** displace benzodiazepines from their GABA receptor binding sites and can precipitate acute withdrawal in patients taking or withdrawing from benzodiazepines.
- Physical dependence (which is **not synonymous with addiction**) can develop in as little as **one week**.
- Most prescribing guidelines, both in the US and globally, recommend benzodiazepine and Z-drug prescriptions be **limited to short term** (2-4 weeks, including tapering off time).
- **Tolerance & interdose withdrawal** (withdrawal on & in between therapeutic doses) are common signs that physical dependence has developed.
- The decision to withdraw is the **patient's decision** and should not be forced.
- Rehabs, detox facilities, 12-step models, and rapid withdrawal are **contradicted & injurious** for most prescribed patients.
- Deprescribing should always occur via **slow, patient-controlled tapers which may require months to years**. "Slow" means a loss of approximately **5 to 10% of current dose** every 2-4 weeks (some requiring even slower) down to much lower than minimum therapeutic doses. One study revealed a taper rate of >25% per week had a **failure rate** of 32-42%.
- **The Ashton Manual**, a benzodiazepine withdrawal guide written by expert UK psychopharmacologist Dr. Heather Ashton, has a **success rate of over 90%**.

*While it is true that some patients will discontinue with little to no problems, the standard of care should not be based on those cases alone as there currently exists no way to predict who those patients will be in advance. Rather, **all patients should be tapered slowly and cautiously** to avoid severe withdrawal syndromes and disability.*

Scan For Free Ashton Manual (PDF, Kindle, Nook)



Educating About The Potential Adverse Effects Of Benzodiazepines Taken As Prescribed

About Our Coalition

Who We Are

Benzodiazepine Information Coalition (BIC) is a 501(c)(3) nonprofit organization that brings together a network of medical professionals, patients, and volunteers to educate a broad audience about the adverse effects of prescribed benzodiazepines and Z-drugs. Our mission is to inform the general public, media, and medical professionals about the risks of these drug classes and the resulting epidemic of patient injury.

Why We Exist

- Patients are not receiving **adequate informed consent** about the risks of benzodiazepines.
- Compliant patients are experiencing **harm, disability, and even death** as a result of taking benzodiazepines in daily prescribed doses.
- Many prescribers are forcing their patients to **stop daily benzodiazepines too quickly or all at once which leads to severe and/or protracted withdrawal syndromes and significant disability**.
- There is **insufficient research and medical support** for harmed patients.
- Patients prescribed benzodiazepines are **being wrongly labeled & mistreated as "addicts."**