

Joint Clinical Practice Guideline on Benzodiazepine Tapering: Considerations When Risks Outweigh Benefits

ADJUNCTIVE PHARMACOLOGICAL INTERVENTIONS

Tables K.1 and K.2 were created to support [Recommendation #11](#): Clinicians should first consider pausing or slowing the pace of the BZD taper when patients experience symptoms that significantly interfere with the taper (eg, sleep difficulty, anxiety), although clinicians can also consider use of adjunctive medications (Clinical Consensus, Conditional Recommendation). These tables provide illustrative examples that may be considered based on the experience of the CGC and are not intended to represent an exhaustive list.

Table K.1. Medications for Anxiety-Related Symptoms*

MEDICATION	CLASS/ MECHANISM	CONSIDERATIONS FOR USE	OTHER POPULATION CONSIDERATIONS
Acute Anxiety			
Clonidine [†]	Central alpha-2 agonist	Monitor blood pressure; avoid in hypotension If used as a scheduled medication, taper to discontinue	
Gabapentin [†]	GABA analogue	Risk for misuse Risk associated with combining with other medications, particularly opioids	Avoid in patients with history of sedative use disorder
Hydroxyzine [‡]	Antihistamine	Avoid in patients with history of QTc prolongation	Avoid in older adults
Propranolol [†]	Beta-blocker	Contraindicated in bradycardia, greater than first-degree block; avoid in uncontrolled bronchial asthma May be scheduled or dosed as needed for situational anxiety	
Chronic Anxiety (GAD, Panic, PTSD, Social Anxiety)			
Buspirone [§]	5HT1A receptor agonist	Not effective as a prn agent Only effective for GAD	
SSRIs ^{**}	Antidepressant ^{††}	May be anxiogenic upon initiation and dose increase; start at a low dose and titrate slowly Variable interactions with other medications	

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MEDICATION	CLASS/ MECHANISM	CONSIDERATIONS FOR USE	OTHER POPULATION CONSIDERATIONS
SNRIs**	Antidepressant††	May be anxiogenic upon initiation and dose increase; start at a low dose and titrate slowly May increase blood pressure Caution in uncontrolled hypertension	
Mirtazapine‡	Serotonin and norepinephrine modulator	Not FDA approved for treatment of anxiety disorders May be anxiolytic upon initiation More sedating than SSRIs and SNRIs upon initiation	
Prazosin†	Central alpha-1 antagonist	Approved for hypertension; may be used off-label for PTSD-related nightmares but not other symptoms of anxiety Monitor blood pressure; avoid in hypotension	

[ALT TEXT] This table presents some medications that can be considered for use as adjuncts to support management of anxiety-related symptoms during BZD tapering.

* Use in individual patients should always include review of medical and medication history and individual prescribing information to assess for any relative/absolute contraindications.

† Not FDA approved for anxiety disorders. The CGC noted that gabapentin has potential for misuse and, therefore, while it may be useful in certain circumstances, should not be considered prior to other potential adjunctive medications.

‡ FDA approved.

§ FDA approved for GAD only.

** Variably approved for GAD, panic disorder, PTSD, and social anxiety disorder.

†† Antidepressants have boxed warnings regarding suicidality, especially in adolescents and emerging adults.

Table K.2. Medications for Insomnia-Related Symptoms

MEDICATION*	CLASS/ MECHANISM	CONSIDERATIONS FOR USE†	OTHER POPULATION CONSIDERATIONS
Doxepin‡	Antihistaminic tricyclic antidepressant	AASM approved for sleep maintenance insomnia ^{1,2} Avoid in patients with suicidal ideation and behavior due to risk for overdose	Caution in older adults, coronary artery disease, arrhythmia

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MEDICATION*	CLASS/ MECHANISM	CONSIDERATIONS FOR USE†	OTHER POPULATION CONSIDERATIONS
Diphenhydramine§	Antihistamine	AASM does not recommend for sleep onset or sleep maintenance insomnia ²	Avoid in older adults, may have paradoxical effects in children
Doxylamine§	Antihistamine		Avoid in older adults, may have paradoxical effects in children
Hydroxyzine**	Antihistamine	Avoid in patients with history of QTc prolongation	Avoid in older adults
Melatonin§	Sedative– Hypnotic	AASM does not recommend for sleep onset or sleep maintenance insomnia ^{1,2}	Avoid during pregnancy and breastfeeding; insufficient safety evidence
Ramelteon‡	Agonist of melatonin receptors 1 and 2	AASM approved for sleep onset insomnia ^{1,2} Prone to significant interactions with CYP inhibitors and inducers	
Trazodone**	Antidepressant	Start with lower doses to avoid orthostasis in older adults AASM does not recommend for sleep onset or sleep maintenance insomnia ²	Use with caution in older adults

[ALT TEXT] This table presents some medications that can be considered for use as adjuncts to support management of insomnia-related symptoms during BZD tapering.

* Non-BZD sedative–hypnotics (eg, Z-drugs) are not recommended for patients with sleep issues who are undergoing BZD taper due to similar receptor action. Further information on adjunctive medications may be found on UpToDate, which has topics on benzodiazepine withdrawal and complementary and alternative treatments for anxiety symptoms and disorders: herbs and medications.

† Use in individual patients should always include review of medical and medication history and individual prescribing information to assess for any relative/absolute contraindications.

‡ FDA approved.

§ FDA approved, available over the counter.

** Not FDA approved for insomnia.

Sources

- Schutte-Rodin S, Broch L, Buysse D, Dorsey C, Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. *Journal of clinical sleep medicine*. 2008;4(5):487-504.
- Sateia MJ, Buysse DJ, Krystal AD, Neubauer DN, Heald JL. Clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. Feb 15 2017;13(2):307-349. doi:10.5664/jcsm.6470