



ASAM American Society of
Addiction Medicine

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New Benzodiazepine Tapering Guideline Emphasizes Patient-Centered Approach

- *Developed in response to concerns about risks of long-term benzodiazepine use and clinical uncertainties on how to safely accomplish benzodiazepine taper*
- *Recommends slow taper (starting with a 5-10% daily dose reduction every 2-4 weeks) and adjusting based on patient response and shared decision-making*
- *Guideline published in Journal of General Internal Medicine (JGIM) and commentary published in the Journal of the American Medical Association (JAMA)*

Rockville, MD – The new [*Joint Clinical Practice Guideline on Benzodiazepine Tapering*](#), published today in the *Journal of General Internal Medicine (JGIM)*, offers evidence-informed strategies to help clinicians and patients safely taper benzodiazepine medications while minimizing withdrawal and other symptoms. Given the variability in patient reactions to tapering, the Guideline recommends a slow, patient-centered tapering process that is adjusted based on the patient's response.

A multidisciplinary group led by the American Society of Addiction Medicine (ASAM) undertook the development of the Guideline in response to growing concerns about the risks of long-term benzodiazepine use, a class of medications prescribed for anxiety, sleep disorders, and other indications. Long-term (typically more than four weeks) regular use can lead to physical dependence and withdrawal when the dose is reduced, or the medication is abruptly stopped.

The Guideline recommends tapering when the risks, which can include oversedation, falls, memory and cognitive impacts, overdose, and motor vehicle accidents, outweigh the benefits of continued benzodiazepine therapy. Benzodiazepine medications should not be abruptly discontinued (or a dose rapidly or substantially reduced) in patients who are likely to be physically dependent on the medication and at risk for withdrawal.

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"Safely tapering benzodiazepines can be a challenge for many clinicians," said Emily Brunner, MD, Chair of the Clinical Guideline Writing Committee and co-author of the *JAMA Viewpoint* article, ["New Benzodiazepine Tapering Guide – Slow and Patient Centered."](#) "There is no one-size-fits-all tapering schedule. The Guideline recommends that clinicians engage in shared decision-making with patients, starting slowly and adjusting tapering to their unique clinical responses, potential withdrawal symptoms, and underlying conditions."

Key recommendations within the Guideline include:

- Never abruptly discontinue benzodiazepine therapy in patients who are likely to be physically dependent on the medication and at risk for withdrawal;
- Regularly assess patients to weigh the risks and benefits of continuing benzodiazepine therapy, as well as tapering;
- Consider tapering when risks outweigh benefits of continued benzodiazepine therapy;
- Begin a taper slowly and with small dose reductions (e.g., beginning with a 5-10% reduction in total daily dose every 2-4 weeks);
- Routinely monitor patients for signs and symptoms of withdrawal and worsening following dose reductions; and
- Adjust the tapering pace and schedule according to an individual patient's response.

Timelines for tapering may vary significantly among patients. The Guideline notes that individuals who have been using benzodiazepines for years may need to slowly taper for a year or more.

"A rushed or poorly managed taper can result in real harm to a patient, including withdrawal – sometimes with protracted symptoms - or a recurrence of their underlying health conditions," said Aleksandra Zgierska, MD, PhD, an addiction and family medicine physician and co-author of the *JGIM* editorial, ["Supporting Patients Through Benzodiazepine Tapering: A New Joint Clinical Practice Guideline."](#) "It's important that both clinicians and patients manage their expectations. In most circumstances, this involves committing to a slow, thoughtful, and careful tapering approach that sets them up for long-term success."

The Guideline was developed by a group of leading medical and professional societies representing psychiatrists, neurologists, family practice providers, addiction medicine specialists, geriatricians, obstetricians, medical toxicologists, psychiatric pharmacists, and advanced practice providers. A panel of individuals with lived experience provided input on the Guideline, where they underscored the need for clinicians to understand how to best support patients and slow tapers.

Read the *JGIM* editorial, "Supporting Patients Through Benzodiazepine Tapering: A New Joint Clinical Practice Guideline," [here](#). Read the *JAMA Viewpoint* article, "New Benzodiazepine Tapering Guide – Slow and Patient Centered," [here](#). Find the full Guideline [here](#).

Development of the Guideline was funded by the US Food and Drug Administration.

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About the American Society of Addiction Medicine

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional medical society representing over 8,000 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit www.ASAM.org.