

How to Approach a Benzodiazepine Taper

When the decision is made to deprescribe a benzodiazepine, patients with established dependence will require a gradual, individualized dosage reduction (taper) to reduce discomfort (**Table 1**).¹⁻⁵

- There is no evidence for a one-size-fits-all approach to tapering benzodiazepines.
- The rate of taper will depend on the severity withdrawal symptoms, which are influenced by several factors:
 - The original dose, type, potency, duration of action and length of use of the benzodiazepine;
 - The reason the benzodiazepine was originally prescribed; and
 - The personality and individual vulnerability of the patient, their lifestyle, personal stresses and past experiences, and the degree of social support during the taper.⁵

Table 1. Recommended Tapering of Benzodiazepines.^{2,4,5}

Duration of Benzodiazepine Use	Taper Length	Recommendation
2-8 weeks	≥ 2 weeks	<ul style="list-style-type: none"> ○ Taper more slowly if patient on high-dose daily benzodiazepine or if on alprazolam ○ Triazolam may be discontinued without taper in most cases (2-hour half-life prevents physical dependence)
8 weeks to 6 months	≥ 4 weeks	<ul style="list-style-type: none"> ○ Go slower during latter half of taper ○ Taper will reduce, but not eliminate, withdrawal symptoms ○ Patients should avoid alcohol and stimulants during taper
6 months to 1 year	≥ 8 weeks	
> 1 year	6-18 months	

Utilize the following approach to care when tapering a patient from benzodiazepines:

- Use one prescriber and one pharmacy.⁴ Time-limited dispensing may be helpful (e.g., once every 1-2 weeks).
- Establish patient expectations based on duration of benzodiazepine use (see [Talking to Patients About Benzodiazepines](#)).
- Regular check-ins and counseling by the provider and pharmacist are essential for a successful taper.²
- Before the taper begins, plan the first few weeks and then review; if necessary, amend the schedule according to the patient's progress. Be flexible and be ready adjust the schedule to a slower (or faster) rate at any time.⁵

Most patients will benefit by switching to diazepam before tapering (**Table 2**).¹⁻⁵

- The extended half-life and slow elimination of diazepam creates a smooth decline of concentrations in the blood and tissue, which allows the body to adjust to the taper.
- Diazepam allows for twice daily dosing during the taper.⁵ The less often a patient takes tablets, the less their day will revolve around their medications.

- Diazepam is widely available in 2 mg, 5 mg and 10 mg tablets which can be cut in half. The ability to taper using only 1 mg of a less potent benzodiazepine allows for more precision in the taper. No other benzodiazepine comes in this small a dose with similar relative potency.
- Short- and intermediate-acting benzodiazepines will not achieve a smooth decline in blood and tissue concentrations and cause more frequent withdrawal symptoms and cravings between doses (**Table 2**).
- Clonazepam is a commonly used benzodiazepine that is also eliminated more slowly than shorter-acting benzodiazepines, but it has several limitations during a taper:
 - It is eliminated much faster than diazepam so it is still difficult achieve a smooth, slow decline in blood and tissue concentrations.
 - It is extremely potent and there is evidence that withdrawal is particularly difficult with highly potent benzodiazepines.⁵
 - The smallest available tablet is 0.5 mg which is equivalent to about 10 mg of diazepam (**Table 2**), which makes it difficult to create a smooth taper.

Table 2. Benzodiazepine Duration of Action and Dose Equivalence.⁵

Benzodiazepine		Equivalent Doses <i>(varies between individuals)</i>
Short-acting <i>(half-life of drug and metabolites < 6 hours)</i>	Oxazepam	20 mg
	Triazolam	0.5 mg
Intermediate-acting <i>(half-life of drug and metabolites 6-24 hours)</i>	Alprazolam	0.5 mg
	Lorazepam	1 mg
	Temazepam	20 mg
Long-acting <i>(half-life of drug and metabolites > 24 hours)</i>	Chlordiazepoxide	25 mg
	Clobazam	20 mg
	Clonazepam	0.5 mg
	Clorazepate	15 mg
	Diazepam	10 mg
	Flurazepam	15-30 mg
Example: 4 mg of lorazepam per day is equivalent to about 40 mg of diazepam per day.		

Taper Schedules

Patients who have been on a benzodiazepine for over a year should slowly transition to diazepam over a few weeks before tapering.^{1,3,5} A few example taper schedules using the Ashton slow withdrawal method are illustrated in **Tables 4-10** located in the **appendix**.⁵ These examples will provide a guide that can be tailored to each patient. Other example taper schedules can be found [online](#).⁵

- The length of time between each dose reduction should be at least 1 week based on the presence and severity of withdrawal symptoms.^{2,3,5}
- Longer intervals result in safer and more comfortable withdrawal.

The transition works best if one dose is substituted with an equivalent diazepam dose, one dose at a time usually starting with the nighttime dose, then replacing the other doses, one by one, at intervals of 1 week.⁵

- Transitioning over to diazepam one dose at a time avoids the difficulty managing differences in potencies between benzodiazepines and help to find the equivalent dosage for that individual.
- The aim is to find a dose of diazepam which largely prevents withdrawal symptoms but does not cause excessive sleepiness.⁵
- If the patient is on a high dose of benzodiazepine (i.e., 6 mg per day of alprazolam which is equivalent to 120 mg of diazepam), some dose reduction during this transition is advised.
 - The patient may need to switch only part of the dosage at a time (see **Table 5**).
- The larger the initial dose, the greater the size of each dose reduction can be.
 - Aim at reducing dosage by *up to one tenth* at each decrement. For example:
 - An initial 40 mg diazepam daily can be reduced at first by 2-4 mg every 1-2 weeks.
 - When the daily dose reaches 20 mg, reductions could be 1-2 mg every 1-2 weeks.
 - When the daily dose reaches 10 mg, 1 mg reductions are probably indicated.
 - From 5 mg diazepam daily, 0.5 mg reductions every 1-2 weeks may be preferred.

Patients with hepatic failure should not switch to diazepam and should instead taper using their original benzodiazepine. There is insufficient evidence for how to taper in this population, but a similar approach already discussed is reasonable: aim to reduce the total daily dosage by *up to one tenth* every 1-2 weeks.

Management of Benzodiazepine Withdrawal Symptoms

- Withdrawal symptoms fluctuate; the intensity of symptoms does not improve in a steady fashion.
- Avoid increasing the benzodiazepine dose when symptoms worsen or if there is a stressful life event. Continue with the current dose until symptoms abate, even if it takes a few weeks, then continue the taper schedule. The tapering process must always go forward.
- Use caution with “PRN” benzodiazepine doses for stressful situations. These doses will interrupt the physiologic taper process and disrupt the process of learning new coping mechanisms without drugs, which is an essential part of the adaptation to withdrawal.⁵
 - Without “escape pills”, the patient will be empowered to learn how to gain control over their symptoms which will provide confidence that they can cope without benzodiazepines.
- Serious adverse events from benzodiazepine deprescribing (e.g., withdrawal, serious adverse events) are rare but do not differ in frequency based on any specific intervention outside of the taper.⁶
- There is no evidence for symptom management around anxiety and insomnia during the deprescribing process. Adding medications (e.g., antidepressants, antiepileptics, melatonin) during a benzodiazepine taper has not shown to improve success rates.^{1,6}
- Physical symptoms that may present during the taper can be managed medically for limited durations (**Table 3**):

Table 3. Example Treatments for Physical Symptoms of Benzodiazepine Withdrawal.

Condition	Treatment Options
Headache or other pain	<ul style="list-style-type: none"> • Acetaminophen 1,000 mg every 4-6 hours as needed (max 4 g/day) • Ibuprofen 400 mg 3 times daily as needed (avoid in gastritis, ulcers)
Diarrhea	<ul style="list-style-type: none"> • Loperamide 4 mg orally initially, followed by 2 mg after each loose stool (max 16 mg daily)
Nausea or vomiting	<ul style="list-style-type: none"> • Metoclopramide 10 mg orally every 4-6 hours as needed (max 3 doses daily) • Prochlorperazine 5 mg orally 3 times daily as needed • Ondansetron 8 mg orally once daily
Muscle spasms	<ul style="list-style-type: none"> • Methocarbamol 1500 mg orally 3 times daily (max 4 g/day) • Carisoprodol 250 mg orally 4 times daily • Cyclobenzaprine 5-10 mg orally 3 times daily

- Additional therapies should be considered to improve effectiveness of deprescribing in patients with underlying panic disorder.¹ Cognitive behavioral therapy has shown to be helpful during benzodiazepine deprescribing, particularly in this population.⁶
- Advise patients to avoid compensating for benzodiazepines with increased intake of alcohol, cannabis, and other substances.
- Advise the patient not to become obsessed with their taper schedule. Let it just become a normal way of life for the next few months.⁵

References:

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2. Ashton CH. Benzodiazepine Guidance. British National Formulary, Section 4.1: Hypnotics and Anxiolytics (November 2013). Available online at <https://www.benzo.org.uk/BNF.htm>. Accessed 11 February 2022.
3. Clinical guidelines for withdrawal management and treatment of drug dependence in closed settings. Geneva: World Health Organization; 2009. PMID: 26269862.
4. Prescribing drugs of dependence in general practice, Part B – Benzodiazepines. Melbourne: The Royal Australian College of General Practitioners, 2015.
5. Ashton CH. Benzodiazepines: how they work and how to withdraw (aka The Ashton Manual). Available online at <https://benzo.org.uk/manual/index.htm>. Accessed 11 February 2022.
6. Ray M, Anderson R, Harrod C. Deprescribing benzodiazepines: clinical evidence and management strategies. Portland, OR: Center for Evidence-based Policy, Oregon Health & Science University; 2019.

Appendix: Example Taper Regimens

Table 4. Example Slow Diazepam Taper Schedule.⁴

<i>Notes:</i>			
1. Requires use of 2 mg, 5 mg and 10 mg tablets			
2. Tablets are scored and can be cut in half			
3. Begin at any stage based on baseline dose			
4. Stages 1-5 can be managed in weekly intervals			
5. Latter stages are probably better in 2-week intervals			
	Morning	Night	Total Daily Dose
Starting Dose	20 mg	20 mg	40 mg
Stage 1 (1-2 weeks)	18 mg	20 mg	38 mg
Stage 2 (1-2 weeks)	18 mg	18 mg	36 mg
Stage 3 (1-2 weeks)	16 mg	18 mg	34 mg
Stage 4 (1-2 weeks)	16 mg	16 mg	32 mg
Stage 5 (1-2 weeks)	14 mg	16 mg	30 mg
Stage 6 (1-2 weeks)	14 mg	14 mg	28 mg
Stage 7 (1-2 weeks)	12 mg	14 mg	26 mg
Stage 8 (1-2 weeks)	12 mg	12 mg	24 mg
Stage 9 (1-2 weeks)	10 mg	12 mg	22 mg
Stage 10 (1-2 weeks)	10 mg	10 mg	20 mg
Stage 11 (1-2 weeks)	8 mg	10 mg	18 mg
Stage 12 (1-2 weeks)	8 mg	8 mg	16 mg
Stage 13 (1-2 weeks)	6 mg	8 mg	14 mg
Stage 14 (1-2 weeks)	5 mg	8 mg	13 mg
Stage 15 (1-2 weeks)	4 mg	8 mg	12 mg
Stage 16 (1-2 weeks)	3 mg	8 mg	11 mg
Stage 17 (1-2 weeks)	2 mg	8 mg	10 mg
Stage 18 (1-2 weeks)	1 mg	8 mg	9 mg
Stage 19 (1-2 weeks)	--	8 mg	8 mg
Stage 20 (1-2 weeks)	--	7 mg	7 mg
Stage 21 (1-2 weeks)	--	6 mg	6 mg
Stage 22 (1-2 weeks)	--	5 mg	5 mg
Stage 23 (1-2 weeks)	--	4 mg	4 mg
Stage 24 (1-2 weeks)	--	3 mg	3 mg
Stage 25 (1-2 weeks)	--	2 mg	2 mg
Stage 26 (1-2 weeks)	--	1 mg	1 mg

Table 5. Example Slow Taper Schedule from Alprazolam 6 mg daily (High Dose Taper).⁴

	Morning	Midday	Night	Daily Diazepam Equivalent
Starting Dosage	Alprazolam 2 mg	Alprazolam 2 mg	Alprazolam 2 mg	120 mg
Stage 1 (1 week)	Alprazolam 2 mg	Alprazolam 2 mg	Alprazolam 1.5 mg Diazepam 10 mg	120 mg
Stage 2 (1 week)	Alprazolam 2 mg	Alprazolam 2 mg	Alprazolam 1 mg Diazepam 20 mg	120 mg
Stage 3 (1 week)	Alprazolam 1.5 mg Diazepam 10 mg	Alprazolam 2 mg	Alprazolam 1 mg Diazepam 20 mg	120 mg
Stage 4 (1 week)	Alprazolam 1 mg Diazepam 20 mg	Alprazolam 2 mg	Alprazolam 1 mg Diazepam 20 mg	120 mg
Stage 5 (1-2 weeks)	Alprazolam 1 mg Diazepam 20 mg	Alprazolam 1 mg Diazepam 10 mg	Alprazolam 1 mg Diazepam 20 mg	110 mg
Stage 6 (1-2 weeks)	Alprazolam 1 mg Diazepam 20 mg	Alprazolam 1 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 20 mg	100 mg
Stage 7 (1-2 weeks)	Alprazolam 1 mg Diazepam 20 mg	Alprazolam 1 mg Diazepam 10 mg	<i>Stop alprazolam</i> Diazepam 20 mg	90 mg
Stage 8 (1-2 weeks)	Alprazolam 0.5 mg Diazepam 20 mg	Alprazolam 1 mg Diazepam 10 mg	Diazepam 20 mg	80 mg
Stage 9 (1-2 weeks)	Alprazolam 0.5 mg Diazepam 20 mg	Alprazolam 0.5 mg Diazepam 10 mg	Diazepam 20 mg	70 mg
Stage 10 (1-2 weeks)	Alprazolam 0.5 mg Diazepam 20 mg	<i>Stop alprazolam</i> Diazepam 10 mg	Diazepam 20 mg	60 mg
Stage 11 (1-2 weeks)	<i>Stop alprazolam</i> Diazepam 20 mg	Diazepam 10 mg	Diazepam 20 mg	50 mg
Stage 12 (1-2 weeks)	Diazepam 25 mg	<i>Stop midday dose and split 5 mg to AM and PM dose</i>	Diazepam 25 mg	50 mg
Stage 13 (1-2 weeks)	Diazepam 20 mg	--	Diazepam 25 mg	45 mg
Stage 14 (1-2 weeks)	Diazepam 20 mg	--	Diazepam 20 mg	40 mg
→	Continue to diazepam taper schedule on Table 3 , Stage 1.			

Table 6. Example Slow Taper Schedule from Alprazolam 4 mg daily.⁴

Note: There is no taper in Stages 1-5 so these can be undertaken at weekly intervals if tolerated.

	Morning	Midday	Afternoon	Night	Daily Diazepam Equiv
Starting Dosage	Alprazolam 1 mg	Alprazolam 1 mg	Alprazolam 1 mg	Alprazolam 1 mg	80 mg
Stage 1 (1 week)	Alprazolam 1 mg	Alprazolam 1 mg	Alprazolam 1 mg	Alprazolam 0.5 mg Diazepam 10 mg	80 mg
Stage 2 (1 week)	Alprazolam 1 mg	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 1 mg	Alprazolam 0.5 mg Diazepam 10 mg	80 mg
Stage 3 (1 week)	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 1 mg	Alprazolam 0.5 mg Diazepam 10 mg	80 mg
Stage 4 (1 week)	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	80 mg
Stage 5 (1 week)	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	Diazepam 20 mg	80 mg
Stage 6 (1-2 weeks)	Alprazolam 0.5 mg Diazepam 10 mg	Alprazolam 0.25 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	Diazepam 20 mg	75 mg
Stage 7 (1-2 weeks)	Alprazolam 0.25 mg Diazepam 10 mg	Alprazolam 0.25 mg Diazepam 10 mg	Alprazolam 0.5 mg Diazepam 10 mg	Diazepam 20 mg	70 mg
Stage 8 (1-2 weeks)	Alprazolam 0.25 mg Diazepam 10 mg	Alprazolam 0.25 mg Diazepam 10 mg	Alprazolam 0.25 mg Diazepam 10 mg	Diazepam 20 mg	65 mg
Stage 9 (1-2 weeks)	Alprazolam 0.25 mg Diazepam 10 mg	<i>Stop alprazolam</i> Diazepam 10 mg	Alprazolam 0.25 mg Diazepam 10 mg	Diazepam 20 mg	60 mg
Stage 10 (1-2 weeks)	<i>Stop alprazolam</i> Diazepam 10 mg	Diazepam 10 mg	Alprazolam 0.25 mg Diazepam 10 mg	Diazepam 20 mg	55 mg
Stage 11 (1-2 weeks)	Diazepam 10 mg	Diazepam 10 mg	<i>Stop alprazolam</i> Diazepam 10 mg	Diazepam 20 mg	50 mg
Stage 12 (1-2 weeks)	Diazepam 10 mg	Diazepam 5 mg	Diazepam 10 mg	Diazepam 20 mg	45 mg
Stage 13 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 10 mg	Diazepam 20 mg	40 mg
Stage 14 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 5 mg	Diazepam 20 mg	35 mg
Stage 15 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 5 mg	Diazepam 15 mg	30 mg
Stage 16 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 5 mg	Diazepam 12.5 mg	27.5 mg
Stage 17 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 5 mg	Diazepam 10 mg	25 mg
Stage 18	Diazepam 5 mg	Diazepam 2.5 mg	Diazepam 5 mg	Diazepam 10 mg	22.5 mg

(1-2 weeks)					
Stage 19 (1-2 weeks)	Diazepam 5 mg	<i>Stop diazepam</i>	Diazepam 5 mg	Diazepam 10 mg	20 mg
Stage 20 (1-2 weeks)	Diazepam 4 mg	--	Diazepam 5 mg	Diazepam 10 mg	19 mg
Stage 21 (1-2 weeks)	Diazepam 4 mg	--	Diazepam 4 mg	Diazepam 10 mg	18 mg
Stage 22 (1-2 weeks)	Diazepam 4 mg	--	Diazepam 3 mg	Diazepam 10 mg	17 mg
Stage 23 (1-2 weeks)	Diazepam 3 mg	--	Diazepam 3 mg	Diazepam 10 mg	16 mg
Stage 24 (1-2 weeks)	Diazepam 3 mg	--	Diazepam 2 mg	Diazepam 10 mg	15 mg
Stage 25 (1-2 weeks)	Diazepam 2 mg	--	Diazepam 2 mg	Diazepam 10 mg	14 mg
Stage 26 (1-2 weeks)	Diazepam 2 mg	--	<i>Stop diazepam</i>	Diazepam 10 mg	12 mg
Stage 27 (1-2 weeks)	<i>Stop diazepam</i>	--	--	Diazepam 10 mg	10 mg
→	Continue to diazepam taper schedule from Table 6 , Stage 26.				

Table 7. Example Slow Taper Schedule from Lorazepam 6 mg daily.⁴

<i>Notes:</i>				
1. There is no taper in Stages 1-5 so these can be undertaken at weekly intervals if tolerated.				
2. The nightly diazepam dose should be taken at bedtime even if the lorazepam is usually taken earlier.				
3. In stages 6-11, the taper begins before fully transitioning to diazepam. These stages can be undertaken in 2-week intervals.				
4. In stages 17-25, the daytime doses of lorazepam are phased out; thereafter, the nighttime dose of diazepam can be reduced by only 1 mg every 1-2 weeks.				
5. A combination of 2 mg, 5 mg, and 10 mg diazepam tablets are needed for this taper. The 2 mg tablets are scored and can be easily cut in half to obtain 1 mg doses.				
	Morning	Midday	Night	Daily Diazepam Equivalent
Starting Dosage	Lorazepam 2 mg	Lorazepam 2 mg	Lorazepam 2 mg	60 mg
Stage 1 (1 week)	Lorazepam 2 mg	Lorazepam 2 mg	Lorazepam 1 mg Diazepam 10 mg	60 mg
Stage 2 (1 week)	Lorazepam 1.5 mg Diazepam 5 mg	Lorazepam 2 mg	Lorazepam 1 mg Diazepam 10 mg	60 mg
Stage 3 (1 week)	Lorazepam 1.5 mg Diazepam 5 mg	Lorazepam 2 mg	Lorazepam 0.5 mg Diazepam 15 mg	60 mg
Stage 4 (1 week)	Lorazepam 1.5 mg Diazepam 5 mg	Lorazepam 1.5 mg Diazepam 5 mg	Lorazepam 0.5 mg Diazepam 15 mg	60 mg
Stage 5 (1-2 weeks)	Lorazepam 1.5 mg Diazepam 5 mg	Lorazepam 1.5 mg Diazepam 5 mg	Stop lorazepam Diazepam 20 mg	60 mg
Stage 6 (1-2 weeks)	Lorazepam 1 mg Diazepam 5 mg	Lorazepam 1.5 mg Diazepam 5 mg	Diazepam 20 mg	55 mg
Stage 7 (1-2 weeks)	Lorazepam 1 mg Diazepam 5 mg	Lorazepam 1 mg Diazepam 5 mg	Diazepam 20 mg	50 mg
Stage 8 (1-2 weeks)	Lorazepam 0.5 mg Diazepam 5 mg	Lorazepam 1 mg Diazepam 5 mg	Diazepam 20 mg	45 mg
Stage 9 (1-2 weeks)	Lorazepam 0.5 mg Diazepam 5 mg	Lorazepam 0.5 mg Diazepam 5 mg	Diazepam 20 mg	40 mg
Stage 10 (1-2 weeks)	Stop lorazepam Diazepam 5 mg	Lorazepam 0.5 mg Diazepam 5 mg	Diazepam 20 mg	35 mg
Stage 11 (1-2 weeks)	Diazepam 5 mg	Stop lorazepam Diazepam 5 mg	Diazepam 20 mg	30 mg
Stage 12 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 18 mg	28 mg
Stage 13 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 16 mg	26 mg
Stage 14 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 14 mg	24 mg
Stage 15 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 12 mg	22 mg
Stage 16 (1-2 weeks)	Diazepam 5 mg	Diazepam 5 mg	Diazepam 10 mg	20 mg
Stage 17 (1-2 weeks)	Diazepam 5 mg	Diazepam 4 mg	Diazepam 10 mg	19 mg
Stage 18 (1-2 weeks)	Diazepam 4 mg	Diazepam 4 mg	Diazepam 10 mg	18 mg
Stage 19 (1-2 weeks)	Diazepam 4 mg	Diazepam 3 mg	Diazepam 10 mg	17 mg
Stage 20 (1-2 weeks)	Diazepam 3 mg	Diazepam 3 mg	Diazepam 10 mg	16 mg
Stage 21 (1-2 weeks)	Diazepam 3 mg	Diazepam 2 mg	Diazepam 10 mg	15 mg
Stage 22 (1-2 weeks)	Diazepam 2 mg	Diazepam 2 mg	Diazepam 10 mg	14 mg
Stage 23 (1-2 weeks)	Diazepam 2 mg	Diazepam 1 mg	Diazepam 10 mg	13 mg
Stage 24 (1-2 weeks)	Diazepam 1 mg	Diazepam 1 mg	Diazepam 10 mg	12 mg
Stage 25 (1-2 weeks)	Diazepam 1 mg	Stop diazepam	Diazepam 10 mg	11 mg
Stage 26 (1-2 weeks)	Stop diazepam	--	Diazepam 10 mg	10 mg
Stage 27 (1-2 weeks)	--	--	Diazepam 9 mg	9 mg

Stage 28 (1-2 weeks)	--	--	Diazepam 8 mg	8 mg
Stage 29 (1-2 weeks)	--	--	Diazepam 7 mg	7 mg
Stage 30 (1-2 weeks)	--	--	Diazepam 6 mg	6 mg
Stage 31 (1-2 weeks)	--	--	Diazepam 5 mg	5 mg
Stage 32 (1-2 weeks)	--	--	Diazepam 4 mg	4 mg
Stage 33 (1-2 weeks)	--	--	Diazepam 3 mg	3 mg
Stage 34 (1-2 weeks)	--	--	Diazepam 2 mg	2 mg
Stage 35 (1-2 weeks)	--	--	Diazepam 1 mg	1 mg
Stage 36 (1-2 weeks)	--	--	<i>Stop diazepam</i>	--

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Table 8. Example Slow Taper Schedule from Lorazepam 3 mg daily.⁴

	Morning	Midday	Night	Daily Diazepam Equivalent
Starting Dosage	Lorazepam 1 mg	Lorazepam 1 mg	Lorazepam 1 mg	30 mg
Stage 1 (1 week)	Lorazepam 1 mg	Lorazepam 1 mg	Lorazepam 0.5 mg Diazepam 5 mg	30 mg
Stage 2 (1 week)	Lorazepam 0.5 mg Diazepam 5 mg	Lorazepam 1 mg	Lorazepam 0.5 mg Diazepam 5 mg	30 mg
Stage 3 (1 week)	Lorazepam 0.5 mg Diazepam 5 mg	Lorazepam 0.5 mg Diazepam 5 mg	Lorazepam 0.5 mg Diazepam 5 mg	30 mg
Stage 4 (1 week)	Lorazepam 0.5 mg Diazepam 5 mg	Lorazepam 0.5 mg Diazepam 5 mg	<i>Stop lorazepam</i> Diazepam 10 mg	30 mg
Stage 5 (1-2 weeks)	<i>Stop lorazepam</i> Diazepam 10 mg	Lorazepam 0.5 mg Diazepam 5 mg	Diazepam 10 mg	30 mg
Stage 6 (1-2 weeks)	Diazepam 10 mg	<i>Stop lorazepam</i> Diazepam 10 mg	Diazepam 10 mg	30 mg
Stage 7 (1-2 weeks)	Diazepam 10 mg	Diazepam 8 mg	Diazepam 10 mg	28 mg
Stage 8 (1-2 weeks)	Diazepam 8 mg	Diazepam 8 mg	Diazepam 10 mg	26 mg
Stage 9 (1-2 weeks)	Diazepam 8 mg	Diazepam 6 mg	Diazepam 10 mg	24 mg
Stage 10 (1-2 weeks)	Diazepam 6 mg	Diazepam 6 mg	Diazepam 10 mg	22 mg
Stage 11 (1-2 weeks)	Diazepam 6 mg	Diazepam 4 mg	Diazepam 10 mg	20 mg
Stage 12 (1-2 weeks)	Diazepam 6 mg	Diazepam 2 mg	Diazepam 10 mg	18 mg
Stage 13 (1-2 weeks)	Diazepam 6 mg	<i>Stop diazepam</i>	Diazepam 10 mg	16 mg
Stage 14 (1-2 weeks)	Diazepam 5 mg	--	Diazepam 10 mg	15 mg
Stage 15 (1-2 weeks)	Diazepam 4 mg	--	Diazepam 10 mg	14 mg
Stage 16 (1-2 weeks)	Diazepam 3 mg	--	Diazepam 10 mg	13 mg
Stage 17 (1-2 weeks)	Diazepam 2 mg	--	Diazepam 10 mg	12 mg
Stage 18 (1-2 weeks)	Diazepam 1 mg	--	Diazepam 10 mg	11 mg
Stage 19 (1-2 weeks)	<i>Stop diazepam</i>	--	Diazepam 10 mg	10 mg
→	Continue diazepam taper schedule from Table 6 , Stage 26.			

Table 9. Example Slow Taper Schedule from Clonazepam 1.5 mg daily.

	Morning	Midday	Night	Daily Diazepam Equivalent
Starting Dosage	Clonazepam 0.5 mg	Clonazepam 0.5 mg	Clonazepam 0.5 mg	30 mg
Stage 1 (1 week)	Clonazepam 0.5 mg	Clonazepam 0.5 mg	Clonazepam 0.25 mg Diazepam 5 mg	30 mg
Stage 2 (1 week)	Clonazepam 0.5 mg Diazepam 5 mg	Clonazepam 0.5 mg	<i>Stop Clonazepam</i> Diazepam 10 mg	30 mg
Stage 3 (1 week)	Clonazepam 0.25 mg Diazepam 5 mg	Clonazepam 0.25 mg Diazepam 5 mg	Diazepam 10 mg	30 mg
Stage 4 (1 week)	Clonazepam 0.25 mg Diazepam 5 mg	Clonazepam 0.25 mg Diazepam 5 mg	Diazepam 10 mg	30 mg
Stage 5 (1-2 weeks)	<i>Stop clonazepam</i> Diazepam 10 mg	Clonazepam 0.25 mg Diazepam 5 mg	Diazepam 10 mg	30 mg
Stage 6 (1-2 weeks)	Diazepam 10 mg	<i>Stop Clonazepam</i> Diazepam 8 mg	Diazepam 10 mg	28 mg
Stage 7 (1-2 weeks)	Diazepam 10 mg	Diazepam 6 mg	Diazepam 10 mg	26 mg
Stage 8 (1-2 weeks)	Diazepam 10 mg	Diazepam 4 mg	Diazepam 10 mg	24 mg
Stage 9 (1-2 weeks)	Diazepam 10 mg	Diazepam 2 mg	Diazepam 10 mg	22 mg
Stage 10 (1-2 weeks)	Diazepam 10 mg	<i>Stop diazepam</i>	Diazepam 10 mg	20 mg
Stage 11 (1-2 weeks)	Diazepam 8 mg	--	Diazepam 10 mg	18 mg
Stage 12 (1-2 weeks)	Diazepam 6 mg	--	Diazepam 10 mg	16 mg
Stage 13 (1-2 weeks)	Diazepam 4 mg	--	Diazepam 10 mg	14 mg
Stage 14 (1-2 weeks)	Diazepam 2 mg	--	Diazepam 10 mg	12 mg
Stage 15 (1-2 weeks)	<i>Stop diazepam</i>	--	Diazepam 10 mg	10 mg
→	Continue diazepam taper schedule from Table 6 , Stage 26.			

Table 10. Example Slow Taper Schedule from Clonazepam 3 mg daily.

Note: the small reduction (27.5 mg to 27 mg) between stages 9 and 10 is to adjust for twice daily dose.

	Morning	Midday	Night	Daily Diazepam Equivalent
Starting Dosage	Clonazepam 1 mg	Clonazepam 1 mg	Clonazepam 1 mg	60 mg
Stage 1 (1-2 weeks)	Clonazepam 1 mg	Clonazepam 1 mg	Clonazepam 0.5 mg Diazepam 10 mg	60 mg
Stage 2 (1-2 weeks)	Clonazepam 0.5 mg Diazepam 10 mg	Clonazepam 1 mg	Clonazepam 0.5 mg Diazepam 10 mg	60 mg
Stage 3 (1-2 weeks)	Clonazepam 0.5 mg Diazepam 10 mg	Clonazepam 0.5 mg Diazepam 5 mg	Clonazepam 0.5 mg Diazepam 10 mg	55 mg
Stage 4 (1-2 weeks)	Clonazepam 0.5 mg Diazepam 10 mg	Clonazepam 0.5 mg Diazepam 5 mg	<i>Stop clonazepam</i> Diazepam 15 mg	50 mg
Stage 5 (1-2 weeks)	Clonazepam 0.25 mg Diazepam 10 mg	Clonazepam 0.5 mg Diazepam 5 mg	Diazepam 15 mg	45 mg
Stage 6 (1-2 weeks)	Clonazepam 0.25 mg Diazepam 10 mg	Clonazepam 0.25 mg Diazepam 5 mg	Diazepam 15 mg	40 mg
Stage 7 (1-2 weeks)	<i>Stop clonazepam</i> Diazepam 10 mg	Clonazepam 0.25 mg Diazepam 5 mg	Diazepam 15 mg	35 mg
Stage 8 (1-2 weeks)	Diazepam 10 mg	<i>Stop clonazepam</i> Diazepam 5 mg	Diazepam 15 mg	30 mg
Stage 9 (1-2 weeks)	Diazepam 10 mg	Diazepam 2.5 mg	Diazepam 15 mg	27.5 mg
Stage 10 (1-2 weeks)	Diazepam 12 mg	<i>Stop diazepam</i>	Diazepam 15 mg	27 mg
Stage 11 (1-2 weeks)	Diazepam 10 mg	--	Diazepam 15 mg	25 mg
Stage 12 (1-2 weeks)	Diazepam 10 mg	--	Diazepam 14 mg	24 mg
Stage 13 (1-2 weeks)	Diazepam 10 mg	--	Diazepam 12 mg	22 mg
Stage 14 (1-2 weeks)	Diazepam 10 mg	--	Diazepam 10 mg	20 mg
Stage 15 (1-2 weeks)	Diazepam 8 mg	--	Diazepam 10 mg	18 mg
Stage 16 (1-2 weeks)	Diazepam 6 mg	--	Diazepam 10 mg	16 mg
Stage 17 (1-2 weeks)	Diazepam 4 mg	--	Diazepam 10 mg	14 mg
Stage 18 (1-2 weeks)	Diazepam 2 mg	--	Diazepam 10 mg	12 mg
Stage 19 (1-2 weeks)	<i>Stop diazepam</i>	--	Diazepam 10 mg	10 mg
→	Continue diazepam taper schedule from Table 6 , Stage 26.			

Why Your Patient Could Benefit from Deprescribing

- **Inappropriate indication:** The risk of benzodiazepines in the treatment of posttraumatic stress disorder (PTSD) outweighs potential short-term benefits, and can worsen severity of symptoms, lead to aggression, depression and substance use, or even cause PTSD in patients with recent trauma.¹
- **Tolerance:** With rare exceptions for severe panic disorders² and social phobias³, benzodiazepines can lose effectiveness with regular long-term use (i.e., greater than 3 months²). Tolerance often leads to physical and psychological dependence.
- **Long-term harm:** There are several adverse effects a patient should consider, such as falls, bone fractures, motor vehicle accidents, poor memory and cognition, and risk of overdose or death when combined with an opioid.⁴⁻⁷
- **Feel better:** Patients who have depended on a benzodiazepine for several months or years will feel better mentally, emotionally and physically after the drug is eventually discontinued.⁸

How to Successfully Deprescribe a Benzodiazepine

- **Start the conversation:** Begin with simple, open conversations about benzodiazepines.⁹ Ultimately, it is a positive provider-patient partnership that will help the patient successfully discontinue benzodiazepines.¹⁰⁻¹² Seek help for patients who misuse or abuse benzodiazepines, or who have alcohol or opioid co-dependencies before deprescribing.
- **It's a process:** It is likely to take several visits before a patient is ready to deprescribe. One visit may be used to broach the idea that benzodiazepines are not great long-term treatments; the next visit a deeper dive into why. Provide them an [educational brochure](#) about benzodiazepines. Steady progress towards a shared goal with the patient is ultimately best for everybody involved. This stepwise approach can really help get your patient onboard.¹⁰⁻¹³
- **Everyone is fully committed:** Both provider and patient should recognize that coming off a benzodiazepine is a challenge. If a patient is forced or persuaded to deprescribe against their will, it often leads to failure; if both are sufficiently motivated, there is a very high probability of success.
- **Empower your patient:** Benzodiazepine deprescribing is a less frightening experience when the patient has some measure of control over the process. A sufficiently gradual and individualized taper makes the process better.
- **Set expectations:** An educated patient who confidently understands the cause and nature of withdrawal symptoms will find the deprescribing process much easier. A gradual taper will reduce withdrawal symptoms but may not eliminate them. Previous bad experiences with deprescribing are usually because the drug was tapered too quickly, and the patient did not know what to expect.⁸
- **Go slow:** A sufficiently slow taper of the benzodiazepine permits the neuroadaptive responses induced by the drug to regain control of their natural central functions. This healing process of the mind can take a long time, similar to slow physical healing of other parts of the body.⁸
- **It's not a competition:** The rate of taper, as long as it is slow enough, is not critical. Whether it takes 6 months, 12 months or 18 months is of little significance if the patient has taken benzodiazepines for years.⁸ Each person's experience with deprescribing is unique, and differs in type, quality, severity, time-course, and duration.⁸

Next, review [How to Approach a Benzodiazepine Taper](#)

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Patient Guide to Benzodiazepines

What are benzodiazepines?

Benzodiazepines are a type of medication called sedatives or hypnotics. Benzodiazepines may be prescribed by your doctor to help with anxiety or sleep problems (insomnia). They work by calming different brain areas to cover up the symptoms of anxiety or insomnia, but do not solve the root cause of these problems.

You are taking a benzodiazepine if you are using any of the medications listed below:

- Alprazolam (Xanax®)
- Clorazepate (Tranxene-T®)
- Chlordiazepoxide
- Clobazam (Onfi®)
- Clonazepam (Klonopin®)
- Diazepam (Valium®)
- Estazolam
- Flurazepam
- Lorazepam (Ativan®)
- Oxazepam
- Quazepam (Doral®)
- Temazepam (Restoril®)
- Triazolam (Halcion®)

What are the side effects of benzodiazepines?

- Drowsy or sleepy
- Headache
- Confusion
- Numb emotions
- Poor awareness of surroundings
- Muscle weakness
- Memory and concentration problems
- Tremor
- Problems with balance, swallowing, speaking, and vision

These side effects can increase your risk of accidents at work, while driving or at home. It also increases your risk for falling.

How long should benzodiazepines be taken?

Benzodiazepines are only meant to be used for a short time to manage symptoms of anxiety and insomnia.

Can I become dependent to benzodiazepines?

Yes. All persons will become dependent on benzodiazepines in as little as a few weeks of regular use. Dependence can lead to addiction in some people.

What does drug dependence mean?

Drug dependence means your body craves the drug so that if you do not take it you experience uncomfortable symptoms like those mentioned below. It is possible anyone can become dependent on benzodiazepines, just like someone can become dependent on alcohol, certain pain killers or street drugs.

What will get better when I stop taking benzodiazepines?

By trading benzodiazepines for other anxiety and stress reduction activities, talk therapy, support group, or a combination of all three, you will no longer experience the side effects of the medications.

This means you will gain:

- More energy
- Improvements in memory and focus
- More awareness of what is happening around you
- More ability to participate in activities that interest you
- You will also reduce your risk falling and injuries from accidents

Will I feel bad when I start cutting back on my benzodiazepine dose?

No one feels 100% when they reduce their benzodiazepine doses. It is common to experience some withdrawal side effects (see below) during tapering. It is common to experience withdrawal symptoms when reducing benzodiazepine doses. Those who have been on these medications for more than a month are more likely to experience the effects of withdrawal.

The good news is withdrawal symptoms can be very tolerable when a taper plan is individualized just for you and when you use relaxation activities, talk with a therapist and other use coping strategies.

How do I stop taking benzodiazepines?

Slowly and with the help of a provider. Talk to your doctor or pharmacist to create a dose reduction plan. Dose reduction plans are also called “tapering.” Tapering involves working with a provider to slowly reduce your medication dosage over a long period (weeks, months or even over a year).

It can also help to talk with a therapist or join a support group with others who are learning new ways of coping with stress and anxiety without the use of prescription medications, drugs or alcohol.

Are there other medications that can treat anxiety?

Yes. Anti-depressant medications can be prescribed to help manage anxiety. Talk to your provider about this option.

What else should I know about stopping benzodiazepines?

- Trading benzodiazepines for cannabis, alcohol or other drugs will not reduce anxiety in the long-term and can also lead to drug dependence.
- It is very important to be honest with your provider about how comfortable you are with each new dose reduction step. If you would rather wait a longer period to try the next dose reduction, tell your provider.

Benzodiazepine withdrawal symptoms

- Anxiety, nervousness
- Muscle stiffness
- Weakness (“jelly legs”)
- Stomach pain or nausea
- Flu-like symptoms
- Vision problems
- Insomnia, nightmares or sleep disturbances
- Dizziness
- Memory and concentration problems
- May get easily upset
- Seeing or hearing things (hallucinations)
- Tingling, numbness, unusual skin sensations
- Feel like you are in a dream

How do I deal with my anxiety without benzodiazepines?

There are many things you can do to help yourself relax when you feel anxious, tense or stressed. A good place to start is by doing the healthy activities that have helped you relax in the past. You may find some of your favorite things to do – or new things to try – in the list below.

This is not a complete list; you get to do what works best for you. If you choose to slowly stop your benzodiazepine, you may need to try a number of different activities. Try these activities more often or for a longer time to reduce the anxiety and feel more relaxed.

- Exercise (walking, running, biking, hiking)
- Taking a warm bath
- Journaling
- Stretching (yoga or athletic stretching)
- Listening to music
- Talking with friends
- Gardening
- Spending time with a pet
- Reading
- Making art (painting, drawing, coloring, crafts)
- [Deep breathing](#)
- [Progressive muscle relaxation](#)
- Mindfulness/meditation
- Spiritual or religious practices of your choice
- Other activities you like to do that help you relax:
_____, _____, _____

Other ways to help anxiety are:

- Drink less caffeine
- Avoid alcohol and other drugs
- Eat a healthy diet with less fast food
- Spend time outdoors!

What do I do if my anxiety feels overwhelming?

Many people find talk therapy helps them learn ways to manage anxious thoughts and feelings. One of the types of talk therapy that works well is called “CBT” or “cognitive behavioral therapy.” This type of therapy helps you learn how to challenge your thinking about the situations that make you anxious. Talk therapists gently guide you through this learning process and, over time, the anxious thoughts and feelings don’t feel as powerful and don’t lead to as much anxiety.

Other types of talk therapy are helpful, too! More important than the type of therapy offered by a talk therapist is how comfortable you feel with them and if you feel like you are feeling better from your time together.

Example benzodiazepine tapering schedule

This schedule is only an example. Work with your doctor to come up with a plan that works for you. It takes a long time to come off a benzodiazepine. Do not feel rushed. Your schedule may be shorter or longer than the example below.

Be sure to talk to your doctor or pharmacist before stopping your benzodiazepine. Together, you can come up with a good plan!

WEEKS	TAPERING SCHEDULE							✓
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
1-2								
3-4								
5-6								
7-8								
9-10								
11-12								
13-14								
15-16	X		X	X		X		
17-18	X	X	X	X	X	X	X	

EXPLANATIONS			
	Full Dose		Half Dose
	Quarter Dose	X	No Dose

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 We accept all relay calls or you can dial 711.

Anxiety differential diagnoses

Anxiety is present in many other psychiatric diagnoses as well as physical and substance use disorders, all of which can confound diagnostic certainty. Screening for substance use is cross-diagnostically recommended. Below is a table of disorders that are commonly misdiagnosed as an anxiety disorder. This table does not represent all the differences among the disorders, but instead highlights the more distinguishing symptoms and behaviors for multiple overlapping disorders.

Differential Diagnosis

Disorder & Diagnostic Scales	Positively Predictive Symptoms and Behaviors	
Non-Pathological Anxiety	<ul style="list-style-type: none"> • Worries and fears that are proportional with threats and concerns 	
Generalized Anxiety Disorder	<ul style="list-style-type: none"> • “Free-floating”, cross-contextual anxiety • Excessive worries, fears and intrusive thoughts that are not proportional to reality • Complains of feeling tense or “wound up” 	
Unipolar Depression	<ul style="list-style-type: none"> • Hopelessness or guilt • Recurrent thoughts of death, suicidal ideation • Psychomotor agitation or retardation • Little to no motivation 	
Bipolar Disorder	Depressive Phase <ul style="list-style-type: none"> • Like unipolar depression but with periods of mania or hypomania • SSRIs/SNRIs can trigger a manic episode 	Manic Phase <ul style="list-style-type: none"> • Irritability and agitation • Excessive, rapid, pressured speech • Decreased need for sleep • Flights of ideas or racing thoughts • Excessive involvement in high-risk activities
PTSD	<ul style="list-style-type: none"> • Flashbacks • Intrusive thoughts related to traumatic event • Avoidance and irritability related to traumatic event • Hypervigilance, exaggerated startle reflex 	
Obsessive-Compulsive Disorder	<ul style="list-style-type: none"> • Intrusive thoughts not related to traumatic event • Attempts to neutralize thoughts and urges with repetitive behaviors focused on themes of: <ul style="list-style-type: none"> ○ Cleanliness; symmetry; taboo thoughts and fears of harm to self or others 	
ADHD	<ul style="list-style-type: none"> • Inattentiveness or restlessness associated with external stimuli • Problems with task completion • Academic underachievement; disruptive classroom behavior • Child may be frustrated with others; lacks close long-term friendships • Concerns often raised by parents, teachers or another caregiver 	
Borderline Personality Disorder	<ul style="list-style-type: none"> • Marked impulsivity • Difficulty sustaining relationships; switches quickly between love/hate • Mood instability lasting minutes to hours, not for days like bipolar disorder • Recurrent suicidal threats and behaviors • Self-harm/mutilation is done to relieve extreme dysphoria • Emotional dysregulation can be sudden and extreme 	

Non-pathological anxiety

The diagnosis of an anxiety disorder can be even more difficult when there is uncertainty around whether or not the anxiety is the result of a disorder or is a normal reaction to stressors, changes and uncertainties (e.g., job loss, financial instability, housing instability, food insecurity, health concerns, systemic racism, relationship issues, geopolitical or public health events).

Keep these points in mind while assessing anxiety:

- Anxiety can be functional and help us solve problems and take action.
- Anxiety is a normal human reaction to both atypical events and everyday changes, challenges, anticipated losses, and uncertainties that happen to everyone.
- Anxiety is also a normal human reaction to living in a society that is inequitable and potentially dangerous for members of marginalized groups.
- Whether a person's experience of anxiety meets a clinical diagnosis or not, the experience is uncomfortable and unwanted.
- Validating the normalcy of the anxiety can go a long way in lessening discomfort, and for some may be the only intervention necessary.

What providers can do:

- Maintain your own equilibrium during the patient encounter. Being with someone who is anxious can be anxiety-provoking to those around them, including highly skilled providers.
- Acknowledge the universally uncomfortable experience of anxiety.
- Provide psychoeducation on the functional role of anxiety and fear in our lives.
- Validate the impact of anxiety on the person's life.
- Recommend lifestyle changes to lessen anxiousness (e.g., reduce or eliminate caffeine, drugs and alcohol; exercise routinely; use breathing exercises and progressive muscle relaxation)
- Recommend talk therapy (especially cognitive behavioral therapy).
- Refer to appropriate social support services for assistance with rent, employment, shelter, food, medical insurance (e.g., Oregon Health Plan) and support groups if these concerns are fueling the anxiety. Refer the patient to <https://www.211info.org/> for help locating resources in their area.
- Before prescribing medications to treat anxiety, consider the extent to which the patient's life is being disrupted by anxiety.
- Consider SSRIs to treat anxiety if the anxiety/excessive worry is disrupting the person's life to the extent that is consistently interfering with their ability to fulfill important life obligations and achieve personal goals.

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