NMAFP Summer Conference 2021

DEPRESCRIBING OPIOIDS AND BENZODIAZEPINES

Daniel Duhigg, DO, MBA

Medical Director, Duke City Recovery Toolbox

Clinical Associate Professor, University of New Mexico

Clinical Assistant Professor, Burrell College of Osteopathic Medicine

DISCLOSURES

- I have no conflicts of interest regarding the content of this presentation.

LEARNING OBJECTIVES

- At the end of this presentation, the attendee will be able to:
- 1. Identify appropriate indications for benzodiazepines and opiates.
- 2. Implement a model to collaborate with patients in order to reduce opiates to safer levels.
- 3. Implement a model to collaborate with patients in order to reduce or eliminate benzodiazepines safely.

INDICATIONS FOR (CHRONIC) OPIOIDS

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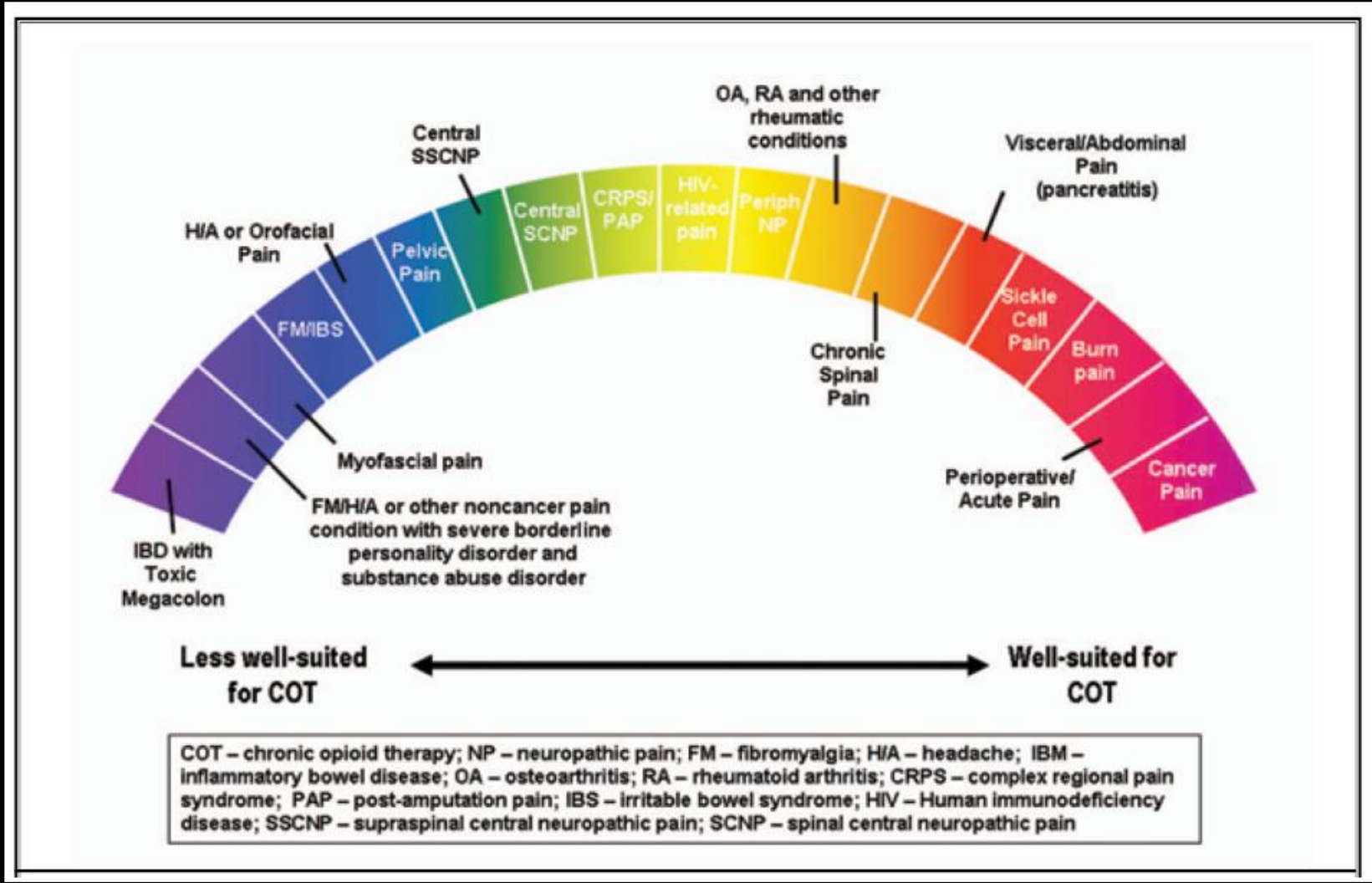

Smith, HS. Pain Physician, 2012;15:ES1-ES7

2016 CDC GUIDELINES FOR COT FOR CHRONIC PAIN

1. Non-pharmacologic therapy and non-opioid therapy are preferred for chronic pain
2. Before starting opioids for chronic pain, establish treatment goals and realistic goals for pain and function, & define parameters and strategy for discontinuing opioids if benefits do not outweigh risks
3. Discuss risks and realistic benefits before starting and periodically
4. Do not start with LA/ER formulations
5. Use caution when exceeding 50 MEQs, and avoid exceeding 90 MEQs or carefully justify the decision to do so
6. When prescribing opioids for acute pain, use lowest dose and shortest duration: typically 3 days, and rarely more than 1 week
7. Evaluate risks/benefits within 1-4 weeks of starting opioids or with a dose escalation. Reevaluate q3 months or more frequently. If benefits do not outweigh risks, taper or discontinue opioids.
8. Evaluate for opioid related harms, and prescribe naloxone rescue kits
9. Review the PDMP at start and at least q3 months
10. Perform urine drug testing before starting opioids, and at least annually* (*q6 months per NM Medical Board)
11. Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible
12. Clinicians should offer or arrange evidence-based treatment (usually MAT) for patients with opioid use disorders

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MORE INDICATIONS FOR (CHRONIC) OPIOIDS

- Opioid Use Disorder
  - Opioid Replacement Therapy
    - Methadone Maintenance Treatment
    - Buprenorphine Maintenance Treatment

I THINK I SHOULD WEAN THE PATIENT OFF OF A MEDICATION. DO I NEED THEIR CONSENT?

No.

INDICATIONS FOR WEANING OPIOIDS

- Signs/symptoms:
  - Patient appears sedated, confused, or intoxicated (or family reports this)
  - Patient shows signs of track marks
  - Patient experiences an accidental or intentional overdose
  - Patient exhibits/reports ANY adverse effects that concern you about their safety
  - Older adult reporting fall(s)
- Behaviors:
  - Patient implies or makes direct threats to anyone in the clinic
  - Patient repeatedly seeks medications from the ED/UC
  - Patient repeatedly requests early refills (for any reason)
  - Patient resists changes in therapy despite clear evidence of adverse effects
  - Patient is noncompliant with polysomnography or CPAP/BiPAP
- Results/Reports
  - PDMP indicates "doctor shopping"
  - Urine Drug Screen is inconsistent with prescribed medications &/or shows the use of other respiratory depressants
  - Any report of diversion

HOW TO WEAN OPIOIDS: GUIDANCE FROM THE FDA ON 4-9-2019

- Abrupt or inappropriately rapid discontinuation of opioids in patients who are physically dependent on them has been associated with:
  - Serious withdrawal symptoms
  - Uncontrolled pain
  - Suicide
  - Attempts to find other sources of opioids, including heroin and illicit fentanyl

- **FDA recommends: Tapering by 10%-25% every 2-4 weeks**

- Provide non-opioid treatment for pain
- Provide or coordinate treatment for opioid use disorder, if present

FDA Drug Safety Communication, 04-09-2019

INDICATIONS FOR BENZODIAZEPINES

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Duration of use	Indications
Long term	• Refractory seizure disorders, guided by **Neurology** • Schizophrenia, guided by **Psychiatry** • Catatonia, guided by **Psychiatry**
Intermittent (<2 doses a week)	• Performance anxiety
Short term (4 weeks maximum)	• Insomnia • Generalized anxiety disorder • Panic disorder • Alcohol Withdrawal • As a muscle relaxant • Adjunct treatment of mania, guided by **Psychiatry**
Single Dose	• Pre-procedural (e.g., pre MRI)

Benzodiazepines are NOT recommended for:

- Insomnia (long-term management)
- Anxiety & Stress (long-term management)
- Posttraumatic Stress Disorder (PTSD)
- In combination with opioid treatment (outside of a Palliative Care or Hospice setting)

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HOW TO WEAN BENZODIAZEPINES

- To determine the duration of a benzodiazepine taper, consider the duration that they have been used:

Duration of benzodiazepine use	Duration of benzodiazepine taper
<3 months	1 week
3-12 months	1 month
>12 months	3 months

- If the patient is deemed to be at high risk of overdose or other serious risks, it may be in their best interests to undergo an abrupt discontinuation with withdrawal-seizure prophylaxis with gabapentin or carbamazepine*. (Details on this at end of presentation.)

HOW TO WEAN BENZODIAZEPINES

- Step 1: Identify benzodiazepine to be used (consider not using alprazolam):

Oral Dose Equivalences of Common BZRAs

		Trade Name	Relative Potency (mg)*	Dosages available as immediate release tablets
Benzodiazepines	Alprazolam	Xanax	0.5	0.25mg, 0.5mg, 1mg, 2mg
	Chlordiazepoxide	Librium	10	
	Clonazepam	Klonopin	0.25-0.5	0.5mg, 1mg, 2mg
	Diazepam	Valium	5	2mg, 5mg, 10mg
	Lorazepam	Ativan	1	0.5mg, 1mg, 2mg
	Oxazepam	Serax	15-30	
	Temazepam	Restoril	10	
	Triazolam	Halcion	0.25	0.125mg, 0.25mg
Z-drugs	Eszopiclone	Lunesta	2	1mg, 2mg, 3mg
	Zaleplon	Sonata	10	
	Zolpidem	Ambien	10	5mg, 10mg

**Approximate equivalencies vary depending upon the resource referenced. In addition, the clinical potency of different drugs varies among individuals (variations in metabolism), and it is difficult to demonstrate equivalence with drugs having very different half-lives. Due to these variables, this table should be used with caution.*

*All values except for clonazepam taken from WHO guidelines. Clonazepam value taken from Australian and United Kingdom guidelines.

HOW TO WEAN BENZODIAZEPINES

- Step 2: Define the wean schedule.

- For a 1-month wean, consider 25% reduction per week 1-3, then a 12.5% reduction in week 4

- For a 3-month wean:
  - Consider reducing from 100% to 50% of starting dose in the first 4 weeks
  - Reduce from 50% to 0% over the second 2 months

HOW TO WEAN BENZODIAZEPINES: EXAMPLE 1

- 1 week wean:

Day	Suggested Milestone	Dose (mg/day)
0	100%	Lorazepam 4 mg daily
1		2 mg daily
2		1.5 mg daily
3 and 4		1 mg daily
5 and 6		0.5 mg daily
7		0.25 mg daily
8	Discontinued	0

HOW TO WEAN BENZODIAZEPINES: EXAMPLE 2

- 1 month wean:

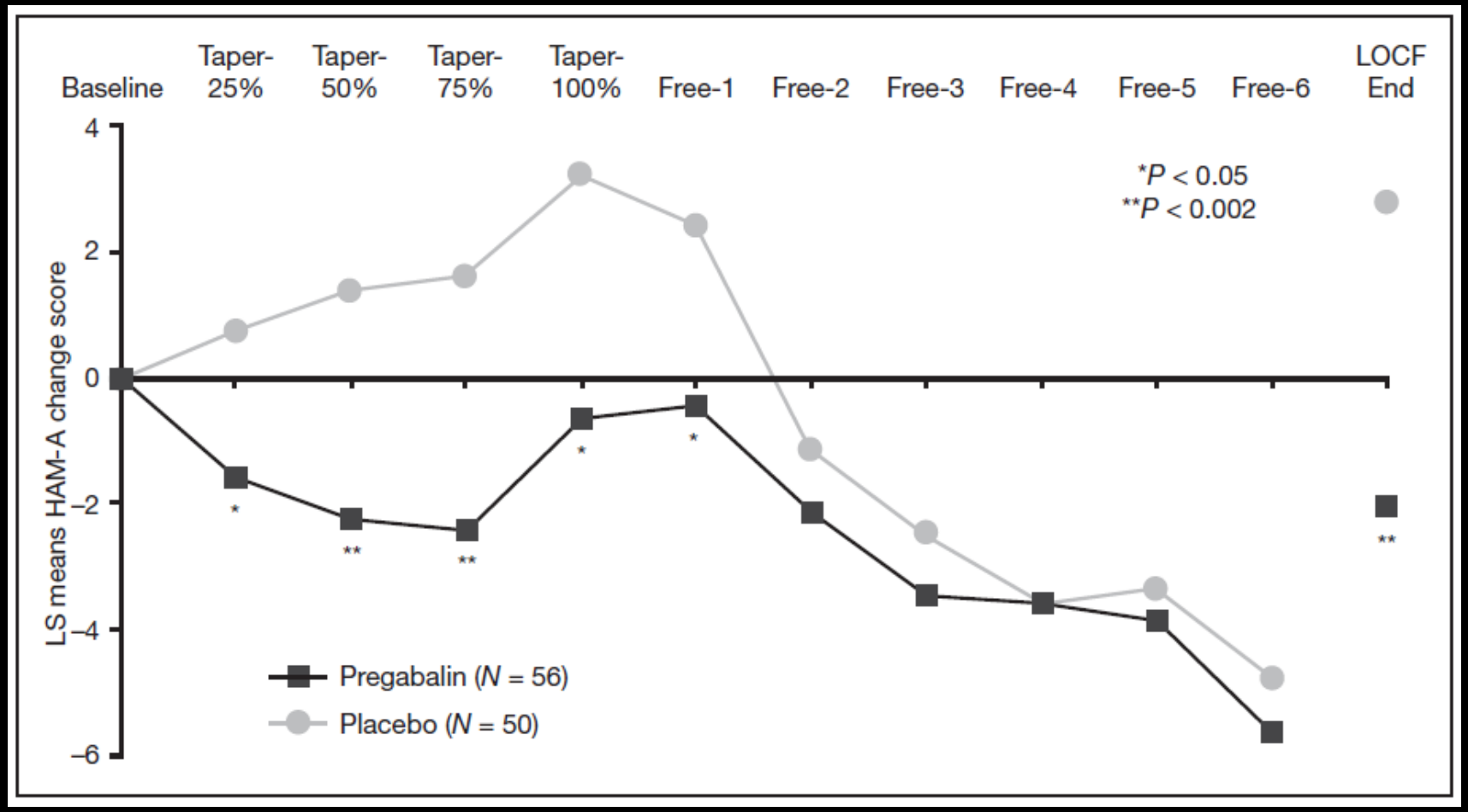
Week	Suggested Milestone	Dose (mg/day)
0	100%	Clonazepam 2 mg daily
1	75%	1.5 mg daily
2	50%	1 mg daily
3	25%	0.5 mg daily
4	12.5%	0.25 mg daily
5	Discontinued	0

HOW TO WEAN BENZODIAZEPINES: EXAMPLE 3

- 3 month wean:

Week	*Suggested Milestone*	*Dose (mg/day)*
0	100%	Alprazolam 1.5 mg daily
1	Conversion to long acting BZD	Clonazepam 1.5 mg daily
2		1 mg daily
3		1 mg daily
4	50%	Clonazepam 0.75 mg daily
5		0.75 mg daily
6		0.75 mg daily
7	~25% (33%)	0.5 mg daily
8		0.5 mg daily
9		0.5 mg daily
10		0.25 mg daily
11		0.25 mg daily
12		0.25 mg daily
13	Discontinued	0

CONSIDER A PREGABALIN-ASSISTED WEAN



Hadley, et al. Journal of psychopharmacology, 2012;26(4):461-470

MANAGING THE DIFFICULT CONVERSATION

Opioids

1. Perform a brief, focused pain-related physical examination
2. Explain risks and express concerns about the patient's safety
3. Elicit patient's concerns and validate them
4. Shared decision-making regarding dose changes
5. Offer non-opioid treatment alternatives
6. Schedule follow-up

Benzodiazepines

1. Explain risks and express concerns about the patient's safety
2. Elicit patient's concerns and validate them
3. Shared decision-making regarding dose changes
4. Offer non-benzodiazepine treatment alternatives
5. Schedule follow-up

THANK YOU!

QUESTIONS?

SEIZURE PROPHYLAXIS

Gabapentin

Day	Dose schedule
1	400 mg TID
2	400 mg TID
3	400 mg TID
4	400 mg BID

Day	Rescue Dose
1	100 mg x3, 300 mg x1 for HS dosing only
2-4	100 mg x 3 (each day)

Equal efficacy with lorazepam in out-patient double-blind trial for ALCOHOL withdrawal

Myrick, Malcom, et al. ACER, 2009;33(9):1582-1588

Carbamazepine

Day	Dose schedule A	Dose schedule B
1	800mg	200mg QID
2	700mg	200mg QID
3	600mg	200mg TID
4	500mg	200mg TID
5	400mg	200mg BID
6	300mg	200mg BID
7	200mg	200mg

Equal efficacy with oxazepam and lorazepam in out-patient double-blind trials for ALCOHOL withdrawal

Malcolm, et al. JGIM, 2002;17:349-355
Malcolm, et al. AJP, 1989;146:617-621