



## Effective strategies for Benzodiazepine weaning in patient care

PANELISTS

Dr. Ali Damji • Dr. Jonathan Bertram

WITH

Dr. Stephanie Zhou • Dr. Nikki Bozinoff



Ontario College of  
Family Physicians

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Family & Community Medicine  
UNIVERSITY OF TORONTO

January 17, 2024

Practising Well: Your Community of Practice

Please introduce yourself in the chat!



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# Your Panelists: Disclosures

## Dr. Ali Damji @DrAliDamji

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- Ontario Medical Association
- Medical Post Advisory Board
- Ontario Health Mental Health & Addictions Advisory Committee
- Foundation for Advancing Family Medicine

## Dr. Jonathan Bertram

Relationships with financial sponsors (including honoraria):

- Practising Well CoP speaker
- CAMH
- Ontario Medical Association
- Health Canada

# Disclosures

## Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- Canadian Medical Association – Honoraria for practice management lectures
- Habitat for Humanity GTA – Board of Directors member
- Toronto Public Health – Board of Directors member

## Dr. Nikki Bozinoff @NikkiBozinoff

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Implementation Group Member, CoP Speaker
- CAMH
- Department of Family and Community Medicine (University of Toronto)
- National Institute on Drug Abuse
- Womenmind
- CIHR
- Academic Health Sciences Alternate Payment Plan

## Disclosure of Financial Support

This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

### **Potential for conflict(s) of interest:**

N/A

## Mitigating Potential Bias

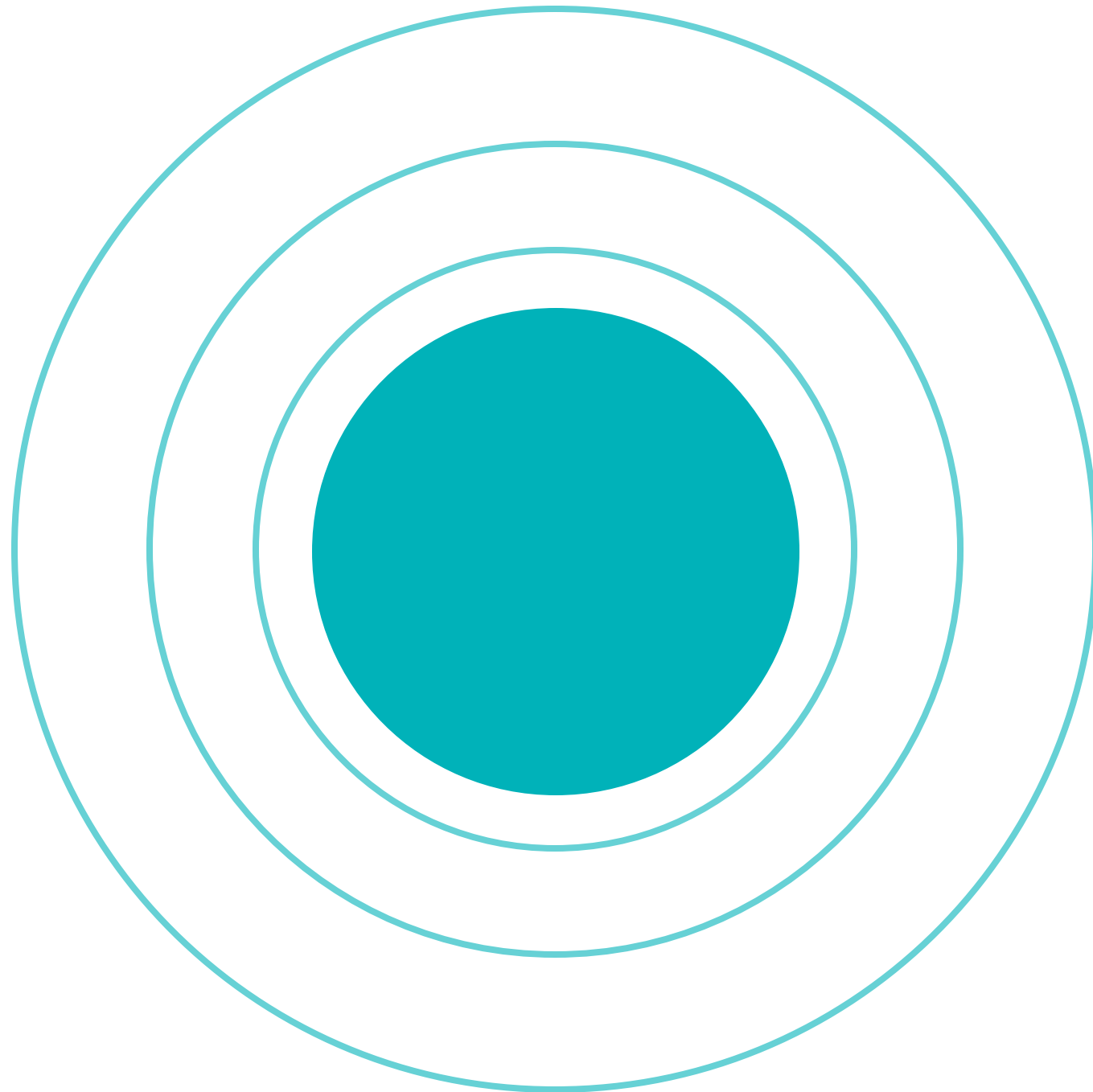
- The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by the SPC.

# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.





## Effective strategies for Benzodiazepine weaning in patient care

You raised important questions we'll try to work through together today:

1. For benzodiazepine tapering, what are the advised rates for different ages and how to distinguish symptoms needing immediate action from those to observe?
2. Besides tapering, what are other treatment options for the main condition, and when should they start?
3. What's the best management strategy for elderly patients long-term on benzodiazepines?

And other questions you add in the Q&A box...







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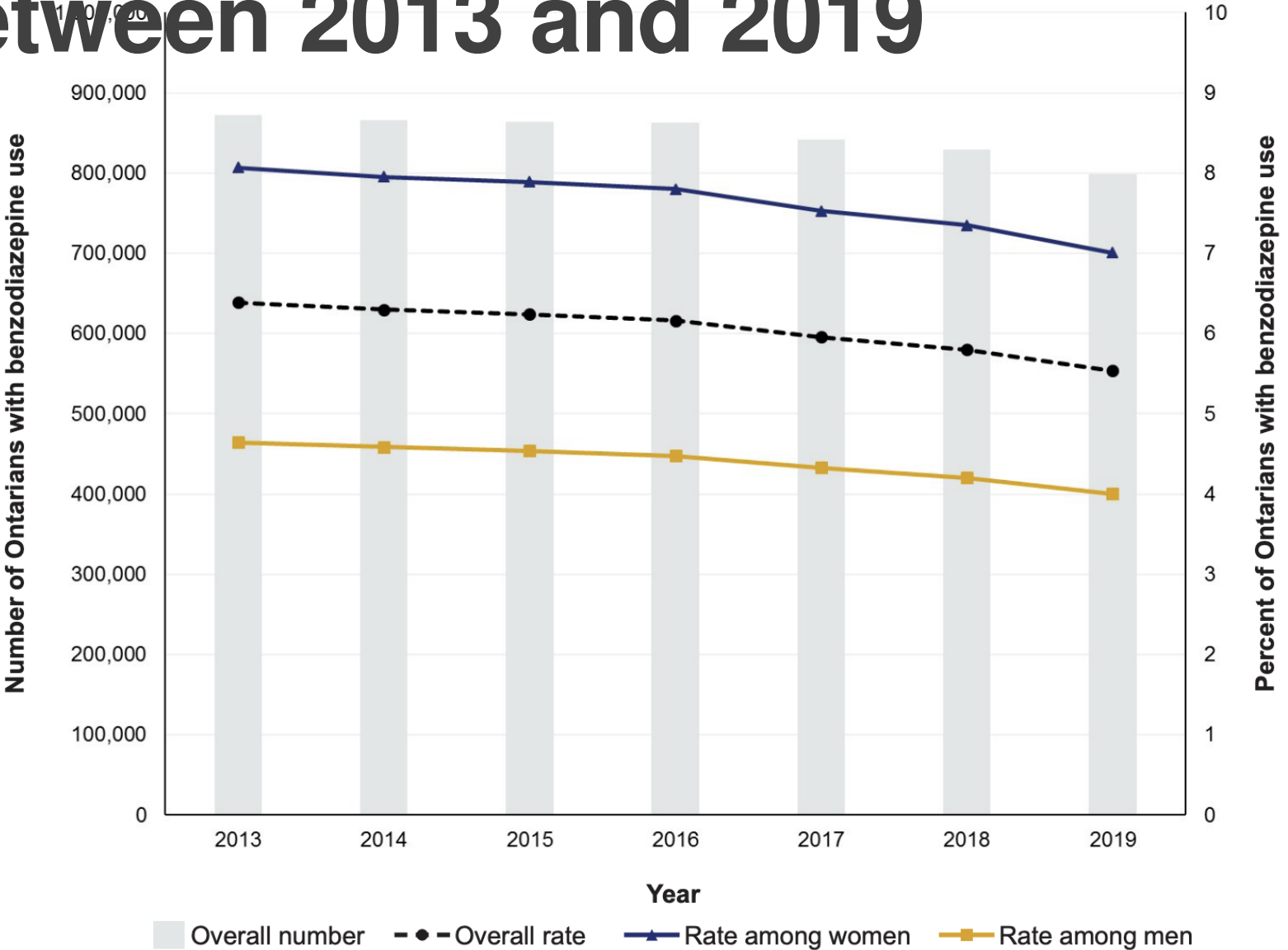
To help you relieve anxiety and tension

**Serax**<sup>®</sup>  
(oxazepam)



Wyeth Laboratories  
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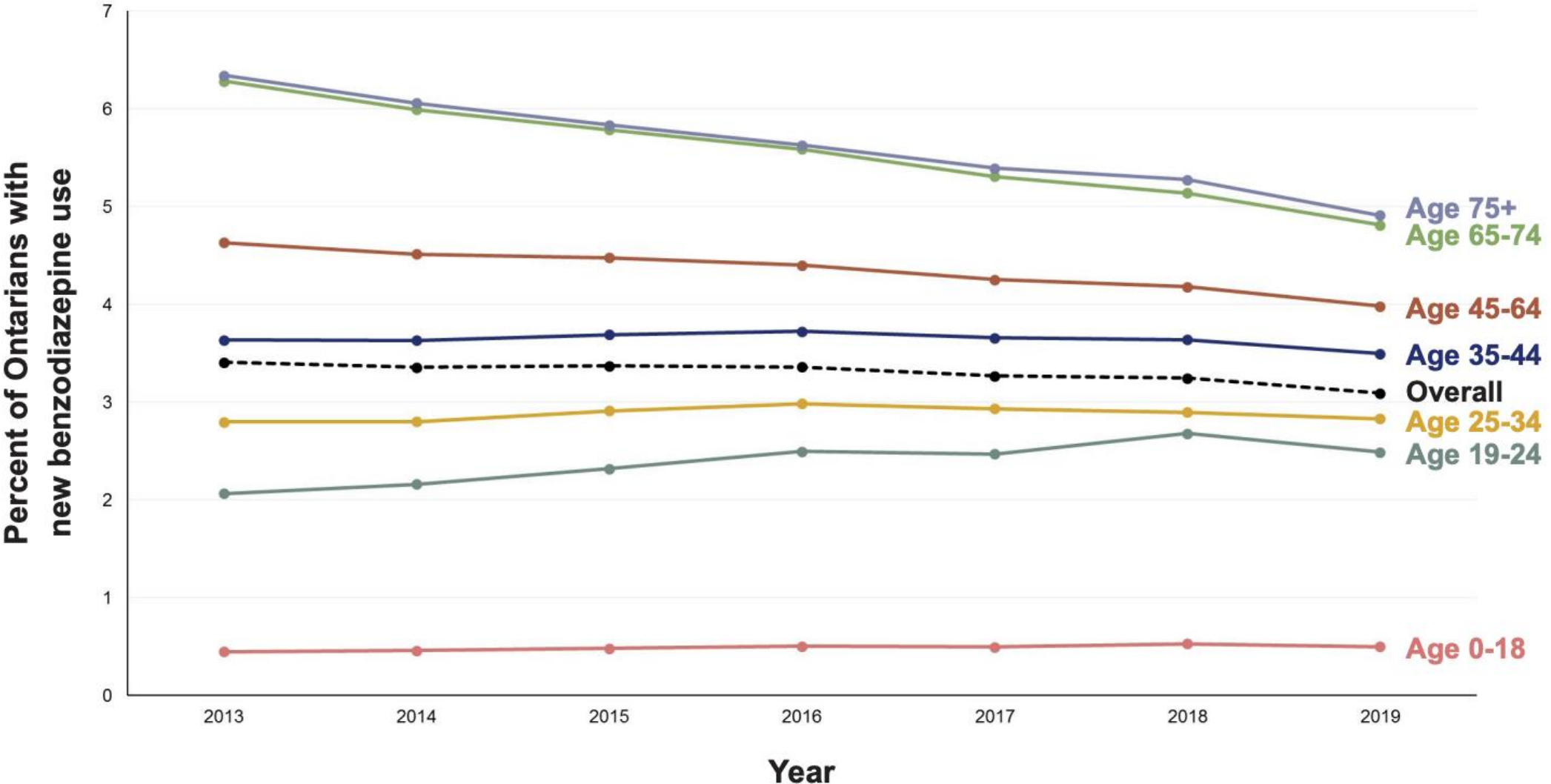
# Ontarians with prescription benzodiazepine use, overall and by sex, between 2013 and 2019



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**Figure 9: Ontarians with new\* prescription benzodiazepine use, overall and by age, between 2013 and 2019**



Ontario Drug Policy Research Network on behalf of the ODPRN Citizens' Panel. Characterizing Prescription Benzodiazepine Use Among Community-Dwelling Residents of Ontario, Canada. Toronto. Ontario Drug Policy Research Network. April 2021. doi: 10.31027/ODPRN.2021.01.

## Snapshot: Characteristics

**445,867** Ontario residents were newly dispensed a benzodiazepine in 2019. **Among these individuals:**



Almost **two-thirds** were **women**



More than **one-third** were between the **ages of 45 and 64**



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Steven G. Mc

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**Results:** A total of 372 870 people received 2 463 585 BZRA dispensations in Alberta in 2015. Prevalence of use at the population level was 10% overall, increased with age ( $p$  value for trend  $< 0.001$ ) and was consistently highest among females. Twenty percent of patients used both Z-drugs and benzodiazepines. BZRA users had an average of 7 dispensations (standard deviation [SD] 20), 137 days of use overall (SD 123) and a maximum period of consecutive use of 90 days (SD 95). Days of consecutive use were highest among those aged 65 years or older (126 d). A total of 62 795 (17%) people used more than 1 distinct BZRA ingredient concurrently and 10% had 3 or more distinct prescribers.

**Interpretation:** The prevalence of BZRA use was high and a substantial proportion of use appeared to be potentially inappropriate. This study supports the need for continued monitoring for the prescribing and use of these medications at the population level.



# Socio-demographic factors associated with long-term use of benzodiazepines in Canada

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## Bottom line

- ✓ One in 18 people in Ontario are prescribed benzodiazepines
- ✓ Use is decreasing in those >65, but increasing in women less than 30 years old
- ✓ Globally, women are prescribed benzodiazepines at 1.5-2x the rate they are prescribed to men
- ✓ Factors associated with chronic benzodiazepine use include older age, multi-morbidity and prescription-related factors
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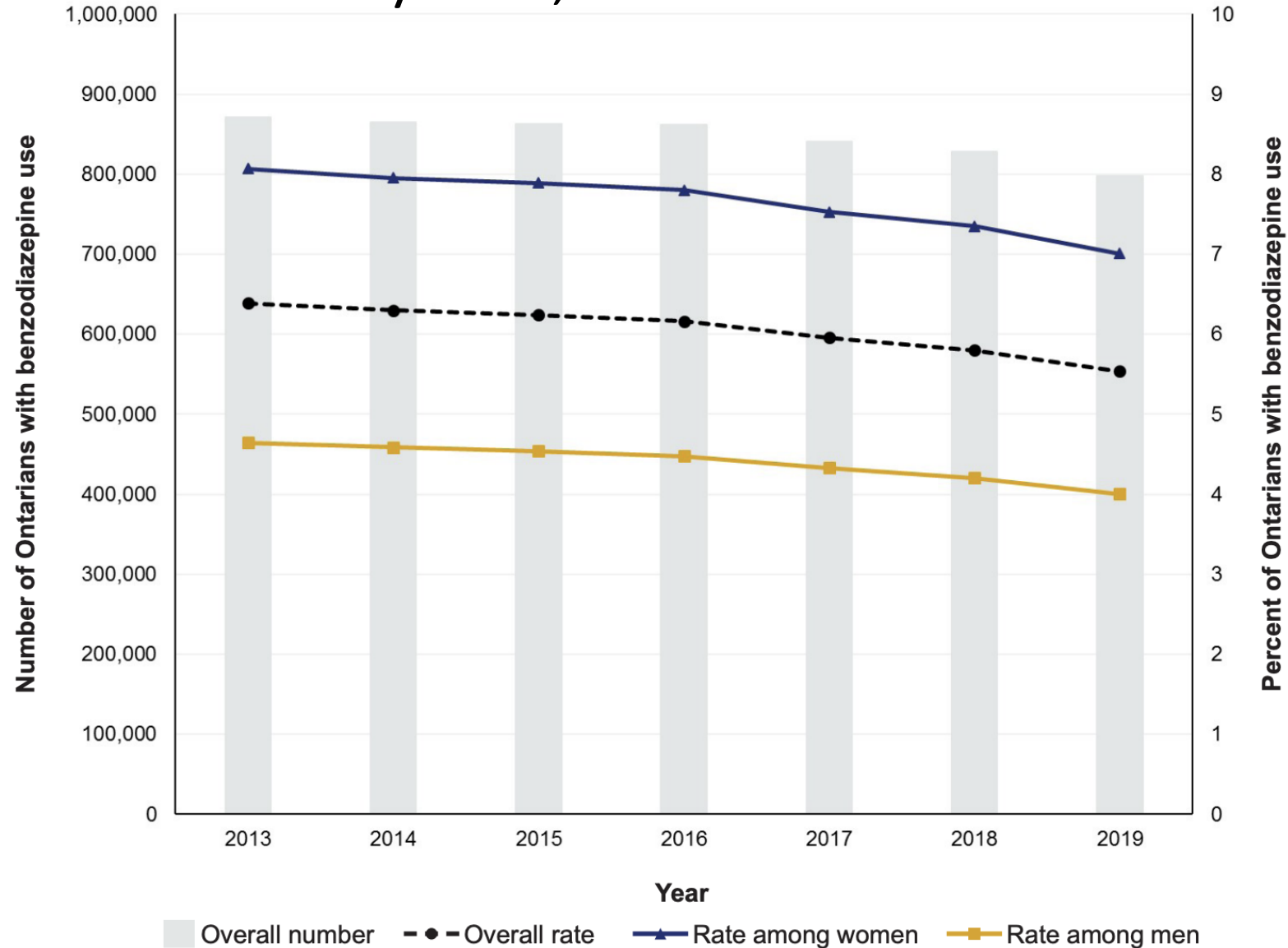
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PHARMACY, SYNTHESIS, MEDICAL

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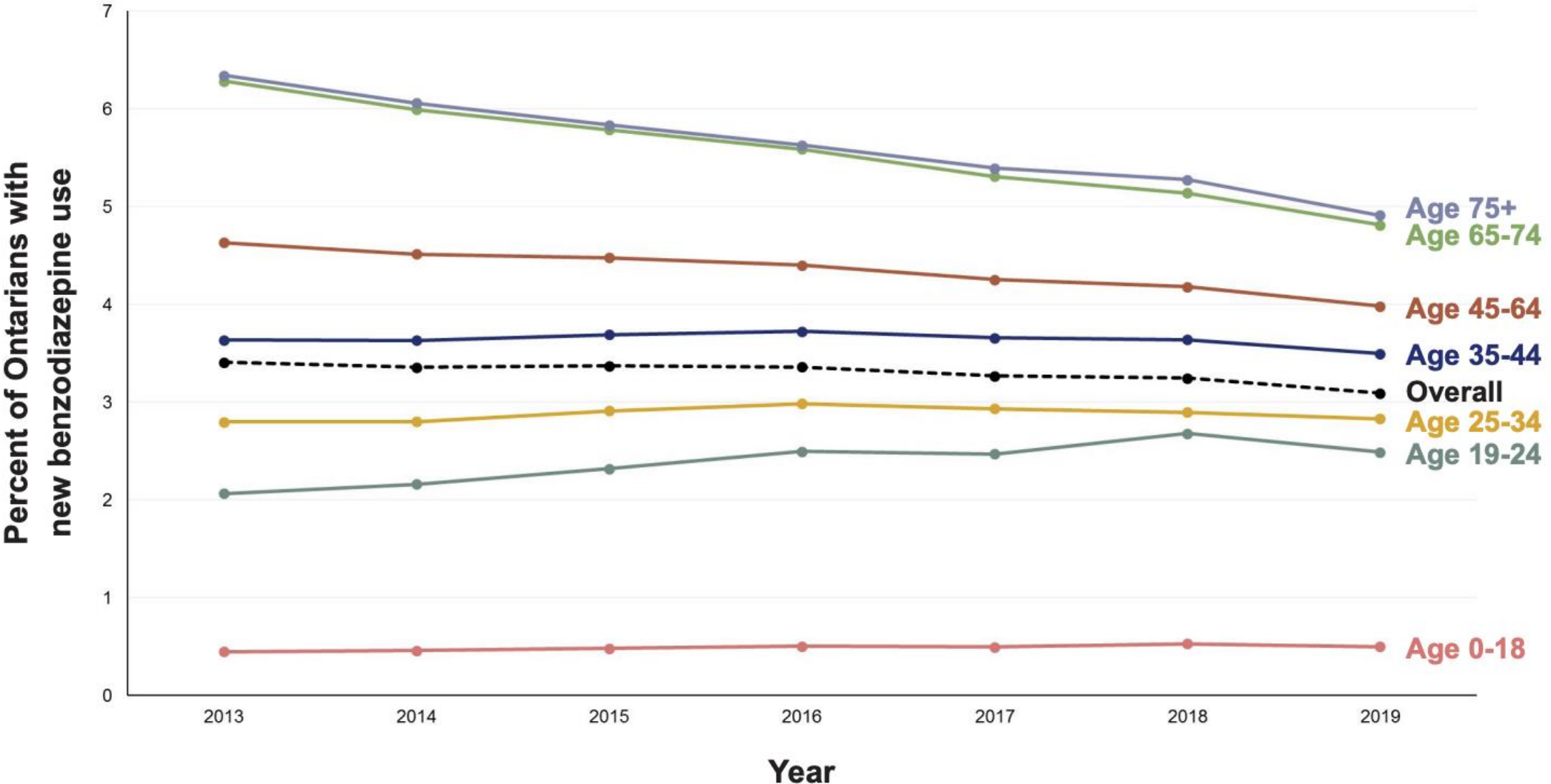


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## Your Panelists

**Dr. Ali Damji**

Mississauga, ON

**Dr. Jonathan Bertram**

Toronto, ON

# Benzodiazepine Use Disorders in Primary Care: What do I do?

Dr. Ali N. Damji BHSc MD MSc CCFP

Family Physician & Focused Practice Addiction Medicine Physician,  
Credit Valley FHT & Halton & Mississauga RAAM Clinic

OCCFP Practicing Well Community of Practice

Jan 17 2024

# Topics to Address

- The role of family medicine and addiction medicine specialists in managing complex cases of benzodiazepine use disorder
- Evidence-based approaches to tapering benzodiazepines in the family practice setting
- When to consider prescribing or not prescribing a benzodiazepine for your patient

# Our roles

- Family doctors are well placed to treat patients suffering from benzodiazepine use disorders
- Addiction medicine specialists can clarify diagnoses, provide a taper plan and help troubleshoot along the way
- Don't forget other members of your team!



# I know they have a use disorder but how do I taper?

- Ashton Manual is an excellent evidence-based resource that provides tapering schedules
- Address the whole person, and go slow. It is not a race.
- Close follow up is necessary in the initial stages
- Very much in the realm of the family doctor's office!

consideration below.

Option 1 (Using CLONZ only):

CLONZ is available in 0.5 mg and 0.25 mg tablets, which can be divided in half, therefore the increments can be as small as 0.125 mg, so a potential tapering schedule using only CLONZ would be to reduce one of her TID doses by 0.125 at a time, on a rotating basis, approximately every 2 weeks, or as tolerated by the patient. For example:

Step 1: 1 mg QAM, 0.875 mg QPM, 1 mg QHS

Step 2: 0.875 mg QAM, 0.875 mg QPM, 1 mg QHS

Step 3: 0.875 mg TID

Step 4: 0.875 mg QAM, 0.75 mg QPM, 0.875 mg QHS

And so on (recognizing this incremental pattern: 1mg --> 0.875 mg --> 0.75 mg --> 0.625 mg --> 0.5 mg --> 0.375 mg --> 0.25 mg --> 0.125 mg --> Discontinue).

Option 2 (Switching from clonazepam with diazepam (DZP) substitution):

Given that at her baseline she takes CLONZ 1 mg TID, and noting that CLONZ 1 mg  $\approx$  DZP 20 mg). Please refer to "Schedule 6" within the Ashton Manual (available at <https://www.benzo.org.uk/manual/bzsched.htm#s6> ) which is identical to the patient's current dose of clonazepam 1 mg TID as a starting point.

In either case, follow-up visits with the physician every 1-2 weeks would be reasonable. If any concerns,



# When do I use benzodiazepines?

- Acutely to help stabilize patients with severe anxiety/panic disorders
  - Short Rx only (<2 weeks), low doses, while concurrently starting a chronic antidepressant
  - Be cautious in elderly, history of substance use, suicidality, other sedating medications, triggering social context, or complex medical conditions
- Chronic prescriptions given only in limited circumstances



## Take Home Points:

- 1) You can do this. You know your patient best.
- 2) You are not alone.
- 3) Simplify your approach.
- 4) Individualize your strategy.
- 5) Prescribe Benzos sparingly!



Thank you!  
Questions?



## Your Panelists

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Mississauga, ON

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Toronto, ON

Effective strategies for  
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# BENZODIAZEPINE IDENTIFICATION AND MANAGEMENT

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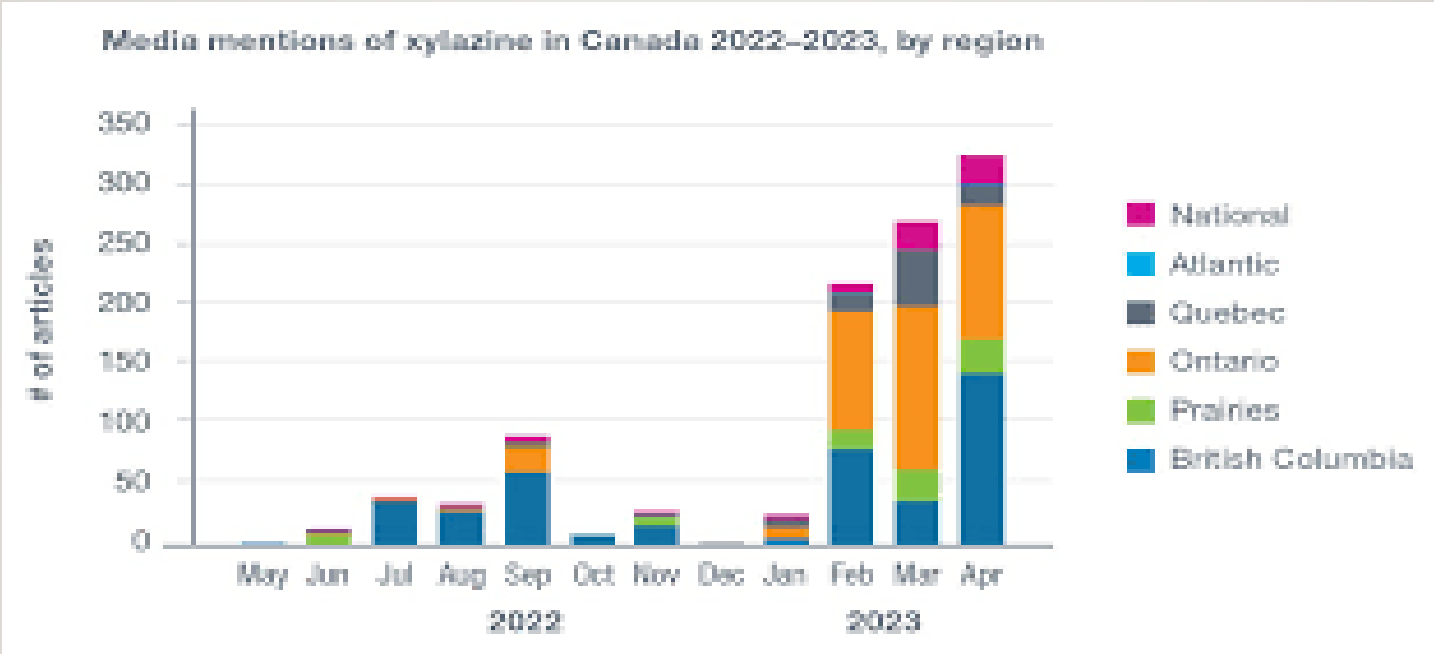
JONATHAN BERTRAM- OCFP JANUARY 17<sup>TH</sup>, 2023

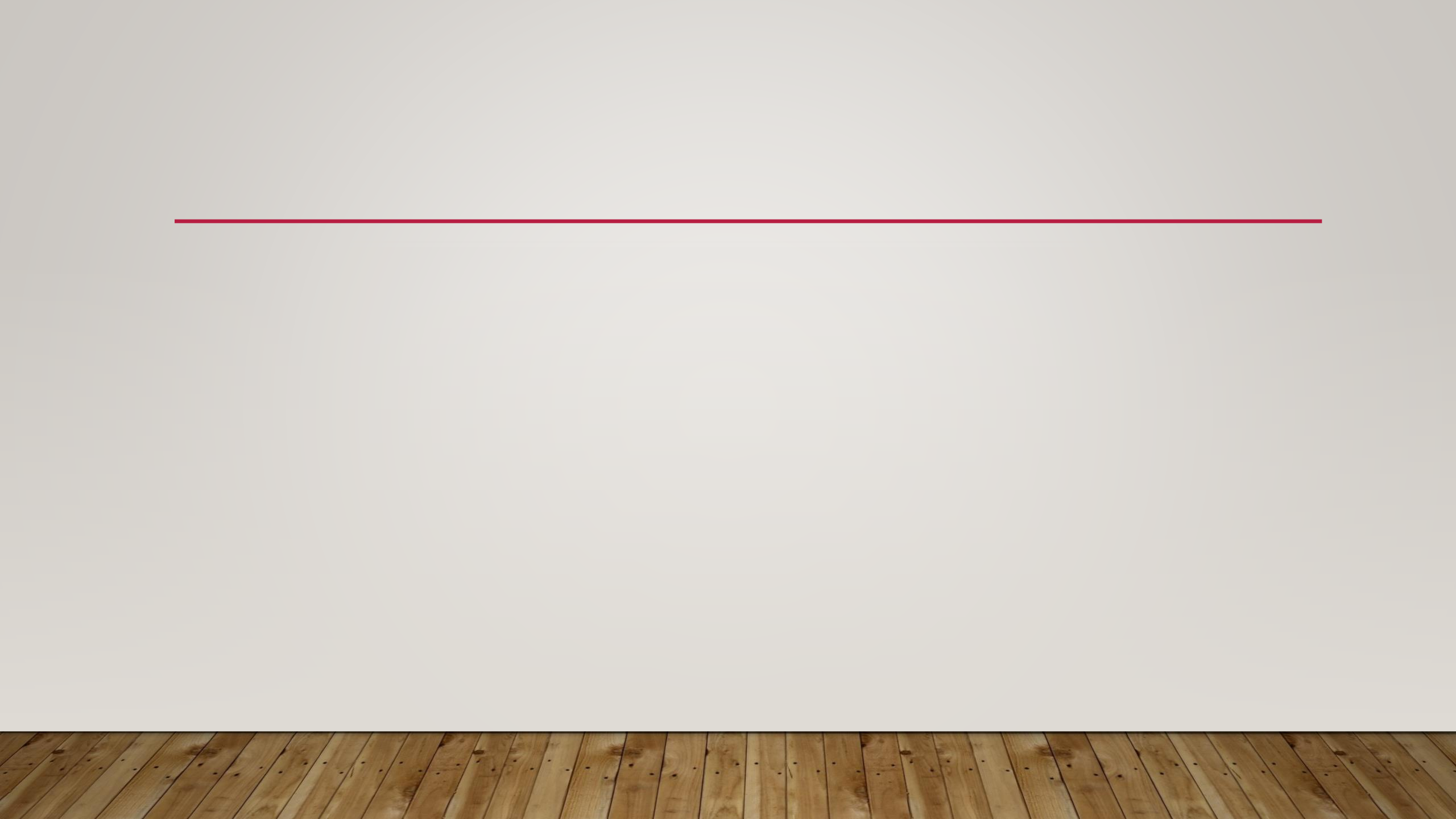


**Table 5. Management of Benzodiazepine (BZD) Withdrawal.**

Situation	Treatment Approach	Level of Evidence
Approach to BZD dependence in general	Gradual withdrawal over a period of several weeks or months	High
Use of several BZDs or sedatives	Switch to use of only one BZD for detoxification (diazepam)	Good
Choice of BZD for detoxification	Switch to a long-acting BZD (diazepam)	Low
BZD withdrawal in a patient receiving opioid maintenance therapy	Adjustment of opioid dose to prevent opioid withdrawal; switch to a partial agonist (buprenorphine)	Good for adjustment of opioid dose; moderate for switch to partial agonist
Concomitant pharmacotherapy for BZD withdrawal	Carbamazepine, 200 mg twice a day	Moderate
Sleep disorders	Antidepressants, antihistaminergic drugs, melatonin; improved sleep hygiene, sleep restriction, relaxation techniques	Moderate
Other drugs for treatment of withdrawal symptoms	Pregabalin, gabapentin, beta-blockers; flumazenil	Low for pregabalin, gabapentin, and beta-blockers; experimental for flumazenil
Psychotherapy	Cognitive behavioral therapy and other approaches	Good

# XYLAZINE, ETIZOLAM IN THE STREET SUPPLY (2023)







SPECIAL ARTICLE |  Free Access

# American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults

By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel 

First published: 04 May 2023 | <https://doi.org/10.1111/jgs.18372>

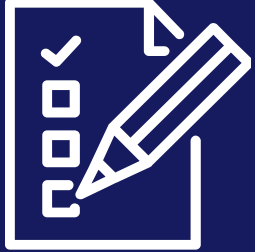
# TANNENBAUM ET AL, EMPOWER

WEEKS	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1 and 2								
3 and 4								
5 and 6								
7 and 8								
9 and 10								
11 and 12								
13 and 14								
15 and 16								
17 and 18								



# Resources

# Tools



Links to resources shared today will be sent to participants following the session.

# Tools and Resources

Resource	Type	Link
<b>The Ashton Manual</b>	Medical Research Information	<a href="https://www.benzoinfo.com/wp-content/uploads/2022/07/Ashton-Manual.pdf">https://www.benzoinfo.com/wp-content/uploads/2022/07/Ashton-Manual.pdf</a>
<b>Xylazine (CCENDU Drug Alert)</b>	Drug Supply Report	<a href="https://www.ccsa.ca/xylazine-ccendu-drug-alert">https://www.ccsa.ca/xylazine-ccendu-drug-alert</a>
<b>Opioid Use, Related Harms, and Access to Treatment Among First Nations in Ontario</b>	Annual Update Report	<a href="https://odprn.ca/research/publications/opioid-first-nations-annual-update-2013-2021/">https://odprn.ca/research/publications/opioid-first-nations-annual-update-2013-2021/</a>
<b>American Geriatrics Society 2023 updated AGS Bers Criteria for potentially inappropriate medication use in older adults</b>	Journal Article	<a href="https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.18372">https://agsjournals.onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.18372</a>

Resources

# Education



Links to resources shared today will be sent to participants following the session.



# FMS 2024

FAMILY MEDICINE SUMMIT

Driving Real Change for Family Doctors Today

Join us on January 26 & 27

Gain insights from over 30 family physician leaders!  
Topics include:



Standing up for Family Doctors



Tips and Tricks in Your EMR That Will Make You Very Happy



Helping Reduce Administrative Burden Today: New Bots and AI at Your Service



View the agenda and register today [www.ocfpsummit.ca](http://www.ocfpsummit.ca)

Earn up to 39 Mainpro+ Credits

Conference content available on-demand until April 30, 2024

# Practising Well CoP – Self Learning Program

**The Practising Well CoP is now certified for self learning credits!**

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self learning program is certified for up to 38 Mainpro+ credits.



**For more information and to participate:**

<https://www.ontariofamilyphysicians.ca/education-practice-supports/practising-well/practising-well-community-of-practice/practising-well-cop-self-learning-program>

## Peer Connect

Enabling you to connect, share and learn from your fellow family physicians.



## Mentorship Program - Connect with a Peer Guide!

An opportunity to partner with another family physician, **one-to-one or in a small group**, for support as you **explore clinical complexity and increase your confidence** caring for patients with mental health challenges, substance use, and chronic pain. A focus can be on your well-being as you engage in this challenging work.

<https://www.ontariofamilyphysicians.ca/supports-for-family-doctors/mental-health-and-addictions-supports/peer-connect-mentorship/>



# Elevating Excellence: Mentorship Development in Family Medicine

Growing your skillset in adult learning principles, navigating complexity, and wellness



Learn about **group facilitation** in this new [self-learning program](#) and earn **1-credit-per hour**.

More topics will be added in 2024!

<https://ontariofamilyphysicians.ca/supports-for-family-doctors/mental-health-and-addictions-supports/peer-connect-mentorship/elevating-excellence/>

Resources

Supports



Links to resources shared today will be sent to participants following the session.

# Resources to support your practice

## Changes to the CPSO Continuity of Care: Advice to the Profession

These updates provide greater clarity around administrative responsibilities for specialists and emphasize clear communication between consultants and family physicians.

### What you need to know:

What you need to know:


**CHANGES TO THE CPSO ADVICE TO THE PROFESSION: CONTINUITY OF CARE**

### REFERRALS

- It is important for family physicians to consider whether a patient's condition is within the specialist's scope of practice, whether the specialist is accepting patients and whether the specialist's practice is accessible to the patient.
- Family physicians must include all the information necessary for the specialist to understand the patient's condition and address the questions or concerns they are being asked to consider.
- Specialists can support family physicians by accepting consultation requests, where possible, even if there are minor issues with the requests (e.g., incorrect or outdated referral forms).
- Specialists can decline referrals that do not provide sufficient information, but they must communicate their reasons to the family physician. Rather than requiring a new referral, there may be opportunities for the specialist to work with the family physician to clarify any outstanding questions.
- Acknowledging a referral simply means informing the family physician whether the referral will be accepted. If it is accepted, specialists can indicate the estimated or actual appointment date. There is no requirement to see the patient within 14 days, just a requirement to review the referral and close the loop.
- Specialists may have more information about their colleagues than family physicians do. If they are able to assist in re-directing the referral, it would be helpful to do so, especially where the referral is for urgent or unique issues.


While the type of information that could be included in a referral request is outlined in the Transitions in Care Policy, the updated advice notes that it is up to family physicians to determine what is appropriate in the circumstances.

The CPSO encourages specialists to be flexible and collaborative with referrals to facilitate smoother coordination and continuity of care: noting that family physicians and specialists share responsibility for ensuring patients can access the care they need.

 Referrals Checklist (OMA) Continuity of Care: Guide for Patients and Caregivers (CPSO)

The updated advice explicitly reminds specialists of the requirement for timely acknowledgement of referrals within 14 days to ensure patient care is not delayed.

While specialists have no obligation to suggest another provider if they're unable to accept the referral, the CPSO encourages doing so to help ensure timely patient care.

Ontario College of Family Physicians  02

### Letter Templates

1. REFERRALS
2. ORDERING TESTS
3. REVIEWING TESTS
4. REFERRAL TO SUB-SPECIALISTS
5. CONSULT NOTES & DISCHARGE SUMMARIES

**02** Ordering Tests

Insert practice name & information

Dear Dr. (insert name),

Re: (patient identifier)

Thank you for your thorough and helpful consultation note on the above-mentioned patient. Although I am always eager to collaborate with you in the care of our mutual patients, I will leave the ordering of investigations you recommended in your consult to you.

Include the relevant tests and imaging, where applicable

You'll note that the recently updated advice from [CPSO on Continuity of Care](#) explicitly clarified that: "Any physician who determines a test is needed is responsible for ordering that test, including tracking the results and managing any follow up that stems from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that their colleagues are not required to receive results or manage care that falls outside their scope of practice."

Include the following, if desired: I appreciate being copied to receive test results; however, as per the CPSO "it should be clear that I have no additional responsibilities in regard to the tests or results."

Your expertise in this specialized area is greatly appreciated. Please contact me if you would like to discuss this further.

Sincerely,

Dr. (insert name)

# Supporting Family Doctors Through Respiratory Illness Season

Information to help Ontarians stay healthy

[Information for Physicians](#)

[Information for Patients](#)

<https://www.ontariofamilyphysicians.ca/education-practice-supports/respiratory-illness-season-tools-and-resources>

## Respiratory Illness Season Tools and Resources

This respiratory illness season, the OCFP is sharing tools and resources to help family doctors and patients.

### Respiratory Illness Tools and Resources

Find current information on vaccines, IPAC reminders, planning for high-risk groups to access antivirals, and patient education on caring for illness at home.

[Tools and Resources for Family Doctors](#)

### Screening Tool

This tool will help you screen patients for respiratory symptoms to ensure high-risk patients have timely access to antiviral treatments.

[Screening for Symptoms of Respiratory Illness](#)

### Patient Education

Share these tips and resources on vaccines, antivirals and when and where to seek care.

[Tools for Patients](#)

Resources

# Supports



OMA Physician Health Program

<https://php.oma.org>

Centre for Addiction and Mental Health  
Health Care Provider (HCP) Resource  
Site

<http://www.camh.ca/covid19hcw>

CMA Wellness Hub

<https://www.cma.ca/physician-wellness-hub>



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
  - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)



- ECHO Coping with COVID
    - for health providers (educational credits)
    - Fridays 2-3pm EST
- <https://camh.echoontario.ca/echo-coping-with-covid/>

## Support for you and those you care about.

# Upcoming Community of Practice

**Power over pain: Managing patients with chronic pain**  
with Dr. Virginia McEwen, Dr. Arun Radhakrishnan and Dr. Bryan MacLeod

**February 28, 2024**  
**8:00am – 9:00am**

[Register Now](#)

[practisingwell@ocfp.on.ca](mailto:practisingwell@ocfp.on.ca)



This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit. The Practising Well Community of Practice includes a series of planned live, interactive sessions. Each session is worth 1 Mainpro+ credits, for up to a total of 15 credits.