

Should I stop my benzodiazepine or z-drug?



This decision aid can help if you have been prescribed a benzodiazepine or z-drug for anxiety or sleeping problems and you are thinking about stopping it or reducing the dose. It can help you talk about this with your healthcare professional. That might be your specialist, GP, pharmacist or nurse.

Do not suddenly stop taking your benzodiazepine or z-drug

If you suddenly stop or reduce the dose too quickly you are more likely to get withdrawal effects. These can be very serious, and even life-threatening. There is more information about withdrawal effects later in this decision aid.

It is important that you make a decision that is right for you.

Whatever you decide, you can change your mind later. You might want to think about:

- [What are benzodiazepines and z-drugs?](#)
- [Why might I want to stop my benzodiazepine or z-drug?](#)
- [What are my options?](#)
- [When might not be a good time to stop or reduce benzodiazepines or z-drugs?](#)
- [What does reducing the dose or stopping involve?](#)
- [What else can help?](#)



What are benzodiazepines and z-drugs?

Benzodiazepines

Benzodiazepines are often called 'benzos'. They are medicines used to treat anxiety or difficulty sleeping. There are lots of different benzodiazepines, including:

- alprazolam (also called Xanax®)
- clonazepam
- diazepam (also called Valium®)
- lorazepam (also called Ativan®)
- nitrazepam (also called Mogadon®)
- temazepam.

Benzodiazepines can also be used for other conditions, such as epilepsy. Talk to your healthcare professional if this applies to you, because it may not be safe for you to reduce or stop treatment.

Street benzos

Street benzos are street drugs which may contain a benzodiazepine but are not prescribed by a healthcare professional. They may be similar to prescribed medicines but can be harmful because you cannot be sure what they contain. They can be very dangerous when used with other medicines. Some have street names such as 'moggies' for nitrazepam. If you would like more information on street medicines such as benzos, you may find the [drug advice website www.talktofrank.com](http://www.talktofrank.com) helpful.

Sometimes, people take street benzos as well as prescribed benzodiazepines. If this is the case for you, it is important to tell your healthcare professional to help you decide on the best option.

Z-drugs

Z-drugs include zopiclone (also called Zimovane ®) and zolpidem. They are used to help with difficulty sleeping. They work in a similar way to benzodiazepines, so they are often grouped with them.



Why might I want to stop my benzodiazepine or z-drug?

It's recommended that benzodiazepines and z-drugs should normally only be taken for a few weeks for anxiety or difficulty sleeping. People who take them for longer than this sometimes:

- have sluggish or fuzzy thinking ('brain fog')
- struggle to concentrate or remember things
- feel emotionally numb
- feel anxious or depressed (down or sad).

That might mean that they find it difficult to cope with things like meeting new people or new situations or find it hard to leave the house.

People can also develop tolerance, which means that, over time, the medicine does not work as well as it did at first. If you have tolerance, you may have found you need to increase your dose to get the same effects. This can lead to more side effects. If this is the case for you, talk to your healthcare professional.

Benzodiazepines and z-drugs will make you sleepy. If this happens to you, do not drive, or use tools or machines. Drinking alcohol while taking benzodiazepines or z-drugs will make you even more sleepy. There are [DVLA rules on drug driving](#) for people who take these medicines.

People taking benzodiazepines and z-drugs are more likely to fall and may get many other problems. You can talk to your healthcare professional about any concerns you have.

Stopping benzodiazepines or z-drugs

If you have any of these problems you might want to stop taking your benzo or z-drug. You might also want to stop if you feel you no longer need it to help with the problem you started taking it for.

But stopping taking a benzo or z-drug is not straightforward. If you have been taking one for more than a few weeks, you may find you develop dependence. This is not your fault, it is because your body and brain have become used to the medicine.

Dependence and withdrawal

Dependence means that you need the medicine to carry out your everyday activities. If you miss a dose, you may get withdrawal effects.

Withdrawal effects include feeling very anxious. You might start shaking or sweating, your heart might beat faster and harder, and you might feel sick. You might have problems sleeping. In severe cases, people can even have fits or have strange thoughts and ideas, known as psychosis.

Withdrawal effects can feel like the original anxiety or sleep problem coming back but they are due to your body missing the medicine it has got used to.



What are my options?

You could decide to:

- very slowly reduce the dose until you stop taking it (also known as tapering)
or
- very slowly reduce your dose (tapering), but not aim to stop completely
or
- continue at your current dose.

By reducing the dose very slowly, you are unlikely to get major withdrawal effects.

Talk to your healthcare professional about what you would like to do, so they can help and support you. The table on page 6 describes these options in more detail.



When might not be a good time to stop or reduce benzodiazepines or z-drugs?

You might want to hold off stopping or reducing your benzo or z-drug if:

- You are having a mental health crisis, such as mania or severe depression. It's best to treat that before reducing your dose.
- There is a particularly stressful or upsetting thing happening in your life. For example, the death of a loved one, a relationship breakdown, or moving house or job.
- You are stopping or reducing another medicine that could cause withdrawal effects, such as an antidepressant.

If you are thinking about stopping or reducing your medicines, talk with your healthcare professional about what is going on in your life.

If you are taking other things that can cause tolerance and dependence, such as antidepressants, alcohol or other drugs, speak to your healthcare professional about which you should stop first, and how quickly you should do this.

Do not stop or change your dose without talking to your healthcare professional

This is especially important if you have epilepsy

	Slowly stopping my medicine	Reducing the dose slowly but not stopping completely	Staying as I am
What does this involve?	<p>Slowly reducing the dose over many weeks or months until you stop completely.</p> <p>The reduction in dose will be specific to you.</p>	<p>Slowly reducing the dose over many weeks or months until you are on the dose you feel happy with.</p> <p>The reduction in dose will be specific to you.</p>	<p>Keeping on the dose that you are on now.</p>
What are the benefits?	<p>You may feel better as the effects on your thinking lift. It may take some time before you notice improvements.</p> <p>You are less likely to have problems such as falls.</p> <p>Reducing the dose slowly makes withdrawal effects less likely.</p>	<p>You may feel better as the effects on your thinking lift. This will not be as strong as if you stop completely.</p> <p>If reducing your dose goes well, you may decide to try stopping completely.</p> <p>Reducing the dose slowly makes withdrawal effects less likely.</p>	<p>You are unlikely to have any withdrawal effects.</p>
What are the risks?	<p>If you reduce the dose slowly you are unlikely to get major withdrawal effects. Many people experience mild or no withdrawal effects. But some people do get them and it is not possible to say who will and who will not.</p> <p>Some people get anxiety, but this usually settles after a short while at each dose step.</p> <p>Some people will have no withdrawal effects by the end of the medicine withdrawal schedule. For most people, these effects will disappear within a few months. For some people, the withdrawal effects may take a year or longer to stop.</p>	<p>The 'brain fog' and other effects will be less at lower doses but will remain.</p> <p>The medicine may still cause you to fall and have other side effects. But this is less likely than if you stayed on a higher dose.</p> <p>You may find that after some time, you need to increase the dose to get the same effect.</p> <p>If you reduce the dose slowly you are unlikely to get major withdrawal effects. Many people experience mild or no withdrawal effects. But some people do get them and it is not possible to say who will and who will not.</p> <p>Some people get anxiety, but this usually settles soon after each dose step.</p>	<p>The 'brain fog' and other effects on your feelings and thinking will remain.</p> <p>You will continue to be at increased risk of falls and other side effects.</p> <p>You may feel you need to increase the dose to have the same benefits you had at first. If you do, the 'brain fog' and effects on your feelings and thinking might get worse.</p>



What does reducing the dose or stopping involve?

If you have been taking a medicine for more than a few weeks, it is important to reduce the dose slowly. This is important if you are stopping the medicine completely or just reducing how much you are taking. If you reduce the dose too quickly you are far more likely to get withdrawal effects, which can be very serious and sometimes life-threatening. Stopping your medicine will usually take many weeks or months and could take up to a year or even longer.

Your healthcare professional will use their experience and published resources to help guide you in reducing your dose safely. They might suggest switching to another benzodiazepine called diazepam. Diazepam is longer-acting than some other benzodiazepines and z-drugs. Switching to diazepam, and then reducing the dose of it, can help lessen withdrawal effects.

It is very important that you feel in control and that you reduce the dose at a speed that suits you. You will probably reduce your dose by smaller and smaller amounts each time as you get nearer and nearer to stopping altogether. Your healthcare professional will regularly review how you are coping. It may be that changes need to be made to your dosing plan.

Stopping a benzodiazepine or z-drug can take a long time. You may have to try doing this a few times before you succeed. After stopping, some people find that they need to go back onto a benzodiazepine or z-drug at some point. This might be because of withdrawal effects or because of mental health problems. If this happens, this does not mean they have failed. Talk to your healthcare professional about any concerns you have.



What else can help?

Many people find support from family and friends, relaxation techniques or mindfulness can help them while they are reducing their dose and afterwards. People also find it helpful to join a support group of people going through the same process. Your healthcare professional can advise you on groups near you.

They may also suggest you think about group cognitive behavioural therapy (CBT). This is a talking therapy. It can be used as a tool kit to help with problems such as feeling anxious or depressed which may be caused by the reduction in medicine dose.



Making a decision

Talk to your healthcare professional about what you would like to do. Whatever you decide, you can change your mind later. You might want to think about these questions:

- Do you feel sure about the best choice for you?
- Do you know the benefits and risks of each option?
- Are you clear about which benefits and risks matter most to you?
- Do you have enough support and advice to make a decision?



Things I want to talk to my healthcare professional about:

(you can type into this box on a computer, phone or tablet, or print it out and fill it in)

Technical information about this decision aid

This decision aid supports implementation of [NICE's guidance on medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults](#). It was developed in line with the [NICE process guide for decision aids](#), with an oversight group that included clinical and patient experts. A wide range of stakeholders, including patient and professional groups, were invited to comment on an earlier draft.

The content is based on the best available evidence and the oversight group's experience and expertise.

References

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