Is a Benzodiazepine or Z-Drug still needed for sleep?

What are Benzodiazepine & Z-Drugs (BZRAs)?

Benzodiazepine receptor agonists & Z-Drugs, or BZRAs, are a class of drugs that are used to treat problems such as anxiety or difficulty sleeping.

There are many different types of BZRA drugs:

- Alprazolam (Xanax®)
- Bromazepam (Lectopam®)
- Chlordiazepoxide (Librax®)
- Clonazepam (Rivotril®)
- Clorazepate (Tranxene®)
- Diazepam (Valium®)
- Flurazepam (Dalmane®)
- Lorazepam (Ativan®)
- Nitrazepam (Mogadon®)
- Oxazepam (Serax®)
- Temazepam (Restoril®)
- Triazolam (Halcion®)
- Zopiclone (Imovane®, Rhovane®)
- Zolpidem (Sublinox®)

Why use less of, or stop using a BZRA?

BZRAs used as sleeping pills are usually only helpful for a short period (around 4 weeks) of nightly use. After a few weeks, the brain gets used to the effects of the BZRA and it may not work as well as it did at first, but can still cause side effects.

BZRAs can cause dependence, memory problems and daytime fatigue. They are also associated with dementia and falls (sometimes resulting in broken bones). The chance of experiencing these effects may be higher as people get older. Many countries recommend against using BZRAs for sleep in older people.

Because BZRAs don't work as well after a few weeks and because they can cause side effects, it's reasonable for many people, especially older people, to try and stop taking them and learn to fall asleep on their own again.

Stopping a BZRA is not for everyone

Some patients may need to stay on a BZRA for a very specific reason. However, most need a BZRA for a short period of time.

People who may need to continue on a BZRA include those with any of the following:

- Unmanaged anxiety, depression, physical or mental condition that may be causing or aggravating insomnia
- Anxiety that has been specifically and effectively managed with the BZRA
- Alcohol withdrawal

How to safely reduce a BZRA

People between 18 and 64 years of age who have been taking a BZRA for insomnia more than 4 weeks, and people 65 years of age or older taking a BZRA for insomnia regardless of how long, should **talk to their health care provider** about whether stopping a BZRA is the right choice for them.

Doctors, nurse practitioners or pharmacists can help to decide on the best approach to using less of a BZRA. They can advise on how to reduce the dose, when to use drug-free days, and whether to stop the drug altogether. They can also give advice on how to make lifestyle changes that can manage insomnia.

Slowly reducing the dose of the BZRA helps to reduce the severity of withdrawal effects. People are more successful in stopping their BZRA if they slowly reduce the dose instead of just suddenly stopping it. Some people can reduce the dose over the course of a few weeks; others need several months.

Switching from a short-acting BZRA to a long-acting one has been recommended in the past but has not been shown to be more effective than slowly lowering the dose of a short-acting drug.

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Pottie K, Thompson W, Davies S, Grenier J, Sadowski C, Welch V, Holbrook A, Boyd C, Swenson JR, Ma A, Farrell B (2016). Evidence-based clinical practice guideline for deprescribing benzodiazepine receptor agonists. Can Fam Physician 2018;64:339-51 (Eng), e209-24 (Fr)

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What to expect after reducing a BZRA

Some people may have difficulty sleeping when a dose is first reduced, but many will not. Difficulty sleeping tends to be worst in the first few days after reducing or stopping, and usually resolves in a few weeks.

Some people have other symptoms of withdrawal (e.g. anxiety, irritability, and sweating); these symptoms tend to be most severe in the first few days and get better within a few weeks. If anything odd happens, people should talk to a health care provider for advice.

Reducing or stopping a BZRA may improve alertness and thinking ability, and reduce daytime sedation and fall risk.

Other ways to manage insomnia

For a person who lives in the community:

- Go to bed only when sleepy
- Do not use bed or bedroom for anything but sleep (or intimacy)
- If not asleep within 20-30 min on going/returning to bed, exit the bedroom
- Use alarm to awaken at the same time every morning
- Do not nap
- Avoid caffeine after noon
- Avoid exercise, nicotine, alcohol, and big meals 2 hours before bedtime

For a patient who lives in long-term care or hospital:

- Pull up curtains during the day for light exposure
- Keep alarm noises to a minimum
- Increase daytime activity
- Reduce number of naps (no more than 30 minutes and no naps after 2pm)
- Have warm decaf drink, warm milk at night
- Restrict food, caffeine, smoking before bedtime
- Use toilet before going to bed
- Have regular bedtime and rising times
- Avoid waking at night for direct care
- Try backrub, gentle massage

What to do if insomnia continues

Talk to a health care provider about treating underlying conditions that are affecting sleep. Avoid using other medication to treat insomnia. Most sedatives contribute to sedation and increase risk of falls. Ask about "cognitive behavioural therapy" – an educational approach that has been shown to help patients stop BZRA. Check out this resource for more information: http://sleepwellns.ca/. You can also discuss other options for managing your insomnia if it gets worse when you use a lower dose or stop your BZRA.

Personalized BZRA dose reduction strategy:

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This pamphlet accompanies a deprescribing guideline and algorithm that can be used by doctors, nurse practitioners, or pharmacists to guide deprescribing.

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