

Treatment Plan and Agreement for Benzodiazepine Therapy

Benzodiazepines are medications used to treat several different health conditions. A simple description of how benzodiazepines work is that they produce a calming effect in the brain. This can be helpful for conditions such as anxiety, seizure disorders, or alcohol withdrawal.

Benzodiazepines are prescribed under specific conditions and with careful monitoring to help avoid accidentally hurting you. Some side effects include changes to your mood, trouble concentrating, drowsiness, and an increased risk of being in a motor vehicle accident. People over the age of 65 can be especially sensitive to these side effects.

Although rare, people can sometimes start taking their benzodiazepine in ways other than prescribed. This risk is higher for people who have a history of problematic use of other substances (such as alcohol or opioids). The diagnosis for this condition is called benzodiazepine use disorder. There are laws and regulations in place to make sure that benzodiazepines are prescribed in a way that reduces this risk.

When someone has been taking a benzodiazepine every day, it is important not to stop it abruptly, because this can lead to uncomfortable withdrawal effects. If the decision is made to lower the dose or stop the medication, your health care provider will work together with you to decrease the dose gradually and cautiously. This will minimize any side effects from changing your medication.

Overview	
The prescribed benzodiazepine is called:	<input type="checkbox"/> clonazepam, or RIVOTRIL <input type="checkbox"/> lorazepam, or ATIVAN <input type="checkbox"/> diazepam, or VALIUM <input type="checkbox"/> _____
This medication is prescribed for:	<input type="checkbox"/> anxiety <input type="checkbox"/> seizures <input type="checkbox"/> alcohol withdrawal <input type="checkbox"/> _____
This medication is planned to be used for a duration of:	<input type="checkbox"/> 2 weeks (review date: _____) <input type="checkbox"/> 1 year (review date: _____) <input type="checkbox"/> _____ <input type="checkbox"/> we currently do not have plans to stop
Signs that this medication is effective include:	
Other treatments to be used alongside the benzodiazepine:	<input type="checkbox"/> psychological therapy <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

This treatment agreement will help you use your medication as safely as possible; we ask all people using a benzodiazepine to complete one. By discussing and understanding these points together with your health care provider, you are taking steps to prevent harmful medication effects and ensure everyone on your care team understands the treatment plan.

The healthcare provider makes a commitment to:

1. Explain the decisions made about your treatment, and to include you in making the plan whenever possible.
2. Recommend other strategies to help treat your condition.
3. Prescribe this medication in a way that is most likely to be helpful and not cause harms.
4. Offer timely follow up to assess your treatment plan.
5. Maintain open communication with you, as well as with other involved healthcare providers regarding the treatment plan.
6. Be non-judgmental about what is happening in your life and provide a safe place for you to discuss concerns.

I understand and agree:

1. To also use **non-benzodiazepine-related treatments** as recommended by and as discussed with my healthcare provider.
 - Benzodiazepines are only **one part** of my whole treatment plan, and other interventions can be very beneficial.
2. To choose a **single healthcare provider** and get my medications from **only one pharmacy**.
 - Receiving controlled substances, such as benzodiazepines, from multiple sources can be harmful. For example, it can result in an accidental overdose or side effects from drug combinations. In emergency situations (e.g. hospitalization), it is ok to temporarily receive benzodiazepines from other providers/pharmacies.

The provider prescribing for me will be: _____ (or their replacement).

The pharmacy dispensing my medication will be: _____.*

**My healthcare provider will send a copy of this plan to the pharmacy. If my pharmacy changes, I will tell my provider.*

3. To discuss with my provider any **side effects** I experience while taking the medication. (See Box 1 for examples).

➤ Since everyone has a unique response to benzodiazepines, my provider will partner with me to find a medication and individualized dose that works well and that I can tolerate. This dose may change over time, as my life circumstances and body change.

4. To disclose to my healthcare provider if I notice any signs that the benzodiazepine use **might be becoming a problem**.

➤ Concerns might include: having cravings for the medication, persistently wanting to take more than prescribed, finding myself in risky or dangerous situations, and/or noticing negative impacts on my relationships, school, or work.

5. To take my benzodiazepine exactly as prescribed. This includes the **dose**, the **time intervals/frequency**, and the **amount given**. I will discuss with my provider if I think I need my prescription changed.

➤ My provider has prescribed the medication at a dose for a specific condition and for specific reasons. They want to ensure I am benefitting as much as possible and reducing the chance of harm. Taking this medication in larger amounts or more frequently than prescribed is dangerous and can result in accidental overdose or other negative impacts on my health.

➤ This means that a monthly supply must last the entire month. I understand that if my prescription is lost or stolen or runs out, my provider will likely not be able to prescribe extra medications. My provider's prescribing is carefully monitored.

➤ It may be necessary for safe use of this medication to prescribe small amounts frequently. The amount of medication I receive at one time, and the frequency of visits will be decided during appointments in partnership between myself and my provider. However, because these medications are so carefully controlled, I know that my provider is responsible for the final decision on frequency and amount of medication.

6. To attend all **appointments** with my healthcare provider as planned.

➤ This is important to allow us to check in on how well the medication is working, as well as to discuss any concerns we may be having with the treatment.

7. To undergo urine drug screening at the request of my provider.

➤ Routine, random, urine drug screening is a standard precaution to ensure I am using my medication, to monitor if the medication is helping, and to check to see if there are other drugs that I may have used that could be dangerous in combination with this medication. My provider is expected, as a standard for their license to prescribe controlled drugs, to ask me to undergo urine drug screening. My provider greatly appreciates my willingness to do this on occasion.

8. To keep my medication in a **safe place** where no one, including other family members, guests, children, or pets can take the medication without my knowledge.

➤ Using a lock box and not keeping benzodiazepines where others might see or have access to them can help. Lost, stolen, or spoiled supplies are a flag to reassess the appropriateness of therapy.

➤ It is illegal and potentially harmful to people's health to sell or give this medication away.

9. To give consent for information sharing between my provider and any other health professionals involved in my care, such as physicians, pharmacists, or emergency departments.

➤ In order for the different members of the health care team to provide me with the best care possible, it is very helpful for them to have access to the records regarding the types of medications that I take. This can include reviewing information available from the Saskatchewan Pharmaceutical Information Program (or alternative).

Box 1. Things to monitor for:
<ul style="list-style-type: none"> • lower energy levels • difficulty concentrating • memory challenges • mood changes • falls • drowsiness or dizziness • motor vehicle accidents • other: _____

patient/guardian name

signature

date

healthcare provider name

signature

date



The editable Word document of this tool is open access at www.rxfiles.ca/RxFiles/uploads/documents/tool-benzodiazepine-treatment-agreement.doc.
Last modified: May 2023.

References:
EQUIP Health Care. (2017). Equity-Oriented Treatment Agreements for Opiates or Controlled Drugs. Vancouver, BC. Available from www.equiphealthcare.ca.