

APPENDIX 1 Patient Information Pamphlet

Why stop taking sleeping pills?

- Sleeping pills are usually helpful only for a short period of nightly use.
- After a few weeks, your brain gets used to having the sleeping pill, and the sleeping pill may not work as well as it did at first.
- Sleeping pills can cause morning tiredness (like a hangover), dizziness, confusion, memory loss, vision problems, daytime anxiety, accidents and falls (sometimes resulting in broken bones).
- Therefore, because sleeping pills don't work as well after a few weeks and because they can cause significant side effects, it's reasonable to try to stop taking them and learn to fall asleep on your own again.

Why is the dose of my sleeping pill being slowly reduced?

- Slowly reducing the dose of the sleeping pill helps to reduce the severity of any withdrawal effects that you may have.
- People are more successful in stopping their sleeping pills if they slowly reduce the dose over several weeks instead of just suddenly stopping it.

What can I expect to happen?

- Usually, people do not notice anything until the dose of the drug has been reduced by at least 75%.
- About half of people have a little difficulty sleeping at this point; this problem is worse in the first 1 to 3 days and resolves within a few weeks; during this time, it's important to use non-drug methods of trying to fall asleep; remember, your body needs to learn to fall asleep by itself again.
- A few people also have other symptoms of withdrawal; they tend to be most severe in the first few days and get better within a few weeks; call your pharmacist or family doctor for reassurance if anything odd happens.

How can I get through this?

- Remember that you are not alone.
- You have the support of your doctor and pharmacist; call if you have questions.
- You are slowly stopping your sleeping pill because it can have side effects.
- Remember that it is OK to use a sleeping pill occasionally when you are having a particularly difficult night; just be aware of the possibility of side effects during the night and in the morning.

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Supplemental information for the family physician, community pharmacist and patient

Gradually reducing the dose of short-acting benzodiazepines (e.g., by 25% each week) is an effective withdrawal method. It is not necessary to switch to a long-acting benzodiazepine. Patients are more successful in the withdrawal process if they are educated about possible withdrawal effects and their timing (especially resolution) and if they receive support and reassurance during the process.

Most people do not experience withdrawal effects until the dose has been reduced by at least 75% of the original dose. Studies have shown that only about half of patients experience insomnia as a withdrawal effect. This information can be reassuring for people.

A few people have also experienced other problems when their benzodiazepine is suddenly or gradually stopped. Gradually stopping the drug has been shown to reduce the severity of these withdrawal effects, but not to completely prevent them. These other withdrawal effects include tremors, anxiety, headache, difficulty concentrating, nervousness, sweating, tension, twitching, tinnitus (ringing in the ears), vision disturbances (sensitivity to light, blurred vision), perceptual changes, confusion, irritability, nausea or loss of appetite, fatigue or weakness, restlessness or agitation, increased sensitivity to sound and smell, numbness or burning sensation and fast heart rate. Sometimes reassurance is all that is needed, but any significant symptoms should be reported to the family doctor. It's possible that some patients will have some of these symptoms as an indication that an anxiety disorder is being uncovered. They may need counselling or other medication therapy. Very rarely, seizures and psychosis have been reported in people at risk for these disorders.

Many patients have no withdrawal symptoms at all.

If withdrawal symptoms do appear, they tend to be most severe in the first 1–3 days after the 75%–100% dose reduction and gradually resolve within 4–6 weeks (the amount of time it takes the brain receptors to return to their normal functioning). Reassurance during this period can be very helpful to patients.

With long-acting benzodiazepines, the only difference in withdrawal is that symptoms usually appear only after 100% dose reduction and are most severe within 7–10 days later. Resolution is the same.

This handout has been prepared to assist community pharmacists in monitoring benzodiazepine withdrawal. Please call if you are interested in the references or more detailed articles.

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