

Strategies for Managing Benzodiazepine Use by Patients in OUD Treatment

- Carefully assess the patient's benzodiazepine use, including:
 - Intent of use.
 - Source (check the state's PDMP).
 - Amount and route of use.
 - Binge use.
 - Prior overdoses.
 - Harms (e.g., car crashes, criminal acts, sleep trouble).
 - Co-use with other substances that further increase risk for respiratory depression and overdose.
 - Withdrawal history (e.g., seizures, delirium).
- Also assess the following:
 - Psychiatric and medical comorbidity
 - Motivation for change
 - Psychosocial support system (obtain history from a significant other if the patient permits)
- Gauge level of care and setting needed (e.g., residential, outpatient). Inpatient treatment may be best for patients with poor motivation, limited psychosocial support, serious or complicated comorbidity, or injection or binge use.
- Coordinate with other prescribers. Some patients may have taken appropriately prescribed benzodiazepines for years with limited or no evidence of misuse. For such patients, tapering benzodiazepines may be contraindicated and unrealistic.
- Address comorbid mental disorders (e.g., anxiety, depression) with other medications or psychosocial treatments, when feasible.
- Provide medically supervised withdrawal from benzodiazepines or refer to specialty care for same.
- Create a treatment plan with built-in conditions (e.g., urine testing, more frequent visits, short medication supply).
- Frequently review patient progress and objective outcomes, such as:
 - Urine drug testing.
 - PDMP reports.
 - Psychosocial functioning.
 - Reports from significant others.
- Revise treatment plans as needed and document the rationale for treatment decisions.