

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:

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

Visit
deprescribing.org
for more information.

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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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