Unmanaged anxiety, depression, physical or mental condition that may be causing or aggravating insomnia

Use behavioral approaches and/or CBT (see reverse)

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This algorithm and accompanying advice support recommendations in the NICE guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia, and medicines optimisation. National Institute for Health and Care Excellence, February 2019
# Benzodiazepine & Z-Drug (BZRA) Deprescribing Algorithm

## BZRA Availability

<table>
<thead>
<tr>
<th>BZRA</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam (Xanax®)</td>
<td>0.25 mg, 0.5 mg, 1 mg, 2 mg</td>
</tr>
<tr>
<td>Bromazepam (Lectopam®)</td>
<td>1.5 mg, 3 mg, 6 mg</td>
</tr>
<tr>
<td>Chlordiazepoxide</td>
<td>5 mg, 10 mg, 25 mg</td>
</tr>
<tr>
<td>Clonazepam (Rivotril®)</td>
<td>0.25 mg, 0.5 mg, 1 mg, 2 mg</td>
</tr>
<tr>
<td>Clorazepate (Tranxene®)</td>
<td>3.75 mg, 7.5 mg, 15 mg</td>
</tr>
<tr>
<td>Diazepam (Valium®)</td>
<td>2 mg, 5 mg, 10 mg</td>
</tr>
<tr>
<td>Flurazepam (Dalmane®)</td>
<td>15 mg, 30 mg</td>
</tr>
<tr>
<td>Lorazepam (Ativan®)</td>
<td>0.5 mg, 1 mg, 2 mg</td>
</tr>
<tr>
<td>Nitrazepam (Mogadon®)</td>
<td>5 mg, 10 mg</td>
</tr>
<tr>
<td>Oxazepam (Serax®)</td>
<td>10 mg, 15 mg, 30 mg</td>
</tr>
<tr>
<td>Temazepam (Restoril®)</td>
<td>15 mg, 30 mg</td>
</tr>
<tr>
<td>Triazolam (Halcion®)</td>
<td>0.125 mg, 0.25 mg</td>
</tr>
<tr>
<td>Zopiclone (Imovane®, Rhovane®)</td>
<td>5 mg, 7.5 mg</td>
</tr>
<tr>
<td>Zolpidem (Sublinox®)</td>
<td>5 mg, 10 mg</td>
</tr>
</tbody>
</table>

T = tablet, C = capsule, S = sublingual tablet

## Engaging patients and caregivers

### Patients should understand:
- The rationale for deprescribing (associated risks of continued BZRA use, reduced long-term efficacy)
- Withdrawal symptoms (insomnia, anxiety) may occur but are usually mild, transient and short-term (days to a few weeks)
- They are part of the tapering plan, and can control tapering rate and duration

## Tapering doses

### No published evidence exists to suggest switching to long-acting BZRAs reduces incidence of withdrawal symptoms or is more effective than tapering shorter-acting BZRAs
- If dosage forms do not allow 25% reduction, consider 50% reduction initially using drug-free days during latter part of tapering, or switch to lorazepam or oxazepam for final taper steps

## Behavioural Management

### Primary care:
1. Go to bed only when sleepy
2. Do not use bed or bedroom for anything but sleep (or intimacy)
3. If not asleep within about 20-30 min at the beginning of the night or after an awakening, exit the bedroom
4. Reduce number of naps (no more than 30 mins and no naps after 2 pm)
5. Use alarm to awaken at the same time every morning
6. Do not nap
7. Avoid caffeine after noon
8. Avoid exercising, nicotine, alcohol, and big meals within 2 hrs of bedtime

### Institutional care:
1. Pull up curtains during the day to obtain bright light exposure
2. Keep alarm noises to a minimum
3. Increase daytime activity & discourage daytime sleeping
4. Restrict food, caffeine, smoking before bedtime
5. Have the resident toilet before going to bed
6. Encourage regular bedtime and rising times
7. Avoid waking at night to provide direct care
8. Offer backrub, gentle massage

## Using CBT

### What is cognitive behavioural therapy (CBT)?
- CBT includes 5-6 educational sessions about sleep/insomnia, stimulus control, sleep restriction, sleep hygiene, relaxation training and support

### Does it work?
- CBT has been shown in trials to improve sleep outcomes with sustained long-term benefits

### Who can provide it?
- Clinical psychologists usually deliver CBT, however, others can be trained or can provide aspects of CBT education; self-help programs are available

### How can providers and patients find out about it?
- Some resources can be found here: http://sleepwellns.ca/

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