APPENDIX 3. Deprescribing Benzodiazepines and Benzodiazepine Receptor Agonists (BZRAs) in Patients With Chronic Insomnia

Patient with chronic insomnia
- Age 18–64 taking medication for > 4 weeks
- Age ≥ 65 taking medication for any duration

Recommend and discuss deprescribing
- Potential benefits of tapering: improved alertness and cognition, reduced daytime sedation, reduced risk of falls and traffic accidents
- Taper plan: medication can be stopped in a gradual and flexible way
- Withdrawal symptoms: insomnia, anxiety, irritability, sweating, gastrointestinal; symptoms are usually mild and last for a few days to a few weeks
- Be vigilant for and treat comorbid depression or anxiety disorders

Consider adjunctive behavioural therapy
CBT-I or brief behavioural advice (refer to Information Section)

Initiate taper:
- Taper slowly, in collaboration with patient. Recommended taper schedule:

Duration of Use	Taper Rate	Taper Duration
4 weeks–6 months	10–25% of current dose every 1–2 weeks (consider slower rate at end)	1–3 months
> 6 months	10% of current dose every 2–4 weeks (slower rate at end)	3–6 months

- Adjust rate of taper according to symptoms
- Consider a longer taper (e.g., over several months) in patients with a higher risk of relapse (e.g., long-term use or history of psychological distress)
- Instruct pharmacist to dispense daily, weekly, or every 2 weeks depending on dose and patient reliability (e.g., suggest dosette or blister pack)

Alternate tapering approach (Reviewer Suggestion):
- Dose reduction every 4 weeks
- Size of first reduction determined by shared decision-making
- Size of subsequent reductions informed by degree of physical dependence with first reduction
- Discuss with patient: week 1 is about adjusting to the new dose; weeks 2–4 are about getting used to the new normal
- Assess patient's emotional preparedness to reduce dose again and repeat the cycle

Monitor regularly (every 1–4 weeks) for duration of taper

If symptoms relapse:
- Maintain dose for 1–2 weeks
- Then continue to taper at a slow rate

Encourage patients to try again if they are not initially successful

Elements of successful deprescribing

"I think the most successful cases are ones in which the patient feels in control of tapering his or her medications, such that he or she is the one making the decisions. I go as fast or slow as they want to go. This is challenging work and is not a single-visit issue. I also want my patients to know that I care about their sleep and that I want to support better sleep for them. This is a long journey and I congratulate them for making any attempt, as every time we manage a decrease in their benzodiazepine dose, we are lowering the risk of harm."

Excerpt from an interview with Dr Alison Paige, Medical Lead of Kildonan Medical Centre at Seven Oaks General Hospital in Winnipeg and Lecturer at the University of Manitoba.

CBT-I = cognitive behavioural therapy for insomnia

Sources: 1) Pottie K, Thompson W, Davies S, et al. Deprescribing benzodiazepine receptor agonists: evidence-based clinical practice guideline. *Can Fam Physician.* 2018;64:339-51; **2)** Centre for Effective Practice. *Management of chronic insomnia*. 2017. https://tools.cep.health/wp-content/uploads/2021/07/CEP_Management_of_Chronic_Insomnia_2017.pdf

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