

Policy for Benzodiazepine Prescription

To our patients:

Due to evolving research, health issues, heightened scrutiny with state and federal monitoring, and law enforcement concerns of misuse and diversion—we are concerned about the long-term use of benzodiazepine medications. This class of medications includes, but is not limited to, diazepam (valium), lorazepam (Ativan), clonazepam (Klonopin), and alprazolam (Xanax). Therefore, we are notifying our patients that we are updating our policies to reflect current treatment guidelines and best practices regarding the use of benzodiazepines.

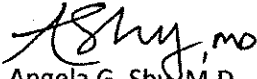
These medications carry risks that are well known. Some of these risks include tolerance, dependence, impaired alertness and coordination, short-term memory loss, increased risk of dementia and other cognitive impairment, recreational misuse and diversion for monetary gain. These medications are especially dangerous when combined with other medications such as opioids, muscle relaxers and sleep aids. They are also dangerous when used with alcohol. They are widely desired by those addicted to drugs and carry a large risk of diversion within the community, which contributes to acute overdoses and deaths.

These tranquilizing medications, when used briefly and as prescribed, are very effective agents for the immediate relief of acute anxiety such as phobias and panic attacks. They are indicated for short term use (2-4 weeks) in appropriate clinical situations and are not intended for chronic usage. They are best viewed as a short term bridge that can provide relief until other more effective medications can be started and titrated to efficacy. No treatment recommendations exist that suggest or endorse the chronic use of benzodiazepines. Clinical research has shown that tolerance develops over time with these medications whereby they become less effective and result in a never-ending cycle of dose escalation. Many patients mistakenly consider them necessary because abrupt attempts to stop are met with increased anxiety symptoms.

Our new policy will more closely reflect best practices and will limit daily use of these medications. Acute daily use will be limited to less than 12 weeks and only if no contraindications are present. Contraindications to this class of medication include, but are not be limited to, past or current addiction including misuse of benzodiazepines, alcohol, cannabis, opioid pain meds, stimulants, barbiturates, and various other street drugs as well as dementia, COPD, sleep apnea, and elderly age. For those who have been taking benzodiazepines beyond three months, abruptly stopping them could lead to uncomfortable withdrawal symptoms. Therefore, we will provide a gradual taper schedule to reduce physiological and psychological discomfort. The time required for a taper will be individualized but will fall within a window of 1 to 3 months. If a 1 to 3 month taper is unsuccessful, an inpatient detox program will be recommended and assistance provided in locating an appropriate facility.

We realize that news of this policy change may lead to anxiety for some patients. Know we will do our best to work with each patient on an individual basis during the tapering process. We also highly recommend working with your therapist and considering alternative therapies such as cognitive behavioral therapy, biofeedback training, meditation, prayer, exercise, yoga, etc. Again, know that this policy change is aligned with national treatment guidelines. This change will only enhance the treatment of all conditions and, in the long run, improve one's quality of life.

Sincerely,



Angela G. Shy, M.D.
Child/Adolescent Psychiatrist
General Psychiatrist



S. Tyler Bayles, M.D.
Child/Adolescent Psychiatrist
General Psychiatrist



Susan Reed, LCSW
Community Services Director