

# Stopping My Benzodiazepine or Z-drug (Sleep or Anxiety Medicine)

This leaflet will help you understand why and how to stop taking your benzodiazepine or Z-drug

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

My benzodiazepine or Z-drug: \_\_\_\_\_

## What decision has been made in hospital about the use of my medicine?

My medicine has been (please tick box below):

- Reduced (with the aim of stopping)
- Stopped
- Referred to the general practitioner (GP) to review and stop

## What are these medicines used for?

Benzodiazepines and Z-drugs are groups of medicines that act in the brain to cause calming effects and sleepiness.

Benzodiazepines are used for conditions such as anxiety, sleeping problems and epilepsy. Z-drugs are only used for sleep problems.

These medicines are usually only recommended for anxiety or sleep problems in severe cases for short-term use (up to 4 weeks).

## What side effects can you get WHILE TAKING this medicine?

- Tiredness during the day.
- Poor balance and increased risk of falls.
- Confusion, memory problems and poor concentration.
- Slurred speech.
- Weak muscles.

## Why is my medicine being stopped?

Your medicine is being stopped because the **risks of harmful side effects outweigh the benefits** of taking it.

**As you age** you are at **increased risk of side effects** while taking medicines. This is because changes take place in your body which alter the way you process medicines.

These medicines **will not work as well** if you take them for more than 2-4 weeks because your body gets used to them. Using these medicines long-term puts you at increased risk of side effects.

## How do I stop taking my medicine?

- Your medicine is **usually slowly reduced** and it may take **a few months to stop** your medicine completely. Your doctor will advise you on your personal plan to stop your medicine.
- **Stopping your medicine too quickly** may cause **withdrawal symptoms**.
- You must see your GP regularly to update the plan for stopping your medicine.

## What should I watch out for when COMING OFF my medicine?

If withdrawal symptoms occur, they are usually mild and begin within 1 to 3 days of reducing or stopping your medicine. They should go away within 6 to 8 weeks.

The table below lists possible withdrawal symptoms and what to do if you experience them.

Serious withdrawal symptoms	What should I do?
<ul style="list-style-type: none"><li>• Seizures</li><li>• Confusion</li><li>• Psychosis e.g. hallucinations</li></ul>	<ul style="list-style-type: none"><li>• Call 000 or go to the emergency department</li></ul>
Other withdrawal symptoms	What should I do?
<ul style="list-style-type: none"><li>• Anxiety and irritability</li><li>• Panic attacks</li><li>• Sweating and shaking</li><li>• Sleep problems, nightmares</li><li>• Nausea</li><li>• Diarrhoea</li><li>• Headaches, muscle aches</li><li>• Depression</li><li>• More sensitive to light, noise, touch, and smell</li></ul>	<ul style="list-style-type: none"><li>• Speak to your GP or pharmacist if these symptoms do not go away or worry you.</li><li>• If symptoms are <b>severe or you are concerned</b>, call 000 or go to the emergency department</li></ul>

## What can I do to manage my anxiety or sleep?

### Anxiety:

- Talk to your family and friends, or contact a support group or therapist.
- Try relaxation techniques e.g. meditation.

### Sleep:

- Only go to bed when you feel sleepy.
- Deal with concerns and relax before bed.
- Do not nap during the day.
- Avoid alcohol, big snacks/meals, smoking, and exercise 2 hours before bed.
- Avoid caffeine (e.g. coffee and tea) after midday.

## What should I do if I continue to feel worse?

If you continue to feel worse, experience ongoing withdrawal symptoms, or wish to re-start your medicine, please contact your GP.

## What is the plan for my medicine after discharge from hospital?

Please see the table on the back of this information sheet if you are being discharged from hospital on a reducing dose of your medicine.

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To be completed by your hospital doctor or hospital pharmacist.

Completed by: \_\_\_\_\_

Name

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

My benzodiazepine or Z-drug: \_\_\_\_\_

## WEEK 1

Day and date:							
Dose:							
Time:							
Tick when taken <input checked="" type="checkbox"/>							

## WEEK 2

Day and date:							
Dose:							
Time:							
Tick when taken <input checked="" type="checkbox"/>							

Please see your GP for review in \_\_\_\_\_ to continue your plan to reduce your medicine.

Additional comments:

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