Outpatient benzodiazepine taper in a low barrier setting

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Clinical setting: low barrier “bridge clinic”

- Rapid access to substance use disorder treatment & harm reduction
  - Walk-in and scheduled appointments available 6 days per week
- Convenient location within a safety net hospital in Boston, MA
- Institutional working relationships with:
  - Inpatient Addiction Consult Service
  - Street-level drop-in harm reduction center
  - Office-based addiction treatment within primary care
  - Outpatient psychiatry clinic for patients with co-occurring severe mental illness and SUD
  - Emergency department-based SUD and detoxification treatment referral program
- Staffing
  - Consistent nursing presence
  - Rotating pool of 10 physicians, 1 nurse practitioner, and Addiction Medicine fellows

Komaromy M, Tomanovich M, Taylor JL, et al. Adaptation of a System of Treatment for Substance Use Disorders During the COVID-19 Pandemic. J Addict Med. 2020 Dec 8.
Harris M, Johnson S, Mackin S, et al. Low Barrier Tele-Buprenorphine in the Time of COVID-19: A Case Report. J Addict Med. 2020 Jul/Aug;14(4):e136-e138.

Identified need for a benzodiazepine taper protocol

- Experience with a small number of individualized outpatient benzodiazepine tapers for patients with benzodiazepine use disorder
  - Required a high amount of ad-hoc care coordination
  - Heterogenous practice patterns among clinicians
  - Variable outcomes in taper completion, adherence, and patient experience
- High prevalence of other co-occurring substance use disorders, including OUD
- Few local treatment options:
  - Acute detox for short benzodiazepine taper (<1 week)
  - Extended tapers generally available only for patients with a pre-existing prescribing clinician
- While most readily available local treatment is a short “detoxification” taper, literature review supports benefits of extended duration tapers

McDuff DR, Schwartz RP, Tommasello A, et al. Outpatient benzodiazepine detoxification procedure for methadone patients. J Subst Abuse Treat. 1993 May-Jun;10(3):297-302.

Development of a Benzodiazepine taper protocol

- Inclusion criteria:
  - Diagnosis of benzodiazepine use disorder with patient goal of cessation via taper
  - Observation of benzodiazepine withdrawal & symptom capture on ≤ 40mg diazepam within first 24 hours
- Exclusion criteria:
  - Current benzodiazepine prescriber, concurrent alcohol withdrawal, unable to present to clinic daily
- Taper protocol
  - Initial & stabilization phases (days 1-3):
    - Max diazepam 40 mg total daily, guided by CIWA-Ar, initial in-clinic dosing
    - Avoid dose increase beyond day 3
    - Seen daily during stabilization with single-day prescriptions
  - Duration 4-6 weeks
  - Decrease dose by 20% every 5-7 days
  - Prescription duration extended sequentially to 7 day max, guided by treatment adherence
  - Extension of taper may be considered in consultation with Addiction Psychiatry clinic
- Safety and monitoring
  - Baseline & at least weekly urine toxicology panel including fentanyl and benzodiazepine GC/MS

Next Steps

- Protocol is approved by Medical Director and clinical staff
- Monitoring and QI of:
  - Patient interest
  - Treatment retention
  - Treatment outcomes
  - Clinician and patient experience
- Continued coordination with local addiction treatment programs
- Share protocol and lessons learned with other low-barrier clinics