

BACKGROUND

- Opioids and benzodiazepines have central nervous system and respiratory depressant adverse effects that are compounded when these agents taken together.
- Despite this risk of significant adverse effects, there is an overwhelming number of patients still on concomitant opioids and benzodiazepines.
- There are currently no standardized clinical practice guidelines regarding tapering methods for patients on concomitant opioid and benzodiazepine therapy.

OBJECTIVE

- Describe tapering strategies employed by clinicians when patients are co-prescribed opioids and benzodiazepines.

METHODS

Study Design

- Descriptive, non-experimental, web-based survey.

Study Population

- Prescribers, pharmacists, physician assistants, advanced practice nurses, psychologists, and psychiatrists currently practicing in the United States.

Study Measures

- 27-question questionnaire assessed the clinician's utilization of tapers for patients on concomitant benzodiazepines and opioids, including taper schedule, follow-up timeframe, and barriers to tapering.

Distribution

- Participants were invited to complete the questionnaire via email between July and August 2021.

Data Analysis

- Data was exported into a Microsoft Excel spreadsheet
- Data were evaluated using descriptive statistics to summarize responses, with percentages calculated for categorical variables.

RESULTS

Table 1: How frequently do you attempt to taper patients on concurrent opioid and benzodiazepine therapy?

		Never, n (%)	Sometimes, n (%)	About half the time, n (%)	Most of the time, n (%)	Always, n (%)
Discipline	Adv. Practice Nurse	2 (40)	1 (20)	0 (0)	2 (40)	0 (0)
	Pharmacist	4 (11.4)	11 (31.4)	4 (11.4)	14 (40)	2 (5.7)
	Physician	1 (9.1)	2 (18.2)	0 (0)	3 (27.3)	5 (45.5)
	Psychologist/Psy D	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Specialty	Family Medicine/PCP	0 (0)	3 (30)	0 (0)	4 (40)	3 (30)
	Pain Management	6 (19.4)	7 (22.6)	3 (9.7)	12 (38.7)	3 (9.7)
	Hem/Onc	0 (0)	0 (0)	0 (0)	1 (100)	0 (0)
	Gen. Psychiatry	0 (0)	0 (0)	0 (0)	2 (100)	0 (0)

RESULTS

Figure 1: For patients that are on concurrent opioid and benzodiazepine therapy that you plan to attempt a taper, which option best reflects your taper strategy?

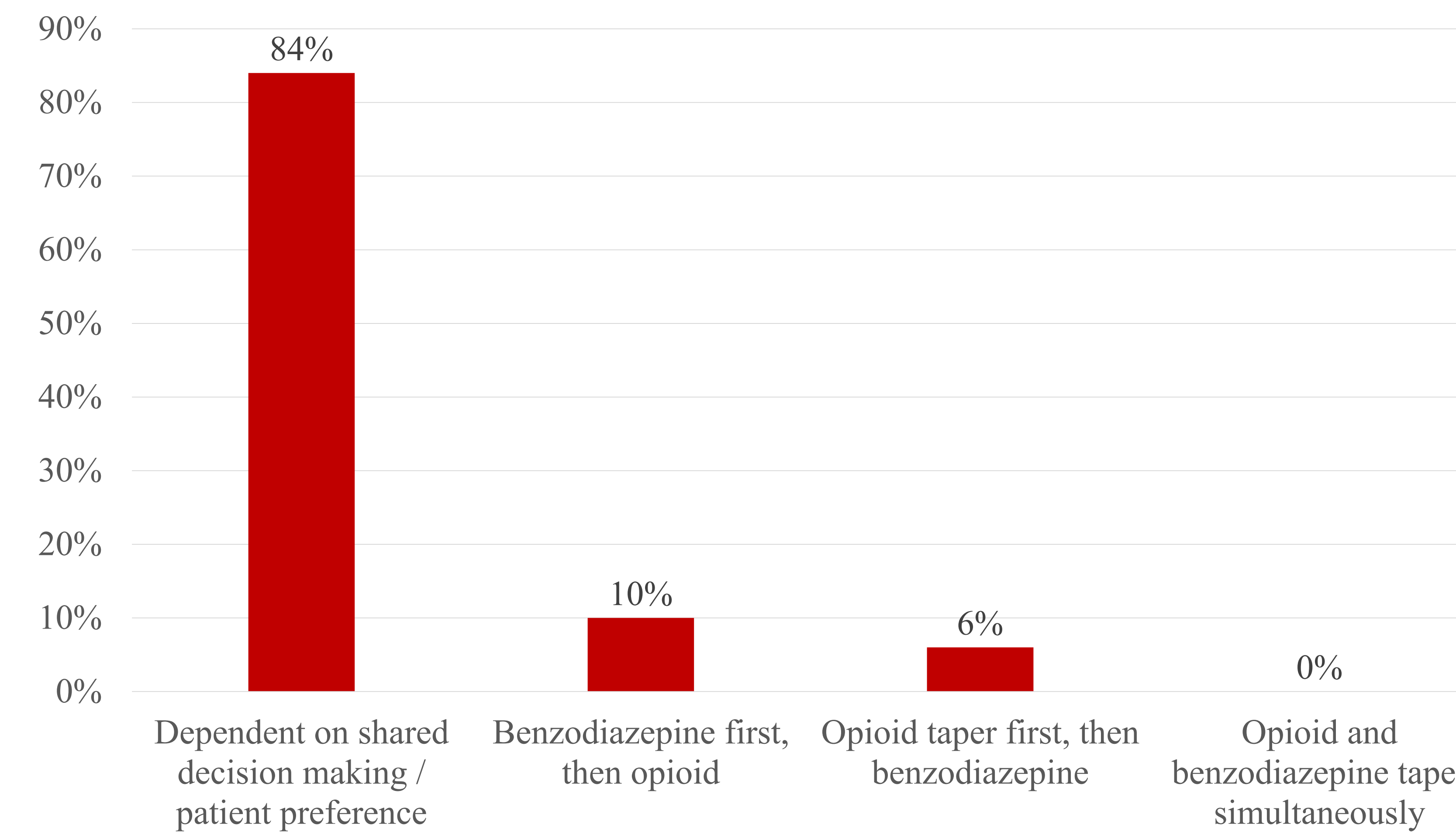


Figure 2: When attempting taper of benzodiazepine or opioid, which best reflects your goal of taper?

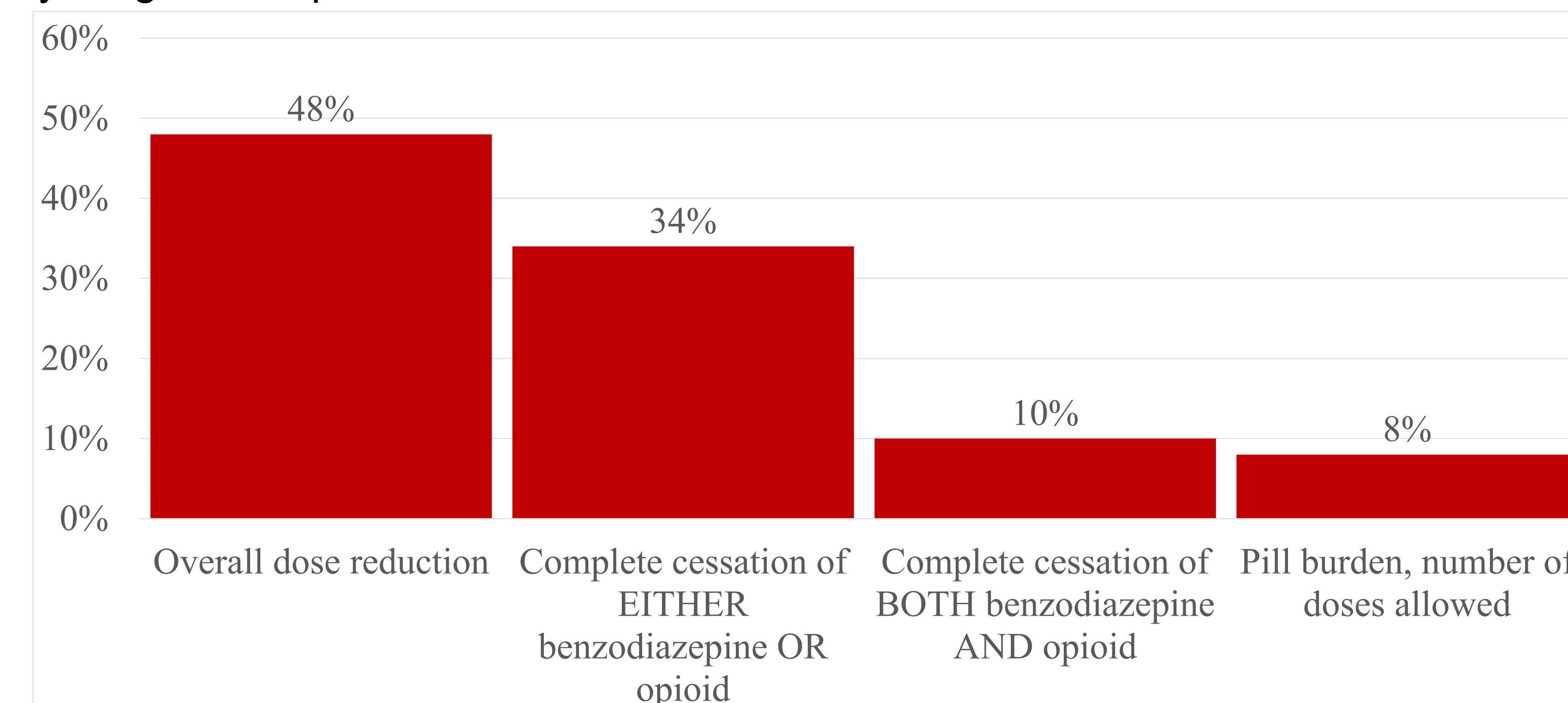
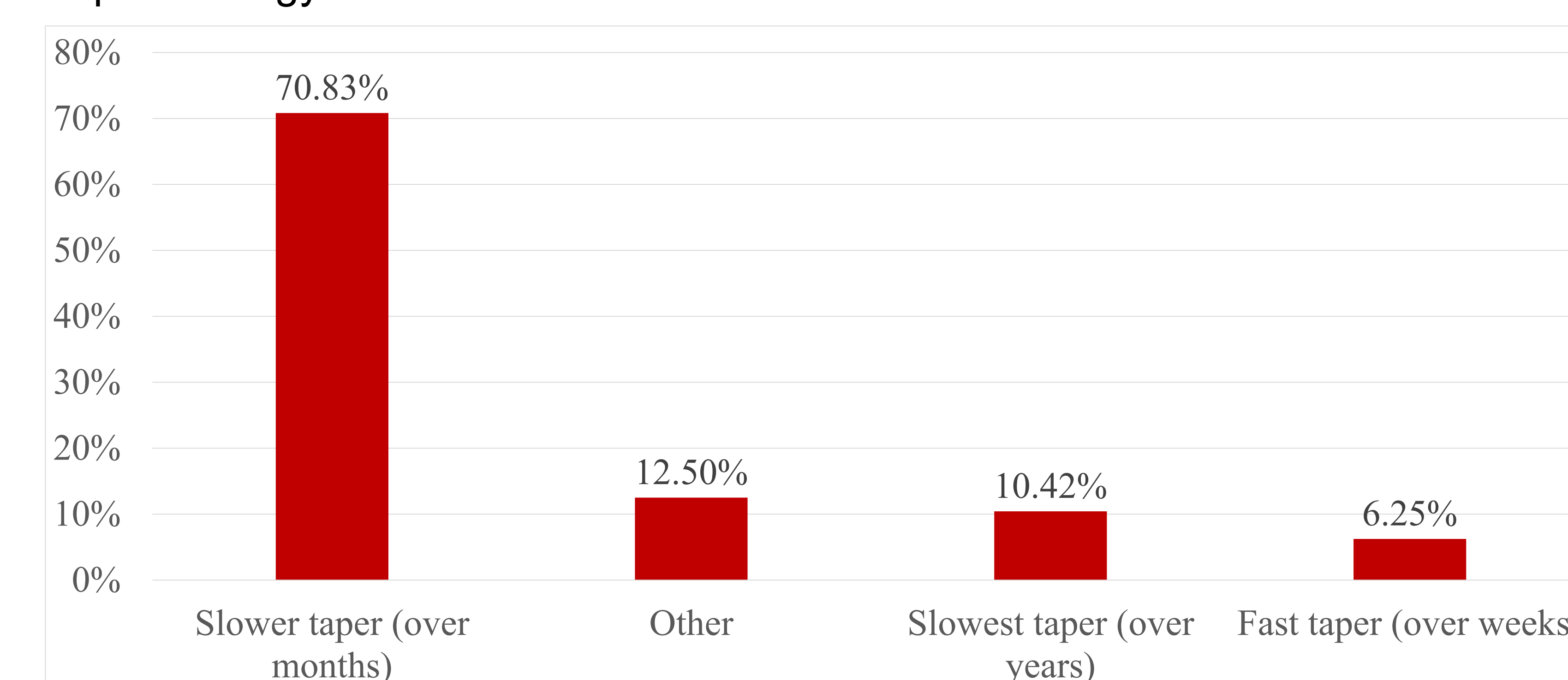


Figure 3: What taper schedule below best reflects your initial benzodiazepine taper strategy?



RESULTS

Figure 4: What taper schedule below best reflects your initial opioid taper strategy?

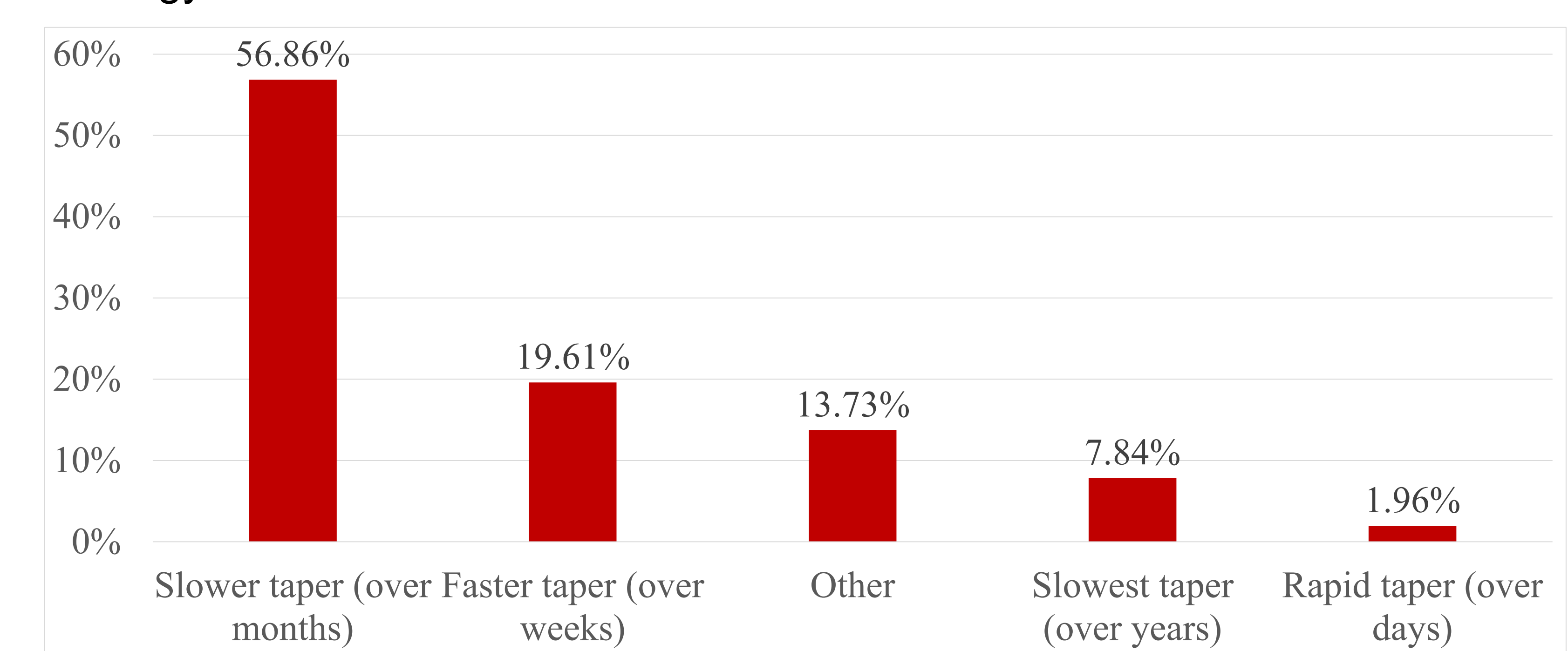
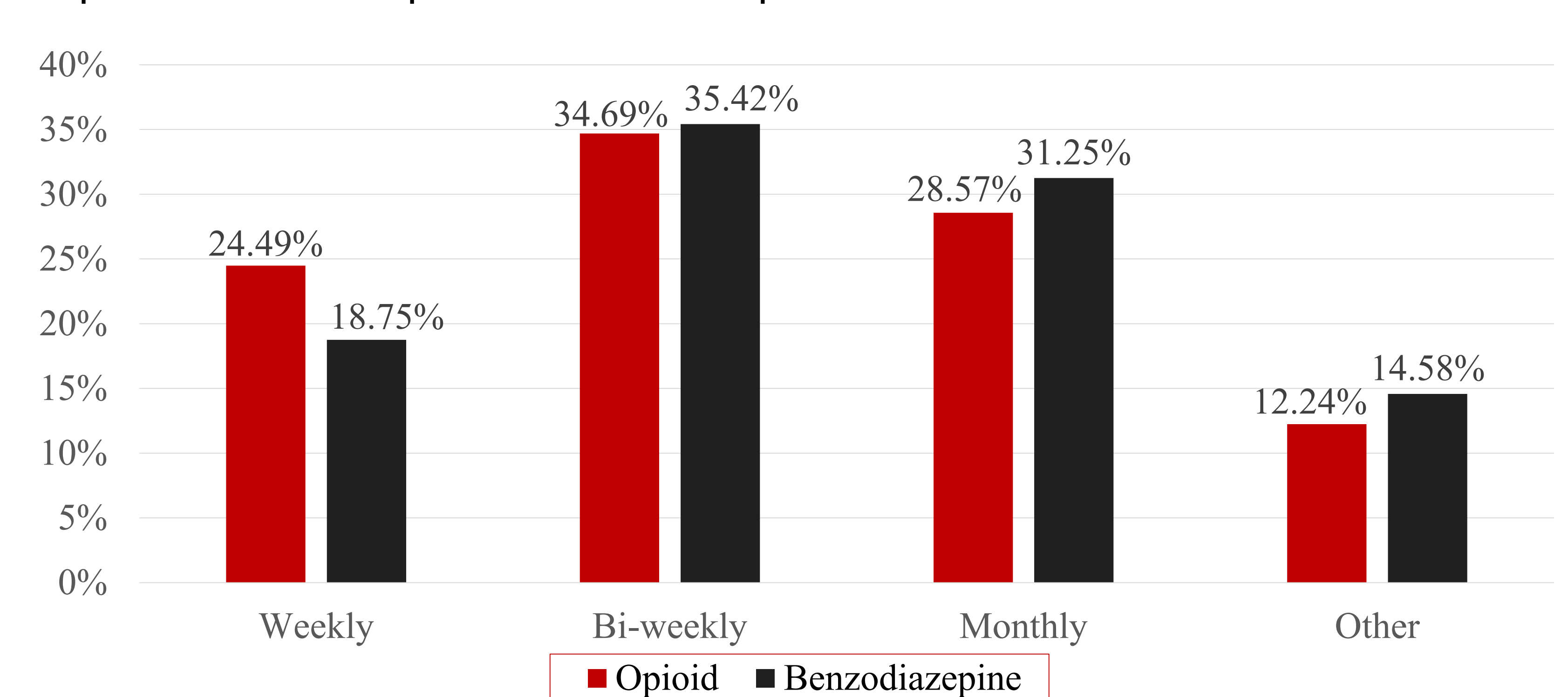


Figure 5: How frequently do you follow up with your patients while attempting to taper them off an opioid / benzodiazepine?



CONCLUSION

- Patient buy-in is key to success when it comes to tapering concomitant opioids and benzodiazepines.
- Slower tapers that occur over months are preferred for both opioids and benzodiazepines.
- The next step is to expand this survey to capture more clinicians' responses, with the results potentially evolving into clinical practice guidelines that will assist clinicians in their approach to concomitant opioid and benzodiazepine tapers.