



BENZODIAZEPINES: HOW THEY WORK AND HOW TO WITHDRAW

(aka The Ashton Manual)

- Protocol for the Treatment of Benzodiazepine Withdrawal
- Medical research information from a benzodiazepine withdrawal clinic

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- [Ashton Manual Index Page](#)
- [Contents Page](#)
- [Introduction](#)
- [Chapter I: The benzodiazepines: what they do in the body](#)
- [Chapter II: How to withdraw from benzodiazepines after long-term use](#)
- [Chapter II: Slow withdrawal schedules](#)
- [Chapter III: Benzodiazepine withdrawal symptoms, acute & protracted](#)

CONTENTS PAGE

FOREWORD 2001

FOREWORD TO REVISED EDITION, AUGUST 2002

ABOUT PROFESSOR C HEATHER ASHTON, DM, FRCP

SUMMARY OF CONTENTS

MEDICAL DISCLAIMER

CHAPTER I. THE BENZODIAZEPINES: WHAT THEY DO IN THE BODY

Background

About this chapter

The benzodiazepines

Potency

Speed of elimination

Duration of effects

Therapeutic actions of benzodiazepines

Mechanisms of action

Adverse effects of benzodiazepines

Oversedation

Drug interactions

Memory impairment

Paradoxical stimulant effects

Depression, emotional blunting

Adverse effects in the elderly

Adverse effects in pregnancy

Tolerance

Dependence

Therapeutic dose dependence

Prescribed high dose dependence

Recreational benzodiazepine abuse

Socioeconomic costs of long-term benzodiazepine use

Further reading

Table 1. Benzodiazepines and similar drugs

Table 2. Therapeutic actions of benzodiazepines

Table 3. Some socioeconomic costs of long-term benzodiazepine use

Fig. 1. Diagram of mechanism of action of the natural neurotransmitter GABA (gamma aminobutyric acid) and benzodiazepine on nerve cells (neurons) in the brain

CHAPTER II. HOW TO WITHDRAW FROM BENZODIAZEPINES AFTER LONG-TERM USE

Background

Why should you come off benzodiazepines?

Before starting benzodiazepine withdrawal

Consult your doctor and pharmacist

Make sure you have adequate psychological support

Get into the right frame of mind

Be confident

Be patient

Choose your own way

The withdrawal

Dosage tapering

Switching to a long-acting benzodiazepine

Designing and following the withdrawal schedule

Withdrawal in older people

Withdrawal of antidepressants

Further reading

Slow withdrawal schedules

1. Withdrawal from high dose (6mg) alprazolam (Xanax) daily with diazepam (Valium) substitution
2. Simple withdrawal from diazepam (Valium) 40mg daily
3. Withdrawal from lorazepam (Ativan) 6mg daily with diazepam (Valium) substitution
4. Withdrawal from nitrazepam (Mogadon) 10mg at night with diazepam (Valium) substitution
5. Withdrawal from clonazepam (Klonopin) 1.5mg daily with substitution of diazepam (Valium)
6. Withdrawal from clonazepam (Klonopin) 3mg daily with substitution of diazepam (Valium)
7. Withdrawal from alprazolam (Xanax) 4mg daily with diazepam (Valium) substitution
8. Withdrawal from lorazepam (Ativan) 3mg daily with diazepam (Valium) substitution
9. Withdrawal from temazepam (Restoril) 30mg nightly with diazepam (Valium) substitution
10. Withdrawal from oxazepam (Serax) 20mg three times daily (60mg) with diazepam (Valium) substitution
11. Withdrawal from chlordiazepoxide (Librium) 25mg three times daily (75mg)
12. Withdrawal from zopiclone (Zimovane) 15mg with diazepam (Valium) substitution
13. Antidepressant Withdrawal Table

CHAPTER III. BENZODIAZEPINE WITHDRAWAL SYMPTOMS, ACUTE AND PROTRACTED

Mechanisms of withdrawal reactions

Acute withdrawal symptoms

Individual symptoms, their causes and how to deal with them

Insomnia, nightmares, sleep disturbance
Intrusive memories
Panic attacks
Generalised anxiety, panics and phobias
Psychological techniques
Complementary medicine techniques
Exercise and other techniques
Sensory hypersensitivity
Depersonalisation, derealisation
Hallucinations, illusions, perceptual distortions
Depression, aggression, obsessions
Muscle symptoms
Bodily sensations
Heart and lungs
Problems with balance
Digestive problems
Immune system
Endocrine problems
Fits, convulsions

Extra medication during benzodiazepine withdrawal

Antidepressants
Beta-blockers
Hypnotics and sedatives
Other drugs

Benzodiazepine use during and after withdrawal

Diet, fluids and exercise

Smoking

Course of withdrawal

Protracted withdrawal symptoms

Anxiety
Depression
Insomnia
Sensory and motor disturbances
Possible mechanisms of persisting sensory and motor symptoms
Poor memory and cognition
Do benzodiazepines cause structural brain damage?
Gastrointestinal symptoms
Coping with protracted symptoms
How long do benzodiazepines stay in the body after withdrawal?

Preface

Epilogue

Education

Research

Treatment methods

Provision of facilities

Further reading

Table 1. Benzodiazepine withdrawal symptoms

Table 2. Antidepressant withdrawal symptoms

Table 3. Some protracted benzodiazepine withdrawal symptoms

Table 4. Some possible causes of protracted benzodiazepine withdrawal symptoms

INTRODUCTION

FOREWORD 2001

These chapters were written by request in 1999 for readers in the USA concerned about the problems associated with long-term benzodiazepine use. Inquiries from Canada, Australia and the UK have suggested that the advice in the manual might be of help to a wider audience. Accordingly, some additions have now been made, particularly for readers in the UK.

A limited list of benzodiazepines that can be prescribed on the National Health Service was introduced in the UK in 1985. These include diazepam, chlordiazepoxide, lorazepam and oxazepam for anxiety; nitrazepam and temazepam for insomnia. Triazolam was originally on the list but was later withdrawn. Other sleeping pills now available on the NHS include the benzodiazepines loprazolam and lormetazepam and two drugs, zopiclone and zolpidem, which although not benzodiazepines, act in the same way and have the same adverse effects including dependence and withdrawal reactions. Information about benzodiazepines not included in the first US edition, and suggested withdrawal schedules for chlordiazepoxide, oxazepam and zopiclone have been added here.

Unfortunately, the benzodiazepine saga is far from over. Despite the fact that benzodiazepines are only recommended for short-term use, there are still about half a million long-term benzodiazepine users in the UK who have often been prescribed benzodiazepines for years. Many of these people have problems with adverse effects including dependence and withdrawal reactions, for which they receive little advice or support. The problem is even greater in countries (Greece, India, South America and others) where benzodiazepines are available over the counter. Because of widespread prescribing and easy availability, benzodiazepines have now, in addition, entered the "drug scene". They are taken illicitly in high doses by 90% of polydrug abusers world-wide, unleashing new and dangerous effects (AIDS, hepatitis, and risks to the next generation) which were undreamt of when they were introduced into medicine as a harmless panacea nearly 50 years ago.

I hope this booklet will provide information of value to benzodiazepine users unable to find advice elsewhere and perhaps raise awareness in the medical profession about the dangers of excessive or long-term benzodiazepine prescribing. The main credit for any use this monograph may be should go to Geraldine Burns in the USA, Rand M Bard in Canada, and Ray Nimmo and Carol Packer in the UK for their energy, enthusiasm and expertise in producing and distributing this booklet and making it available to people on the Internet throughout the world.

Heather Ashton
January 2001

Preface

FOREWORD TO REVISED EDITION, AUGUST 2002

This edition contains some new material which I have added in response to requests and queries from readers in many countries including Europe, North America, Australia, New Zealand, South Africa and India. Additions include further information about withdrawal of antidepressant drugs, some advice for older or "elderly" people, and a mention of complementary, non-drug, techniques helpful in benzodiazepine withdrawal. There is also an epilogue outlining areas where further action about benzodiazepines - education, research and facilities for long-term users - is urgently needed. I am glad that this monograph has been helpful to people all over the world and am grateful for the many thanks I have received. I hope also that it will encourage professionals and others to undertake properly controlled trials aimed at improving the management of benzodiazepine withdrawal. This booklet is surely not the last word on the subject.

**Heather Ashton
Newcastle upon Tyne
August 2002**

ABOUT PROFESSOR C HEATHER ASHTON, DM, FRCP

Chrystal Heather Ashton DM, FRCP is Emeritus Professor of Clinical Psycho-pharmacology at the University of Newcastle upon Tyne, England.

Professor Ashton is a graduate of the University of Oxford and obtained a First Class Honours Degree (BA) in Physiology in 1951. She qualified in Medicine (BM, BCh, MA) in 1954 and gained a postgraduate Doctor of Medicine (DM) in 1956. She qualified as MRCP (Member of the Royal College of Physicians, London) in 1958 and was elected FRCP (Fellow of the Royal College of Physicians, London) in 1975. She also became National Health Service Consultant in Clinical Psychopharmacology in 1975 and National Health Service Consultant in Psychiatry in 1994.

She has worked at the University of Newcastle upon Tyne as researcher (Lecturer, Senior Lecturer, Reader and Professor) and clinician since 1965, first in the Department of Pharmacology and latterly in the Department of Psychiatry. Her research has centred, and continues, on the effects of psychotropic drugs (nicotine, cannabis, benzodiazepines, antidepressants and others) on the brain and behaviour in man. Her main clinical work was in running a benzodiazepine withdrawal clinic for 12 years from 1982-1994.

She is at present involved with the North East Council for Addictions (NECA) of which she is former Vice-Chairman of the Executive Committee on which she still serves. She continues to give advice on benzodiazepine problems to counsellors and is patron of the Bristol & District Tranquilliser Project. She was generic expert in the UK benzodiazepine litigation in the 1980s and has been involved with the UK organisation Victims of Tranquillisers (VOT). She has submitted evidence about benzodiazepines to the House of Commons Health Select Committee.

She has published approximately 250 papers in professional journals, books and chapters in books on psychotropic drugs of which over 50 concern benzodiazepines. She has given evidence to various Government committees on tobacco smoking, cannabis and benzodiazepines and has given invited lectures on benzodiazepines in the UK, Australia, Sweden, Switzerland and other countries.

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SUMMARY OF CONTENTS

This monograph contains information about the effects that benzodiazepines have on the brain and body and how these actions are exerted. Detailed suggestions on how to withdraw after long-term use and individual tapering schedules for different benzodiazepines are provided. Withdrawal symptoms, acute and protracted, are described along with an explanation of why they may occur and how to cope with them. The overall message is that most long-term benzodiazepine users who wish to can withdraw successfully and become happier and healthier as a result.

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IMPORTANT NOTICE: Any advice given on this site should not be substituted for the advice of a physician who is well-informed about benzodiazepine addiction and withdrawal. All advice given here is therefore to be followed at your own risk. You are advised never to stop taking any medication abruptly. Ray Nimmo, Webmaster, July 6, 2000.