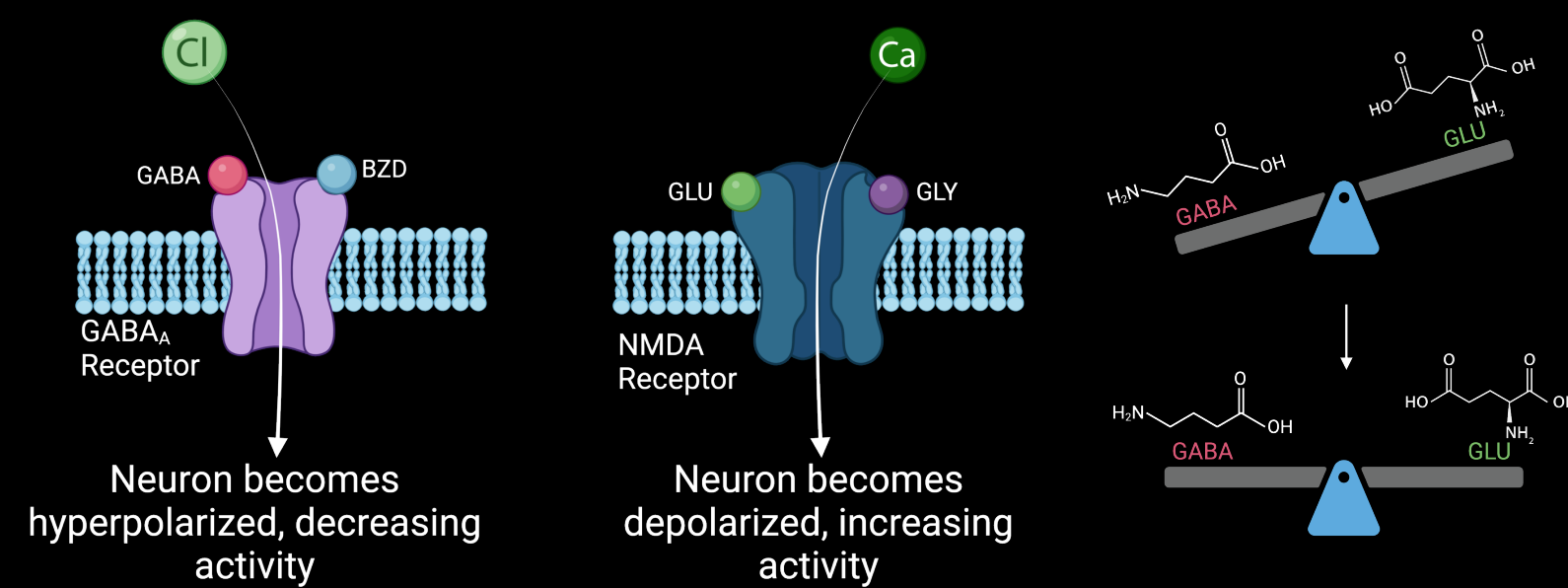


PROTRACTED BENZODIAZEPINE WITHDRAWAL IN A PATIENT WITH POLYSUBSTANCE USE & PSYCHIATRIC ILLNESS

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INTRODUCTION

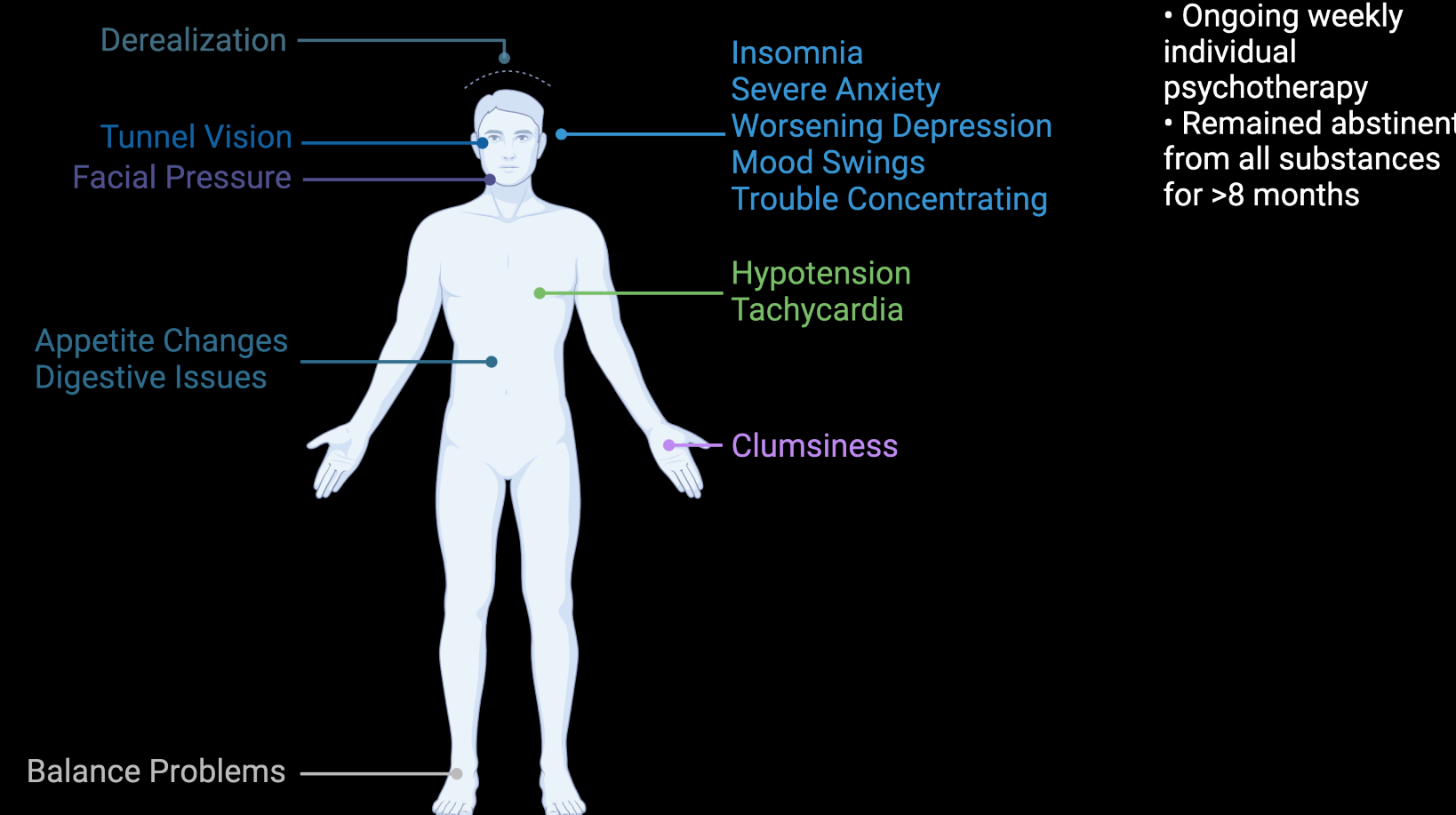
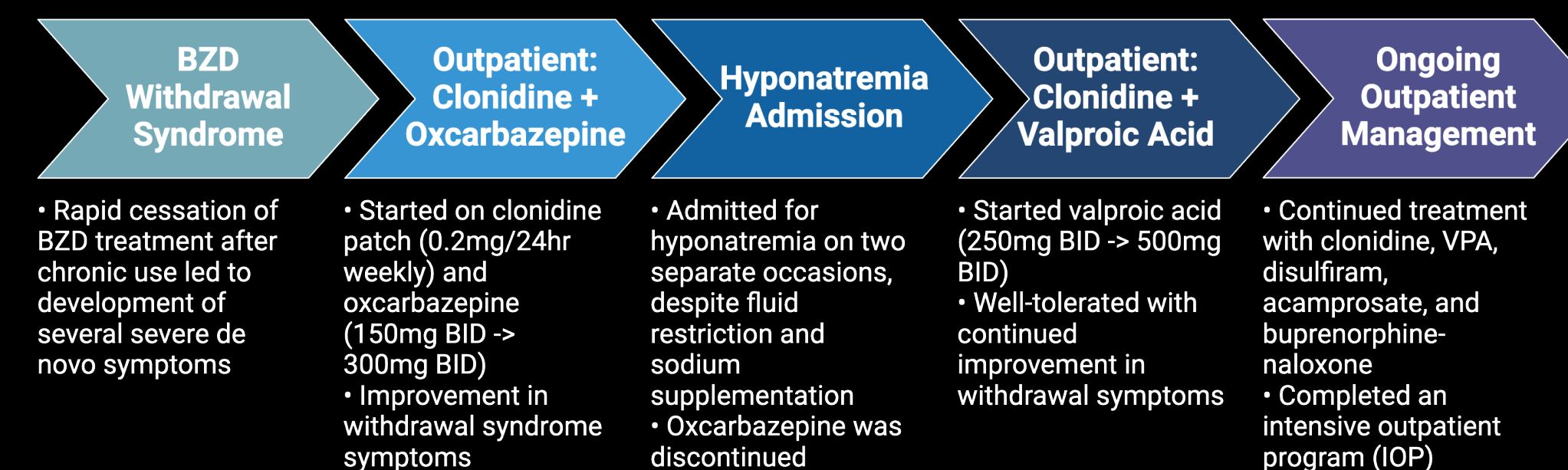
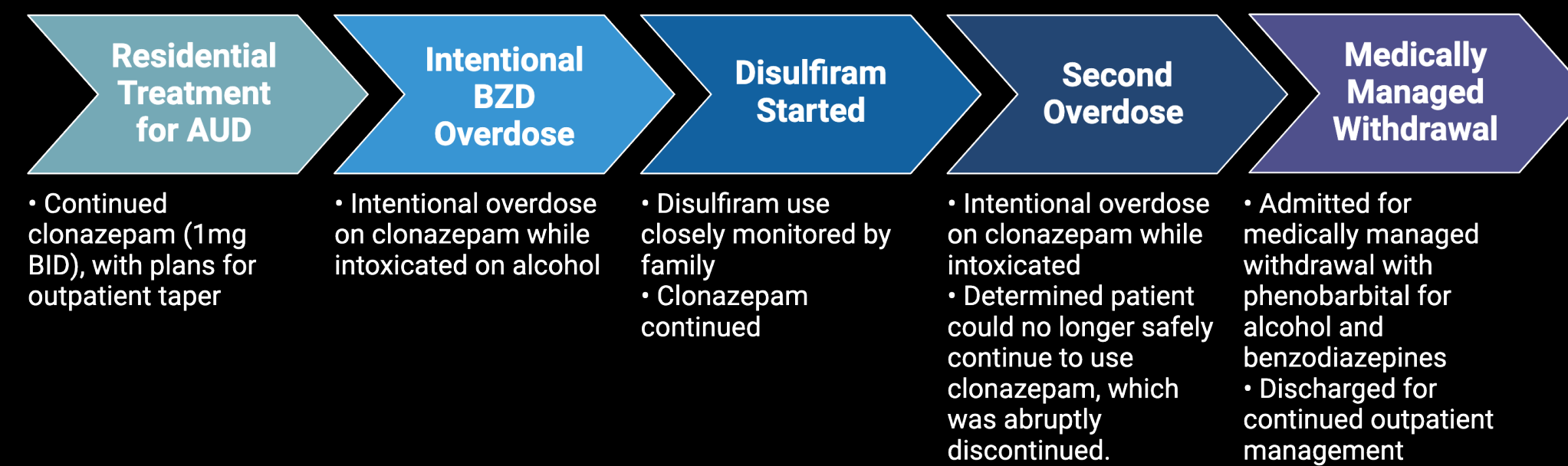
- 10-15% of chronic benzodiazepine (BZD) patients experience a protracted withdrawal syndrome, which can last months to indefinitely¹. This has been referred to as benzodiazepine-induced neurological dysfunction (BIND)² or complex persistent benzodiazepine dependence (CPPD)³.
- This can include new, persistent symptoms that are induced by benzodiazepine use itself, rather than simply the return and/or worsening of symptoms for which the benzodiazepine was initially prescribed.
- The Maldonado protocol demonstrates that alpha-2-agonists in combination with anti-seizure medications are useful in managing alcohol withdrawal, treating underlying derangements in norepinephrine (NE), gamma-aminobutyric acid (GABA), and glutamatergic (Glu) signaling⁴.
- Similar pathophysiology underlies BZD withdrawal, suggesting that these medications may be useful in managing protracted BZD withdrawal.



Medication	Class	Effect on GABA	Effect on Glutamate
Oxcarbazepine	Anti-seizure	Enhances GABA _A activity	Reduces NMDA glutamatergic transmission
Valproic acid	Anti-seizure	Increases GABA turnover	Decreases cortical GLU release via NMDA inhibition
Clonidine	Alpha-2 adrenergic agonist		Inhibits presynaptic release of GLU

CASE DESCRIPTION

Patient is a 36-year-old male with a history of alcohol use disorder (AUD), opioid use disorder (OUD) on buprenorphine-naloxone, unspecified mood disorder, and anxiety on long-term clonazepam (1mg BID).



DISCUSSION

- This case demonstrates benefit of concomitant treatment with an alpha-2-adrenergic agonist and anti-seizure medication in a patient with chronic benzodiazepine use and physiologic dependence, managing severe protracted withdrawal symptoms, improving quality of life, and increasing chances of sustained remission.
- While this patient is also receiving medical treatment for alcohol use disorder (AUD), opioid use disorder (OUD), and co-occurring psychiatric illness, he reports that medical management of his benzodiazepine withdrawal has provided a level of stability that has allowed him to pursue continued abstinence from all substance for over eight months.
- Notably, he represents a unique patient population of co-occurring substance use and psychiatric illness requiring abrupt benzodiazepine discontinuation. This approach may also benefit other patients experiencing protracted benzodiazepine withdrawal.
- Further studies may evaluate differences in outcomes between different antiseizure medications in managing side effects in patients with protracted benzodiazepine withdrawal.

AUTHORS & DISCLOSURES

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