

Publication

Successful withdrawal from high-dose benzodiazepine in a young patient through electronic monitoring of polypharmacy: a case report in an ambulatory setting.

JournalArticle (Originalarbeit in einer wissenschaftlichen Zeitschrift)

ID 3885915

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Year 2017

Title Successful withdrawal from high-dose benzodiazepine in a young patient through electronic monitoring of polypharmacy: a case report in an ambulatory setting.

Journal Therapeutic Advances in Psychopharmacology

Volume 7

Number 5

Pages / Article-Number 181-187

Keywords addiction, benzodiazepine, community pharmacy, electronic monitoring, multidrug punch card, printed electronics, substance withdrawal

Dependence on high-dose benzodiazepines (BZDs) is well known and discontinuation attempts are generally unsuccessful. A well established protocol for high-dose BZD withdrawal management is lacking. We present the case of withdrawal from high-dose lorazepam (>20 mg daily) in an unemployed 35-year-old male outpatient through agonist substitution with long-acting clonazepam and electronic monitoring over 28 weeks.; All medicines were repacked into weekly 7 CE 4 cavity multidose punch cards with an electronic monitoring system. The prescribed daily dosages of BZDs were translated into an optimal number of daily tablets, divided into up to four units of use. Withdrawal was achieved by individual left-over of a small quantity of BZDs that was placed in a separate compartment. Feedback with visualization of intake over the past week was given during weekly psychosocial sessions.; Stepwise reduction was obtained by reducing the mg content of the cavities proportionally to the leftovers, keeping the number of cavities in order to maintain regular intake behavior, and to determine the dosage decrease. At week 28, the primary objectives were achieved, that is, lorazepam reduction to 5 mg daily and cannabis abstinence. Therapy was continued using multidrug punch cards without electronic monitoring to maintain the management system. At week 48, a smaller size weekly pill organizer with detachable daily containers was dispensed. At week 68, the patient's therapy was constant with 1.5 mg clonazepam + 5 mg lorazepam daily for anxiety symptoms and the last steps of withdrawal were started.; Several key factors led to successful withdrawal from high-dose BZD in this outpatient, such as the use of weekly punch cards coupled with electronic monitoring, the patient's empowerment over the withdrawal process, and the collaboration of several healthcare professionals. The major implication for clinical care is reduction by following the leftovers, and not a diktat from the healthcare professionals.

Publisher SAGE Publications

ISSN/ISBN 2045-1253 ; 2045-1261

edoc-URL <http://edoc.unibas.ch/56338/>

Full Text on edoc Restricted;

Digital Object Identifier DOI 10.1177/2045125317690502

PubMed ID <http://www.ncbi.nlm.nih.gov/pubmed/28540039>

ISI-Number WOS:000401248300003

