

- High rates of suicidality, self-harm & psychiatric interventions during & post cessation attempts (Fixsen & Ridge, 2017)

Lack of research into the psychological needs and desires of long-term benzodiazepine users both during and post discontinuation



Introduction

- Long-term benzodiazepine use is a serious public health concern
- Higher rates of long-term use with age – see graph (IMS, 2008)
- Physiological dependence & adverse side effects
- Severe withdrawal reactions very common, including death
- Current available benzodiazepine dosages hinder safe discontinuation

Benzodiazepines are fast acting and highly effective medications when used short-term and in acute episodes of distress

However, it is now recognized that physiological dependence occurs very quickly, and prescribing guidelines are now set at 2-4 weeks maximum (FDA, 2020; WHO, 1996)

Despite this knowledge, and in some countries attempted legislation (Caogan et al, 2021), long-term use of benzodiazepines remains prevalent and in certain age groups has even increased since 2016

The Ashton Manual (Ashton, 2002) acknowledges and highlights the dangers of long-term use and provides a **proven & effective pharmacological treatment methodology for discontinuation**

Management of Benzodiazepine (BZD) Withdrawal (Soyka, 2017)		
Situation	Treatment Approach	Level of Evidence
Approach to BZD dependence in general	Gradual withdrawal over a period of several weeks or months	High
Use of several BZDs or sedatives	Switch to use of only one BZD for detoxification (diazepam)	Good
Choice of BZD for detoxification	Switch to a long-acting BZD (diazepam)	Low
BZD withdrawal in a patient receiving opioid maintenance therapy	Adjustment of opioid dose to prevent opioid withdrawal; switch to a partial agonist (buprenorphine)	Good for adjustment of opioid dose; moderate for switch to partial agonist
Concomitant pharmacotherapy for BZD withdrawal	Carbamazepine, 200 mg twice a day	Moderate
Sleep disorders	Antidepressants, antihistaminergic drugs, melatonin; improved sleep hygiene, sleep restriction, relaxation techniques	Moderate
Other drugs for treatment of withdrawal symptoms	Pregabalin, gabapentin, beta-blockers; flumazenil	Low for pregabalin, gabapentin, and beta-blockers; experimental for flumazenil
Psychotherapy	Cognitive behavioral therapy and other approaches	Good

Unfortunately, there is a dearth of treatment facilities available for benzodiazepine discontinuation & traditional substance abuse treatment centres are incompatible with the specificities of benzodiazepine discontinuation, in particular the protracted nature of the process

Online benzodiazepine discontinuation self-help groups and sites have proliferated over the last decade and there are countless tales of distress and resentment towards Big Pharma and the medical industry due to the perceived iatrogenic nature of the condition

Preliminary research shows promise for the provision of psychological support during benzodiazepine discontinuation in conjunction with a medically supervised micro-taper (Soyka et al, 2017)

Methodology

Aims: This research inquiry proposes to explore and gather information from an insider's perspective pertaining to the impact of Counselling/Psychotherapy during and post benzodiazepine discontinuation

Objectives: Inform theoretical research, improve the standard of benzodiazepine-informed care, increase rates of successful benzodiazepine cessation, enhance wellbeing & alleviate suffering

Theoretical Framework of Research Proposal

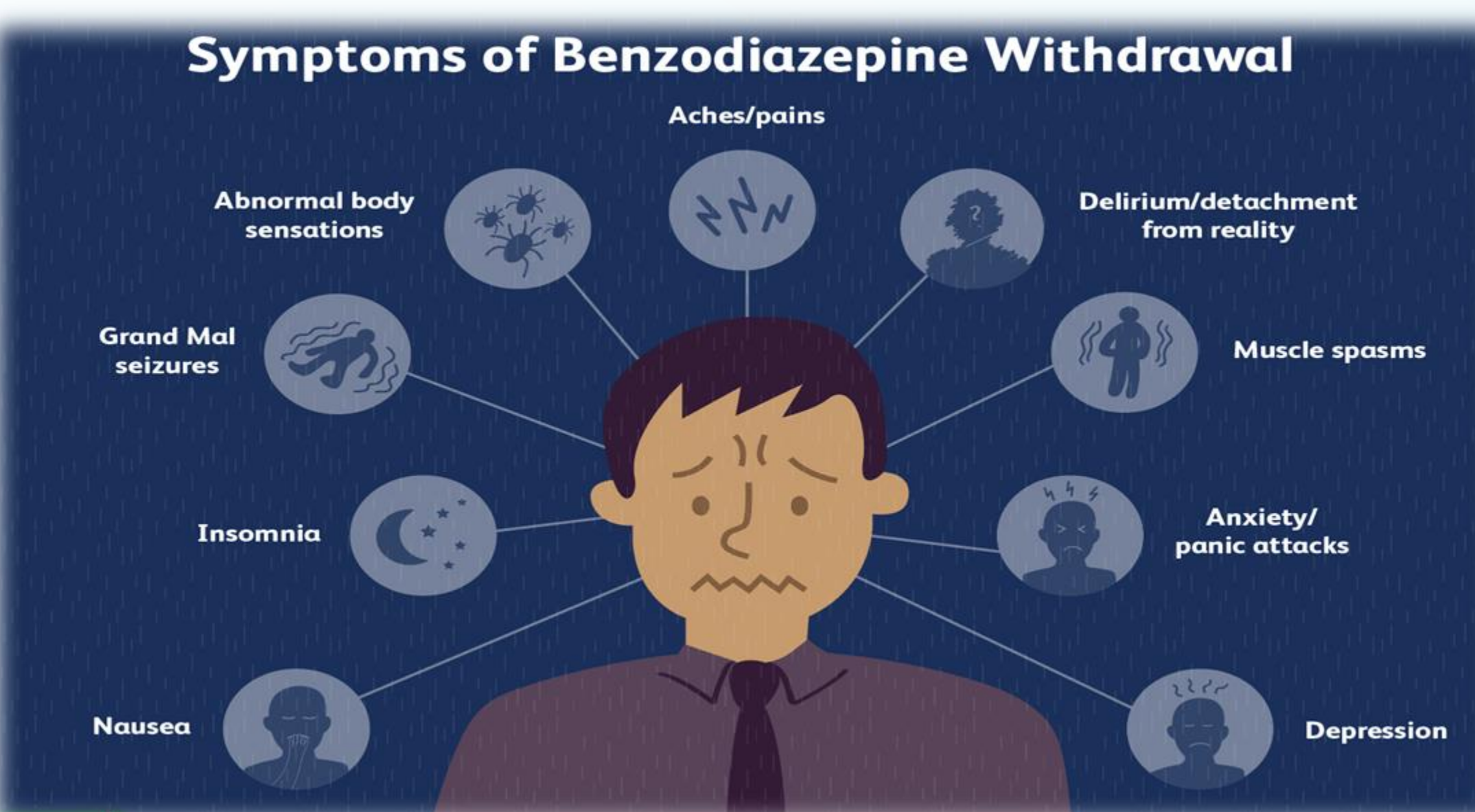
IPA (Interpretative Phenomenological Analysis) (Smith & Osborne, 2008)

- 1) Phenomenology (the essence of the experience)
- 2) Hermeneutics (the meaning or interpretation of the experience)
- 3) Idiography (the subjective insider perspective or bottom-up approach to knowledge)

Analysis (exploration, synthesis, & elucidation of common themes)

IPA is an ideal research method for this inquiry which endeavours to prioritize the epistemological approach of depth and nuance (ie. respect and value the 'core essence' of the experience) over statistics and measurement in a bid for increased efficacy & effectiveness

IPA is an approach that enables researchers to capture the qualitative and experiential dimension, yet still dialogue with mainstream psychology (Smith, 2009)



Data Collection

- 6 – 8 semi-structured interviews (~60-90mins duration)
- Purposive & snowball sampling
- Interview schedule & person-centred approach
- Contracting & Confidentiality (NAPCP code of ethics)
- Recording of interviews & transcription verbatim
- Note taking
- Online & face-to-face when possible



Data Analysis

- Data coding into common emergent themes
- Participant feedback & confirmation of authenticity
- Categorization of 'core essence' findings or 'meaning units' which both encapsulates the experience in a way that complements the participants interpretation & enables communication to a wider audience in Counselling & Psychotherapy



Proposed Outcomes

Previous qualitative studies refer to benzodiazepine discontinuation as a **harrowing and distressing experience** (Fixsen & Ridge, 2017) with emergent themes such as **anxiety & depression, hell & isolation, alienation, physical distress...**

Expected findings to be similar in nature to above with an emphasis on the **benefits of appropriate & empathic psychosocial support** & conversely **the detrimental impact of a lack of professional therapeutic assistance**

Significance and relevance of the **therapeutic relationship** & accurate empathy

The value of **quality psychoeducation** and competent **benzodiazepine-informed** therapists

Potential unearthing of **predispositional factors** requiring further treatment and possible referrals

The prospect of detecting entrenched maladaptive patterns of perpetuating thoughts & behaviour requiring specific & **individualized psychotherapeutic treatment modalities**

Significance

Physicians pour drugs of which they know little to cure diseases of which they know less, into humans of whom they know nothing (Voltaire 1694-1778)

1) Essentially, this study is designed to explore & discover the common issues and challenges experienced during benzodiazepine discontinuation & adjuvant Counselling/Psychotherapy

&

2) Further theoretical research & develop greater knowledge and competency in benzodiazepine-informed clinical practice in the profession of Counselling & Psychotherapy

Only the development of compassion and understanding for others can bring us the tranquility and happiness we all seek (Dalai Lama, 2019)

