



# Compass Opioid Stewardship in Practice

## Microlearning Series

### Module 4: How to Taper a Patient From a High Dose of Clonazepam

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Scott Weiner, MD, MPH, FAAEM, FACEP, FASAM; Clinical Coach in the Compass Opioid Stewardship Program.

### Case Presentation

This week's case is about Andrea, a 67-year-old woman with anxiety and insomnia who has been taking high-dose clonazepam for over five years. She also takes citalopram and occasionally drinks alcohol. Andrea is concerned about grogginess and memory problems and is seeking support to safely reduce her medication, highlighting the importance of careful assessment, shared decision-making, and a structured taper.

### Goal

Our clinical goal is to safely taper Andrea off high dose clonazepam, minimizing withdrawal and preserving functional status. High dose benzodiazepine use (>1.5 mg clonazepam daily or >15 mg diazepam equivalents) carries significant risks, especially in an elderly patient; therefore we must follow evidence-based tapering protocols.

### Clinical Steps

- 1. Assess and Prepare:** Evaluate the reason for benzodiazepine use, co-occurring psychiatric conditions, and patient goals. Use shared decision-making and set expectations—tapering may take months or years. Screen for alcohol use disorder, as concurrent use increases overdose risk. Educate patients about possible withdrawal symptoms, including anxiety, insomnia, muscle pain, and, rarely, seizures.
- 2. Consider Medication Strategy:** Some patients may benefit from switching to a long-acting benzodiazepine, such as diazepam (the "Ashton Method"), for smoother blood levels, but this is not always necessary and may increase sedation in older adults. Direct tapering of the current benzodiazepine is often appropriate.
- 3. Create a Taper Schedule:** Start with small reductions (5–10% every 2–4 weeks), slowing further as doses get lower. Avoid reducing more than one dose at a time and give the body time to adjust.

4. **Non-Pharmacologic Support:** Collaborate with behavioral health to address anxiety using cognitive behavioral therapy, mindfulness, sleep hygiene, and physical activity. Medications such as SSRIs or buspirone can support anxiety management, and melatonin or trazodone may help with insomnia. Encourage alcohol and stimulant avoidance, maintain a single prescriber and pharmacy, and schedule regular follow-ups.
5. **Monitor and Adjust:** At each visit, check for withdrawal symptoms or returning anxiety. Pause or step back in the taper if symptoms are intolerable. Consider harm-reduction strategies, including naloxone, if opioids are co-prescribed or risk factors for respiratory depression exist.

## Clinical Pearls

The clinical pearls we want you to remember are:

- Start slow – reduce dose by 5–10 % every 2–4 weeks; avoid reducing more than 25 % in any two-week period.
- High doses (>1.5 mg clonazepam/day) warrant extra caution because of dependence and withdrawal risk.
- Consider switching to diazepam for smoother tapering; cross taper one dose at a time over 1–2 weeks.
- Avoid prn benzodiazepine doses, as this can prolong the taper unnecessarily.
- Slower pace at lower doses – once at one-third of the original dose, make reductions of 5 % or 0.25 mg every 3–4 weeks to minimize withdrawal.
- Use behavioral therapies and non-benzodiazepine medications to treat the underlying disorder and improve taper success.
- Do not reduce the dose by more than 5-10% every 2-4 weeks
- Go slow. This is not a race, but any reduction in dose is protection against harm
- Remember to treat the underlying reason why benzodiazepines were started in the first place.

## Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.

## Resources

- [Opioid and Benzodiazepine Tapering: How to Guide](#)