



MEETING ABSTRACT

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Prolonged benzodiazepine elimination in addicted patients as a reason of early post-detoxification relapses

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From 1st International Congress on Neurobiology and Clinical Psychopharmacology and European Psychiatric Association Conference on Treatment Guidance Thessaloniki, Greece. 19-22 November 2009

Background

Multiplicity of benzodiazepine dependency complications force the addicts into a radical detoxification. However, even motivated patients relapse right after leaving a hospital ward. This may be due to premature conclusion of detoxification.

Materials and methods

Presented data come from 200 cases. Detoxification followed through 4 stages: long-acting benzodiazepine substitution, dose reduction, elimination, post-withdrawal observation. Clinical state (CIWA-B, [1]) and the benzodiazepine serum level (standard immunoenzymatic assay) were monitored. Patient's dose reduction rate was adjusted according to current intensity of withdrawal symptoms. Continued clinical state monitoring followed the final dose until total serum benzodiazepines elimination.

Results

Uncorrelated of initial benzodiazepine levels and symptom-adjusted dose-reduction rate among patients, elimination of the serum benzodiazepines was commonly protracted, ranging 3 to 62 days after withdrawal. Within this period, intensity of the withdrawal syndrome peaked several times, in varying combinations of symptoms, until elimination completed (zero serum level). Intensity often culminated 3-4 weeks after withdrawal.

Conclusions

Underestimation of benzodiazepine elimination time and resulting premature termination of post-withdrawal observation may contribute to common post-detox relapses in benzodiazepine-addicted patients. Peak-intensity of withdrawal symptoms often occurs only after the discharge from hospital ward. Monitoring of the serum level prevents untimely discharge of detoxified patients. Accordingly, a positive benzodiazepine serum level does not prove a recent benzodiazepine use.

Published: 22 April 2010

Reference

1. Busto UE, Sykora K, Sellers E: A clinical scale to assess benzodiazepine withdrawal. *Journal of Clinical Psychopharmacology* 1989, **9**:412-416.

doi:10.1186/1744-859X-9-S1-S156

Cite this article as: Basinska et al.: Prolonged benzodiazepine elimination in addicted patients as a reason of early post-detoxification relapses. *Annals of General Psychiatry* 2010 **9**(Suppl 1):S156.

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