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

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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.

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Reference

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