

MAT/CQI - Case-Based Application: Concurrent Benzodiazepine Use Disorder and OUD

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Disclosures

- Lynda – none
- Brian – none

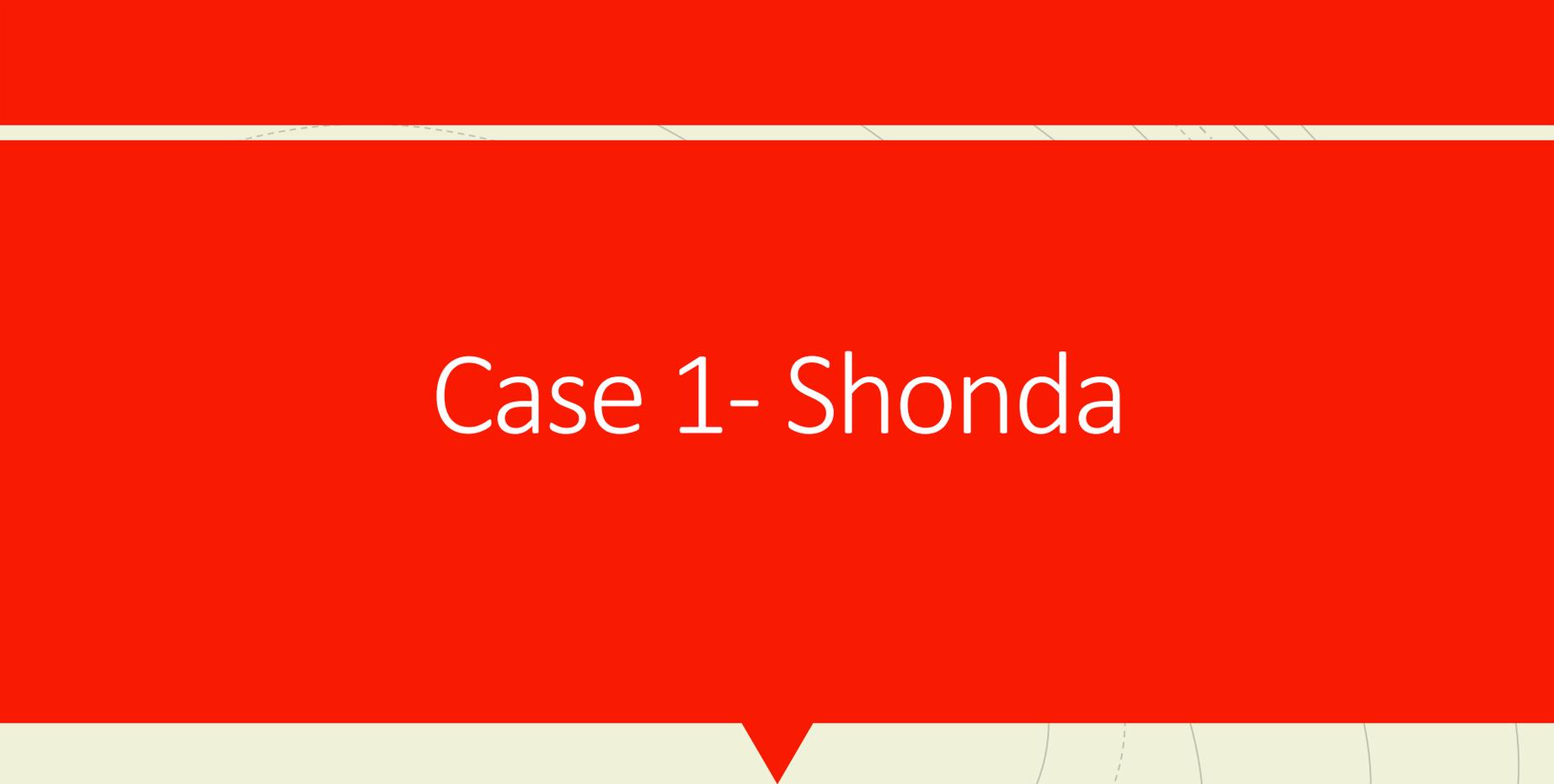
Learning Objectives

- **Upon completion of the session, participants will**
 - **Identify the various uses for benzodiazepines**
 - **Learn to improve provider/patient communication**
 - **Identify risks/benefits associated with chronic benzodiazepine use**

Award for Best
Pharmacist in the
Northeast Region

(Summer 2021)



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Case 1- Shonda

March 2020

- Re-engaged in care for OUD
- Using her boyfriend's buprenorphine; also using marijuana and crystal meth, which 'help with anxiety'
- When last seen in 2018, was also struggling with benzodiazepine use

April-May 2020

- Stabilizing on her own prescribed buprenorphine
- Presented to the ER with a seizure
- Reported that she had been last prescribed clonazepam in January, lost her insurance and ran out of medications – started using whatever she could buy illicitly (thinks about 3mg a day of Xanax and clonazepam or both)
- Had not mentioned this to anyone caring for her, thought she could just stop on her own
- Started on clonazepam 1mg TID to stabilize and taper

June 2020

- Clonazepam decreased to 2.5mg daily
- Had an elective termination – lapsed on Xanax
- Taper held steady

September
2020

- Struggling with lapses with illicit benzodiazepines, while clonazepam remained at 2.5mg daily
- Committed to re-starting other mental health medications (Effexor and abilify)
- Discussed a fixed dose taper – dose dropped to 2mg daily with fixed dates to taper off

December 2020

- On 0.5mg daily of clonazepam
- Getting routine counseling, taking her mental health medications
- Decided to switch to injectable long-acting buprenorphine for OUD

February 2021

- First dose of sublocade
- Clonazepam at 0.25mg daily with no illicit use

March 2021-
July 2021

- Continues on sublocade
- Expresses anxiety about not having medication around 'just in case'
- Is currently prescribed 0.25mg of clonazepam #7 every 28 days, using 'rarely'

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Case 2- Terri

January 2018

- Presented to the ED with an accidental overdose – oxycodone, lorazepam – reports she was just trying to control acute on chronic foot pain
- Husband expressed concern about problems with opioids – had two other overdoses in the year prior
- Husband stated that she had no prescriptions for these meds, getting them from an ‘unknown source’ – patient was actually receiving them from a prescriber in another state (valium, Xanax, Ativan, Percocet)
- Patient admitted to psychiatry for 10 days, diagnosed with bipolar disorder and PTSD, sent home with lithium, clonazepam, clonidine and gabapentin

January 2018

- Presented to the ED with another overdose
- Sent home with plans to follow-up with psychiatry and addiction medicine

February 2018

- Initial outpatient psychiatric evaluation
- Hashimoto's thyroiditis
- History of treatment with sertraline – possibly precipitated mania
- Unemployed – previously was employed in a health system for 25 years and 'was retired'
- Married for 36 years – strained relationship with husband
- Father with alcohol use disorder, mother with paranoid schizophrenia
- Hx of sexual abuse as a child by her brother and his friends (1st to 3rd grade)
- Describes 'problem' with alcohol, opioids, and benzodiazepines
- Started on buprenorphine

April 2018

- Requesting more clonazepam – dose was decreased instead
- Describes stressors
 - Deaths of family members
 - Financial issues (house in foreclosure)
 - Relationship issues
 - Chronic foot pain
 - nightmares

June 2018

- Reported to addiction psychiatrist that she was receiving prescriptions of Xanax, valium, clonazepam and misusing them (running out before she was due)
- Further described oxycodone use – at highest about 150mg daily
- ‘rare’ alcohol
- Abstinent from opiates on buprenorphine

August 2018

- Driven home by employer due to altered mental status; admitted to psychiatry for overdose
- Notes in the chart document different reports of what she took and why, but SI was ruled out
- Reported that her husband was controlling her medications and dispensing them as he saw fit
- Reported that she had stopped benzodiazepines
- Referred to IOP on discharge
- No benzodiazepines prescribed at discharge

September
2018

- Reports that she was still receiving prescriptions from a provider out of state, with whom she had a personal relationship
- Disappointed that she continues to use benzodiazepines, reports her desire to stop

October 2018-
January 2019

- Weekly visits with addiction medicine/psychiatry
- Reports intermittent and rare use of benzodiazepines, and alcohol use increases
- Started on gabapentin with dosing adjustments to manage foot pain
- No opioid use on buprenorphine

August 2019

- Continues with regular follow-up but no change in benzodiazepine use
- 'I will continue to get medications (benzodiazepines) from Dr. X until he retires or dies.'
- Reports that she wants to stop, citing concerns that her husband is using her medications to manipulate her, and that she is having cognitive difficulties

December 2019

- Addiction psychiatry agrees to take over benzodiazepine prescribing, with the intent to taper, as patient agrees to allow him to contact her current prescriber and ask him to discontinue prescribing
- Patient started on clonazepam 1mg BID with the intent to taper over 6-12 weeks

January 2020

- 'the taper is going too quickly' when patient at 1mg clonazepam daily
- Irritable, overwhelmed, and anxious
- Taper held due to patient's struggle, and dose increased back up to 2mg daily
- Patient began taking more clonazepam than prescribed, and requesting early refills

March 2020

- Taper resumed – patient made it to 0.5 mg BID
- No early refills were called in
- Last in-person visit until...

August 2020

- Patient reported increased alcohol use due to pandemic stress
- Clonazepam increased to 0.5mg TID, taper stalled

December
2020-March
2021

- Visits converted to telemedicine again given increase in Covid-19 cases
- Patient agrees to resume taper next month
- Continues to misuse medication – using too much and running out early

April 2021

- Feels 'out of control'
- Decided together to switch medication to diazepam 10mg TID

June 2021

- Patient is tolerating diazepam 10mg BID currently...
- Reports no other benzodiazepine use, and UDS are consistent with that
- During this entire period, patient has done either in-person or telemedicine visits with her therapist
- Will she ever get off benzodiazepines? Should she?