Clinical Considerations and Suggestions:
Taking Care of Patients on Opioids and Benzodiazepines

1. The use of opioids and benzodiazepines together represents a significant drug-drug interaction with increase risks of medication related adverse events.
2. Careful consideration of the risks versus benefits will need to be made prior to starting patients on this medication regimen. Prior to starting a patient on this combination of medications it is important to review this decision with appropriate specialists from pharmacy, mental health, SUD and/or pain medicine. While in certain patients the risk of short term or episodic therapy may outweigh the benefit, the greatest risk of this medication combination occurs when prescribed for greater than 2 weeks. Decisions about short term or episodic use of Opioids and Benzodiazepines may need to be made without consultation when indicated to improve patient care. This may be due to, but is not limited to, circumstances such as the use of benzodiazepines for procedures or opioids for a self-limited acute pain problem related to surgery and/or injury.
3. In patients already on both of these medications every attempt should be made to reassess the need to continue this medication combination.
4. Mental health consultation is strongly encouraged for those who are not currently in mental health treatment. If patients are already in mental health care, discussion with the current treatment providers is essential.
5. While all patients on Opioids and Benzodiazepines will need periodic reevaluation of the risks versus benefits of continuing this therapy, clinicians should be aware of the *Near Absolute Contraindications* and *Strong Relative Contraindications* to this therapeutic option that may further increase risks as well the complexity of the tapering process.

   Near Absolute Contraindications requiring structured outpatient, inpatient or residential detox and/or immediate engagement in substance use disorder treatment include evidence of active SUD to any medication or illicit substance.

   Strong Relative Contraindications that require careful review of treatment plan and consideration of the appropriateness of taper and discontinuation are as follows: history of any substance use disorder, co-occurring PTSD , unstable mood, anxiety or thought disorders, personality disorders, relevant medical comorbidities (including morbid obesity, sleep-disordered breathing, copd and hepatic or renal dysfunction) and/or older adults and others at elevated fall risk.
6. Patient education about the symptoms of opioid and benzodiazepine withdrawal, options available to the patient if potentially health threatening symptoms occur and the risks of remaining on opioids and benzodiazepines should be offered to all patients and family members or caregivers and documented in the patient record.

7. Accompanying documents related to benzodiazepines and benzodiazepine taper will be helpful when making decisions about patients on this medication combination.

Opioid Taper Considerations

8. If a decision is made to taper opioids, the pace of opioid taper should be individualized with a risk benefit analysis. However, many patients on opioids and benzodiazepines have often been on them for long periods of time with challenges related to caring for these patients during a taper. There have been many problems related taper or discontinuation of one or the other without the resources to accommodate that. Putting these resources in place will need to be part of this process.
9. Whenever possible, a slow opioid taper should be undertaken. A taper of 10 to 20 percent every 28-30 days is a reasonable guideline but decisions about this pace will still need to remain flexible. Resources that are needed in this setting are increased options for monthly (or more) face to face and/or Telehealth visits, case management and a structured communication between primary care (or whoever is tapering the opioids) and mental health or SUD clinicians.
10. Monthly or more frequent follow-up visits for these patients should be scheduled as clinically indicated during the taper of either medication. While face to face follow-up is preferred for many, decisions about Telehealth follow-up can be made on an individual basis.