

Odstawianie benzodiazepin i leczenie zespołów abstynencyjnych u osób uzależnionych – indywidualizacja postępowania w oparciu o monitoring kliniczny i farmakokinetyczny

Benzodiazepine discontinuation and withdrawal treatment – individualization of treatment based on using clinical assessment and pharmacokinetic monitoring

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Abstract – Despite of the growing incidence of benzodiazepine dependence, widely accepted standards related to intensive detoxification (i.e. in hospital conditions) are scarce. Few attempts represent schemes, which when adopted in clinical practice appear to be non-effective (translated by the low frequency of completed detoxifications) or if successful are followed by frequent relapses.

The paper suggests a method developed to reduce relapse by identifying reasons of failures. The authors divide the detoxification process into four stages: substitution, dose reduction, elimination and post-withdrawal observation. Each of the stages is analyzed in terms of revealed problems and possible mistakes.

As most important reasons of failures the following are suggested: the practice of calculating doses of long-acting benzodiazepine substitutes from equivalency tables regardless of differences in accumulation, fixing of a first dose of the substitute unchanged for a few days after its initiation, fixed schedules of dose reduction, missed tracking of post-withdrawal serum benzodiazepine elimination and untimely discharge of a patient as a result of misjudged completion of detoxification. By avoiding these mistakes, the authors succeeded in their ward to increase the share of completed detoxifications from 54 to 90 percent.

Consequently, the authors based on their own clinical experience propose an individualized model of detoxification, which combines increased patient satisfaction with reduction of hospital stay. In this model both the clinical state (intensity of withdrawal symptoms) score and the benzodiazepine serum level should be repeatedly measured.

Key words: benzodiazepine dependence, detoxification, individualization

Streszczenie – Mimo zwiększającej się liczby osób uzależnionych od benzodiazepin, brak jest w przypadku tych substancji jednolitych standardów dotyczących intensywnej (szpitalnej) detoksykacji. Nieliczne proponowane schematy, które wdrożone do praktyki klinicznej cechują się małą efektywnością (wyrażaną jako odsetek sfinalizowanych detoksykacji) lub w razie powodzenia – częstymi nawrotami.