

Temazepam suggested tapering regime

Temazepam is a benzodiazepine licenced in the UK for short term use in severe insomnia in adults, conscious sedation for dental procedures and premedication before surgery or investigations.

Temazepam (like all benzodiazepines) is associated with increased risk of respiratory depression when co-prescribed with opioids; current guidelines therefore recommend avoid co-prescribing. Due to dependency, only short-term use of benzodiazepines is recommended.

Temazepam acts by increasing the effect of gamma-aminobutyric acid (GABA) at GABA_A receptors. Excitation of the GABA_A receptors leads to reduced activity in specific areas of the Central Nervous System (CNS), and therefore reduced arousal throughout the body. Consequently, use of temazepam has wide reaching effects, leading to a wide array of withdrawal symptoms on stopping when used over longer term. These effects are both physical and psychological.

Withdrawal symptoms vary and may include rebound insomnia, restlessness, irritability/mood changes, increased anxiety, muscle cramps/spasms, vomiting, sweating, headaches, tremors, confusion, depersonalization, paraesthesia, hypersensitivity and seizures.

Where temazepam has been used for more than 2-4 weeks there should be a tapering of the dose to reduce the risk of withdrawal effects. This may take weeks or months.

Particular care should be exercised in patients when considering reducing temazepam in patients with a low seizure threshold. In such circumstances:

- always discuss with specialist teams prior to any reduction
- reduction regimes will usually need to occur over longer periods
- reduction regimes will usually be specific to each patient

Dose changes should be individualised to the person. There are no recommendations as to the speed of reduction. A suggested regime for a patient who is already taking temazepam 30mg daily is included below. If the patient is taking a lower dose than 30mg once daily then start the process further down the table and follow the suggested tapering guidance.

Before starting:

- Where possible, ensure any reduction is discussed and agreed with the patient.
- Agree the speed of dose reduction with the patient. Some patients may want to reduce quickly with a view to stopping over one month, but this is too fast for most patients.

• Typically one change per week is recommended. Faster than this could lead to physical withdrawal symptoms. Some patients will need space to acclimatise



to the new dose so the dose changes may be every one to two weeks. Inform the patient that reduction can be slowed but not reversed.

The reduction withdrawal schedule is flexible and should be individualised to each patient, some patients may need only 1-2 weeks per change, but others may need longer.

Temazepam is available as 20mg or 10mg tablets.

Starting total dose of 30mg Temazepam at night

Reduce no faster than 1 change per week

Start lower down the table if a patient is taking a lower dose than 30mg at night

Week	Total night temazepam dose	Number tablets/night	Number of tablets per week	
1	25mg	2.5 x10mg	18	
2	20mg	2 x 10mg	14	
3	15mg	1.5 x 10mg	11	
4	10mg	1 x 10mg	7	
5	5mg	0.5 x 10mg	4	
6	5mg on alternate nights	0.5 x 10mg	3	
7	0mg	STOP	STOP	

References

<u>Material to support appropriate prescribing of hypnotics and anxiolytics across Wales</u> - All Wales Medicines Strategy Group (nhs.wales)

<u>Temazepam Tablets 10mg - Summary of Product Characteristics (SmPC) - (emc)</u> (medicines.org.uk)

Scenario: Benzodiazepine and z-drug withdrawal | Management | Benzodiazepine and z-drug withdrawal | CKS | NICE

benzo.org.uk : Benzodiazepines: How They Work & How to Withdraw, Prof C H Ashton DM, FRCP, 2002

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Practice headed paper

Patient reduction card record

This surgery has agreed with you the following reduction regimen of your medication:

Name of patient.....

Name of usual doctor.....

Agreement to be kept by the patient (copy in the notes)

Week	Date	Drug	Dose	Number of 10mg tablets daily	Total number of tablets prescribed
1					
2					
3					
4					
5					
6					
7					