

## Self-help for quitting benzodiazepines

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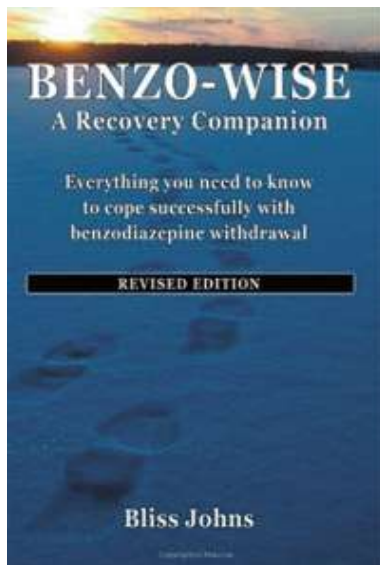
Bliss Johns

### ***Benzo-wise: A Recovery Companion***

Everything you need to know to cope successfully with benzodiazepine withdrawal.

2. utg. ed. 200 s, tab. 200 s, tab. Nichols, IA: Campanile Publishing, 2010. Pris USD 17

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More than 100,000 people in Norway use benzodiazepines for many years. Some use a lot, some use less. For some, this helps with anxiety or sleep problems, for others it is certainly silly. In addition to the fact that they probably receive only marginal assistance in relation to sleep and anxiety, it can cause problems such as usage problems with memory, decreased cognitive function, reduced ability to drive motor vehicles in a safe manner, and can also be the source of a great deal of anxiety problems and insomnia. Some will find it surprisingly easy to cut down or quit. Others will find it difficult, almost impossible, to get rid of this dubious help. The reason may be that withdrawal symptoms are so strong and last so long that even the most dedicated and determined are broken. Withdrawal symptoms may persist beyond that which pharmacology can explain. Often you feel that you get little or no help from those who have prescribed medicines, or other healthcare professionals. It may feel difficult and lonely to complete a withdrawal. In such a situation, perhaps a book can help.

### **Self-help Selvhjelpsbok**

*Benzo-Wise* is written by someone who used clonazepam for many years. She describes how she got more and more different symptoms and did not understand what they were, until she came across *The Heather Ashton Manual* (1). She decided to stop and tapered off as Ashton recommends. She describes a painful and prolonged process, but just her honest story about the ups and downs may seem empathetic and credible support for others who are in a similar situation. The book has a lot of factual knowledge in terms of pharmacology and clinical knowledge that is quite well written and without too much confusion.

We get a good idea of how to cut down on the use of benzodiazepines. The author herself spent almost half a year, but says about how she struggled with the after-effects until nearly two years later. She has lots of advice on how to strengthen and motivate oneself when you feel that the butter contrary, something that often happens. She creates normalcy around the many non-specific symptoms that are met with skepticism in medical environments. And she gives advice to those who stand around. She is very sober and unsentimental in relation to her own experiences. The book can also be read by those who are skeptical of such self-help books. It is written in plain English, without it being referred to for many things that are specifically American. An exception is the chapter where the legal proceedings against doctors are discussed. That means it can be read with benefit by Norwegian patients and Norwegian doctors.

The book contains an extensive list of other literature on the subject, and other self-help literature which can help the basic problem and the de-escalation. Websites that may be of benefit are also mentioned. There are good and clear tables of generic names and the names and sales of some important pharmacological properties of drugs. There are also a few examples of reduction regimes. It is a comprehensive dictionary of withdrawal symptoms, and finally a list of references and a detailed index.

To the extent that they have patients who should or will stop or scale down their use of GABAergic drugs, and who speak English at a certain level, this is perceived as a good and supportive book.

## Summary Oppsummering

It is found that in the U.S. physician-patient culture as long as you use the medicines as prescribed, there is no problem (no matter how problematic it is). This is not least reflected in the recent diagnostic guidelines which want to go further in the direction of not using terms like abuse and dependence on drug use that we would today categorize as follows (2). In America, books like *Benzo-Wise*, therefore, could represent a kind of consumer revolt, while those in Europe and Norway will be recommended by health professionals to patients.

It is also interesting to note that the more personal narrative stories, the more nonspecific describing the psychosomatic symptoms, activated my "alert" response. I think to myself: Who is this person? Benzodiazepines may not have been the cause of so much? The person must have had trouble before! When you as a reader feel the same, I challenge you to ask back: Does playing the answer to these questions matter? May we be able to explain the prolonged withdrawal symptoms pharmacologically? Does it make a difference whether people have had an abuse problem before? Is it of significance for how to deal with this problem, if people have a 2-axis diagnosis or not?

*Benzo-Wise* and similar books may also be suitable for doctors, psychologists or others who work in mental health or substance abuse (1). Should you have a desire to help someone after a long time on benzodiazepines and not have access to *Benzo-Wise* and similar books, Heather Ashton's guide is available free online (1). (3). Useful also is the home pages of the Danish Institute for Rational Pharmacotherapy (3) (4). There is also a Norwegian book that covers the area pretty well for professionals, even if it starts to get a few years old (4).

## Literature Litteratur

1. Benzodiazepines: How they work and how to withdraw. [www.benzo.org.uk/manual/index.htm](http://www.benzo.org.uk/manual/index.htm) (24.1.2011).
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3. Benzodiazepiner: Hvordan reduseres forbruget? [http://www.irf.dk/dk/publikationer/rationel\\_farmakoterapi/maanedssblad/2007/benzodiazepiner\\_hvordan\\_reduseres\\_forbru.htm](http://www.irf.dk/dk/publikationer/rationel_farmakoterapi/maanedssblad/2007/benzodiazepiner_hvordan_reduseres_forbru.htm) (24.1.2011).
4. Hafseng K. Legemiddelavhengighet: om utvikling av avhengighet og hvordan vi kan møte problemet. Kristiansand: Høyskoleforlaget, 1998.