Benzodiazepines and the Pregnant Patient: Special Challenges

Karol Kaltenbach, PhD

Maternal Addiction Treatment Education and Research

Jefferson Medical College

Thomas Jefferson University

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Outline

- Introduction
- Special Challenges
- Suggested Strategies
- Summary

Introduction

- Benzodiazepines are one of the most widely prescribed medications to women
- Generally used to treat insomnia and anxiety
- Women are more likely than men to be prescribed benzodiazepines when presenting to the physician for non-medical symptoms such as stress or life changes
- Women are more likely to be prescribed benzodiazepines for a longer period of time

Introduction

Opioid dependent women have

- High rates of depression (69.4%)
- High rates of anxiety (78%)

Green et al., Drug and Alcohol Dependence, 2009

Opioid dependent pregnant women

- 37% had primary mood disorder
  Of those, 44% also had anxiety disorder
- 36% had a primary anxiety disorder
  Of those, 37% also had a mood disorder

Fitzsimons et al., Journal of Substance Abuse Treatment

Introduction

- Literature search does not identify any studies that provide data regarding the use of benzodiazepines by pregnant opioid dependent women
- National Survey on Drug Use and Health (NSDUH) reports on prescription misuse but does not provide data by drug category for pregnant women.
- However, for the MOTHER study recently published in the NEJM, 44% of the 199 pregnant opioid dependent women screened for the study at our site did not meet the inclusion criteria due to a benzodiazepine substance use disorder

Special Challenges

- High risk population with complex issues
- Pregnant patient – outcome of fetus must always be considered
- Risk of use of medication during pregnancy must be weighed against the risk associated with untreated disease and relapse
- Must be concerned of withdrawal because of potential adverse effects on the fetus

Special Challenges

- All classes of benzodiazepines cross the placenta and are secreted in breast milk
- Most have a category D rating: There is some evidence of human fetal risk but potential benefits may warrant use of the drug in pregnant women
- Four have a category X rating: Risk involved in use in pregnancy clearly outweigh the potential benefits
  - Flurazepam (Dalmane)
  - Estazolam (ProSom)
  - Temazepam (Restoril)
  - Quazepam (Doral)

Special Challenges

- Medical detoxification not often available for pregnant patients
- Slow taper is recommended to avoid preterm labor or exacerbation of psychiatric symptoms
- Prenatal exposure to benzodiazepines exacerbate the neonatal abstinence syndrome (NAS) associated with medicated assisted treatment

Special Challenges

- Not all use/abuse is the same and different management strategies are required.

- Benzodiazepine use may be
  - Prescribed and used appropriately
  - Prescribed and misused
  - Patient does not have a prescription but is dependent on illicit benzodiazepines
- These three categories are not always mutually exclusive

Strategies

- Prescribed benzodiazepine
- Must sign a consent allowing the physician and Family Center Medical Director to communicate.
- Use is monitored by weekly GCMS UDS; taper may be initiated to reduce use; medical assessment is made to determine appropriate medication, e.g. transfer to Klonopin/SSRI, and/or non-medication options
- In order to address safety issues, if patient choses not to consent or is misusing prescribed medication she will be managed as if the benzodiazepine is not prescribed

Strategies

- Use/abuse of non-prescribed benzodiazepines
- Limit methadone dose increases from initial stabilization
- Initiate slow taper
- Assign medicating time
- Utilize 7 day medicating schedule (no take homes)
- Conduct weekly GCMS urine drug screens
- Modifications made in accordance with UDS levels and clinical observations

Strategies

- Additional clinical interventions
- Primary counselor/therapist discusses safety issues with patient; weekly monitoring of benzodiazepine levels; barriers to engagement or re-engagement in recovery; purpose of behavioral contracts including timeframes for change
- Weekly multidisciplinary staff meeting to discuss UDS results and dose change requests
- Weekly Prenatal class
- Obstetricians address UDS results at prenatal visits

Strategies

- Therapist addresses concomitant anxiety in individual sessions, e.g. CBT
- Behavioral Health Peer Specialist provides outreach and support to promote engagement in recovery
- Mindfulness Based Stress Reduction Intervention

Summary

- Pregnancy presents a special challenge
- Strategies must be focused on safety of both mother and fetus
- Multiple types of clinical interventions are necessary
- The guiding principal is safe prescribing and effective treatment interventions