Benzodiazepines and the Pregnant Patient: Special Challenges

Karol Kaltenbach, PhD
Maternal Addiction Treatment Education and Research
Jefferson Medical College
Thomas Jefferson University
Outline

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- Summary
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

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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
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 chooses 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

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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