

# MANAGEMENT OF BENZODIAZEPINE USE DURING OPIOID AGONIST TREATMENT: A SCOPING REVIEW

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## Background

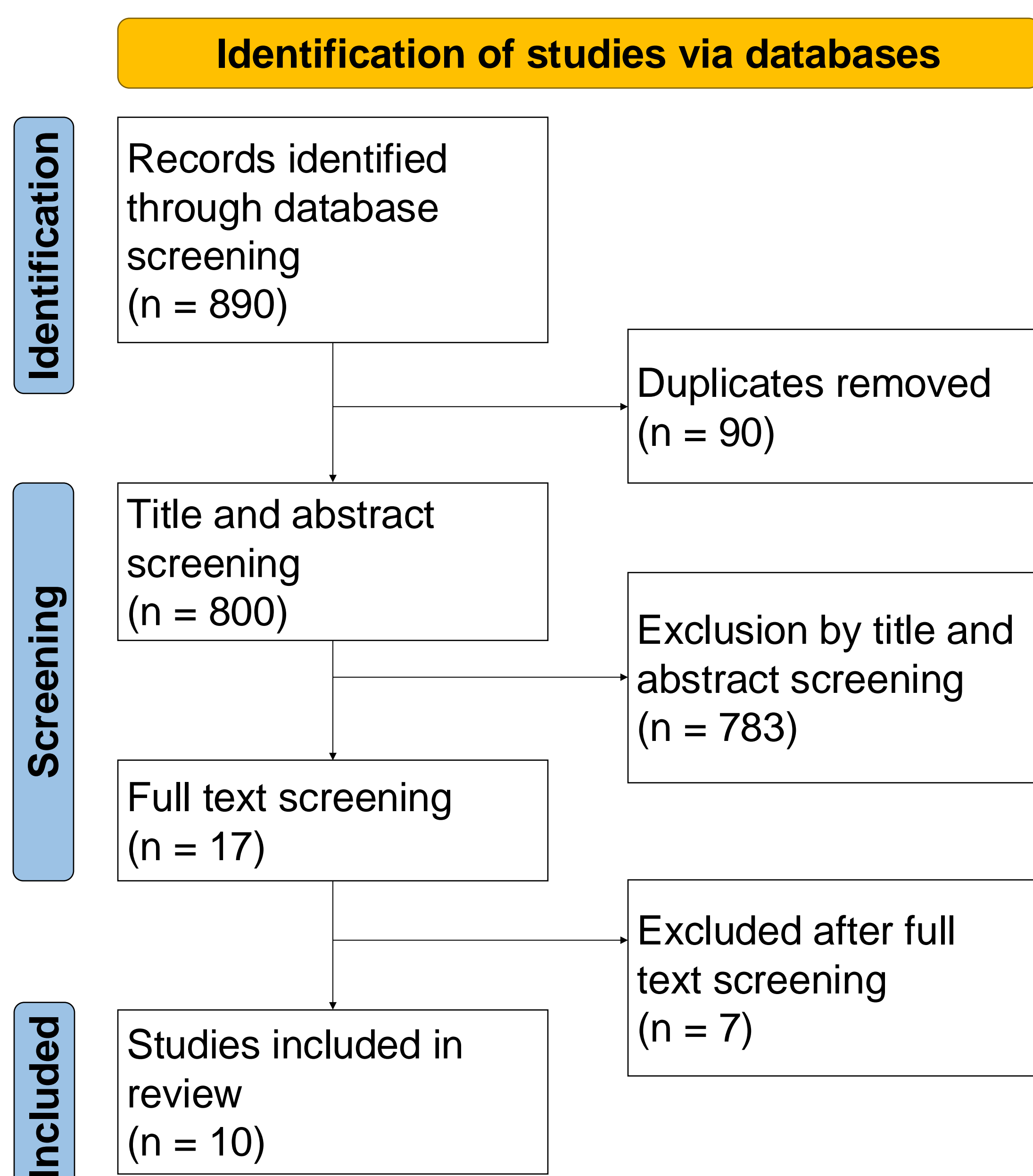
Benzodiazepine (BZD) use among individuals on opioid agonist treatment (OAT) is prevalent.

Combining OAT with BZD may increase morbidity and mortality risk.

The aim of this review was to investigate the scope of evidence for interventions to manage BZD use among people on OAT.

## Methods

A scoping review of studies assessing management of BZD use during OAT was conducted according to PRISMA-ScR guidelines. MEDLINE, PsycInfo and CINAHL databases were searched using a broad search string (buprenorphine, methadone, OAT, opiate, opioid combined with benzodiazepine).



## Results

- Studies were categorised according to their approach as either harm reduction (n = 7) or abstinence (n = 3).
- The main outcome was reduction of BZD use (n = 5), followed by retention in OAT (n = 3).
- The most common intervention was maintenance treatment with BZD (n = 6).
- The majority of studies only included patients on methadone maintenance treatment (n = 8).
- Only two studies included >22 patients and four included a control group.
- Sample sizes were in general too small to draw any conclusion on effects.
- Almost every study included some psychosocial intervention and/or a model of care differing from treatment as usual.

## Conclusion

- No method for managing BZD in patients in OAT has sufficient evidence.
- Current guidelines for management of BZD use among patients on OAT are at best ineffective, at worst harmful.
- There is an urgent need for evidence-based guidelines to reduce medical risks and revise potentially harmful guidelines and policies.

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