

Appendix 1

BZDs ¹	Half-life (hrs) ² [active metabolite]	Approximately Equivalent Oral dosage (mg) ³	Market aim ⁴
Alprazolam (Xanax, Frontal, Valeans, Xanor, Tafil)	6-12	0,5	a
Bromazepam (Lexotan, Lexomil)	10-20	5-6	a
Chlordiazepoxide (Librium)	5-30 [36-200]	25	a
Clobazam (Frisium) ⁵	12-60	20	a,e
Clonazepam (Rivotril, Klonopin) ⁵	18-50	0,5	a,e
Clorazepate (Tranxene)	[36-200]	15	a
Diazepam (Valium, Tranquirit, Ansiolin)	20-100 [36-200]	10	a
Estazolam (Esilgan, ProSom, Nuctalon)	10-24	1-2	h
Flunitrazepam (Roi hypnol)	18-26 [36-200]	1	h
Flurazepam (Felison, Dalmadorm, Dalmame)	[40-250]	15-30	h
Halazepam (Paxipam)	[30-100]	20	a
Ketazolam (Anseren, Anxon)	30-100 [36-200]	15-30	a
Loprazolam (Dormonox)	6-12	1-2	h
Lorazepam (Tavor, Ativan, Temestra)	10-20	1	a
Lormetazepam (Minias, Noctamid)	10-12	1-2	h
Medazepam (Nobrium)	36-200	10	a
Nitrazepam (Mogadon)	15-38	10	h
Nordazepam (Madar, Nordaz, Calmday)	36-200	10	a
Oxazepam (Serpax, Serax, Serenid, Seresta)	4-15	20	a
Prazepam (Prazene, Centrax, Lysanxia)	[36-200]	10-20	a
Quazepam (Doral, Quazium)	25-100	20	h
Temazepam			

Appendix 1

(Normison, Restoril, Euhypnos)	8-22	20	h
Triazolam (Halcion)	2	0,5	h
Non-BZDs with similar effects ^{1,6}			
Zaleplon (Sonata)	2	20	h
Zolpidem (Stilnox, Sonirem, Ambien, Stilnoct)	2	20	h
Zopiclone (Imovane, Zimovane)	5-6	15	h
Eszopiclone (Lunesta)	6 (9 in elderly)	3	h



BENZODIAZEPINE WITHDRAWAL SCALE (CIWA-B) 1

CLIENT SHEET

Surname:

Other names:

DOB:

Sex M FUR

Number:

For each of the following items, insert the number that best describes how you feel.

0 Not at all	1	2	3	4 Very much so
-----------------	---	---	---	-------------------

[illegible]

BENZODIAZEPINE WITHDRAWAL SCALE (CIWA-B) 2

CLINICIAN SHEET

Clinician observations

18. Observe behaviour for sweating, restlessness and agitation	
0	None, normal activity
1	
2	Restless
3	
4	Paces back and forth, unable to sit still

19. Observe tremor	
0	No tremor
1	Not visible, can be felt in fingers
2	Visible but mild
3	Moderate with arms extended
4	Severe, with arms not extended

20. Observe feet palms	
0	No sweating visible
1	Barely perceptible sweating, palms moist
2	Palms and forehead moist, reports armpit sweating
3	Beads of sweat on forehead
4	Severe drenching sweats

Surname:

Other names:

DOR:

Ser M EUR

Number.

[illegible]

TOTAL SCORE FOR ITEMS 1 - 20

1-20 = mild withdrawal

21-40 = moderate withdrawal

41-60 = severe withdrawal

61 - 80 = very severe withdrawal

Brief Substance Craving Scale

Agency Name: _____

Site Name: _____

ID #: _____

Date: ____/____/____

STAFF USE ONLY

A. Identify the primary substance dependence for which the participant is being treated at this clinic.

Downers or Sedatives (Barbiturates, etc.) ☐ 1Benzos (Valium, Xanax, etc.) ☐ 2Hallucinogens (including ecstasy) ☐ 3Alcohol ☐ 4Heroin or other Opiates (Morphine, etc.) ☐ 5Marijuana ☐ 6Stimulants (cocaine, amphetamine) ☐ 7Other (specify): _____ ☐ 8Please answer the following questions with regard to your craving for the primary drug.

1. The INTENSITY of my craving, that is, how much I desired this drug in the past 24 hours was:

None at all ☐ 0Slight ☐ 1Moderate ☐ 2Considerable ☐ 3Extreme ☐ 4

2. The FREQUENCY of my craving, that is, how often I desired this drug in the past 24 hours was:

Never ☐ 0Almost never ☐ 1Several times ☐ 2Regularly ☐ 3Almost constantly ☐ 4

3. The LENGTH of time I spent in craving this drug during the past 24 hours was:

None at all ☐ 0Very short ☐ 1Short ☐ 2Somewhat long ☐ 3Very long ☐ 4

4. Write in the NUMBER of times you think you had craving for this drug during the past 24 hours.

B. A second craved substance during the past 24 hours was:*Choose only ONE from the following. If NONE, please do not answer Questions 5-8.*None (STOP) ☐ 0Downers or Sedatives (Barbiturates, etc.) ☐ 1Benzos (Valium, Xanax, etc.) ☐ 2Hallucinogens (including ecstasy) ☐ 3Alcohol ☐ 4Heroin or other Opiates (Morphine, etc.) ☐ 5Marijuana ☐ 6Stimulants (cocaine, amphetamine) ☐ 7Other (specify): _____ ☐ 8**Please answer the following questions with regard to a second craved drug.****5. The INTENSITY of my craving, that is, how much I desired this drug in the past 24 hours was:**None at all ☐ 0Slight ☐ 1Moderate ☐ 2Considerable ☐ 3Extreme ☐ 4**6. The FREQUENCY of my craving, that is, how often I desired this drug in the past 24 hours was:**Never ☐ 0Almost never ☐ 1Several times ☐ 2Regularly ☐ 3Almost constantly ☐ 4**7. The LENGTH of time I spent in craving this drug during the past 24 hours was:**None at all ☐ 0Very short ☐ 1Short ☐ 2Somewhat long ☐ 3Very long ☐ 4**8. Write in the NUMBER of times you think you had craving for this drug during the past 24 hours.**

Reference: Somoza, E., Dyrenforth, S., Goldsmith, J., Mezinskis, J., & Cohen, M., 1995. In search of a universal drug craving scale. Paper presented at the Annual Meeting of the American Psychiatric Association, Miami Florida.

First aid for epileptic seizures

Remember

ACTION

for tonic-clonic seizures:

A

Assess

Assess the situation – are they in danger of injuring themselves? Remove any nearby objects that could cause injury

C

Cushion

Cushion their head (with a jumper, for example) to protect them from head injury

T

Time

Check the time – if the jerking lasts longer than five minutes you should call an ambulance

I

Identity

Look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do

O

Over

Once the jerking has stopped, put them on their side. Stay with them and reassure them as they come round

N

Never

Never restrain the person, put something in their mouth or try to give them food or drink

Tonic-clonic seizures

(used to be called 'grand mal')

The person goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may look a little blue around their mouth from irregular breathing. Tonic-clonic seizures can last a few minutes. A tonic-clonic seizure is the seizure you are most likely to come across. There are many others. Visit epilepsy.org.uk to find out more.

Call an ambulance if:

- You know it is a person's first seizure **or**
- The seizure lasts for more than five minutes **or**
- One seizure appears to follow another without the person gaining consciousness in between **or**
- The person is injured **or**
- You believe the person needs urgent medical attention



Epilepsy Action

New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY
tel. 0113 210 8800 email epilepsy@epilepsy.org.uk epilepsy.org.uk
Epilepsy Action Helpline: freephone 0800 800 5050 text 07797 805 390
email helpline@epilepsy.org.uk twitter [@epilepsyadvice](https://twitter.com/epilepsyadvice)

Epilepsy Action is a working name of British Epilepsy Association. A company limited by guarantee (registered in England No. 797997)
Registered charity in England (No. 234343)

B148B.02

Date: July 2015

Reprinted: May 2016

Due for review: July 2018



Health & care
information
you can trust

The Information Standard

Certified
Member