



# PROBLEMELE FRECVENTE DE DEPENDENTA IN TERAPIE SI ABORDAREA LOR

PROF. DR. ROBERT ANCUCEANU





## MENIU

Benzodiazepine

Decongestive  
nazale

Stupefiante și  
psihotrope



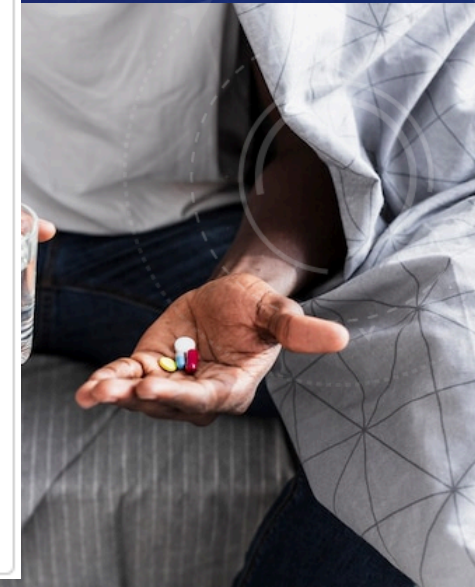


# BENZODIAZEPINE

| Benzodiazepine   | Half Life in hours | Peak time of action in hrs | Dose equivalent to 5mg Diazepam |
|------------------|--------------------|----------------------------|---------------------------------|
| Alprazolam       | 12                 | 1-2                        | 0.5-1                           |
| Chlordiazepoxide | 100                | 1-4                        | 10-25                           |
| Clonazepam       | 18-50              | 1-2                        | 0.25-0.5                        |
| Clorazepate      | 100                | 0.5-2                      | 7.5-15                          |
| Diazepam         | 100                | 1-2                        | 5-10                            |
| Flurazepam       | 100                | 0.5-1                      | 15-30                           |
| Lorazepam        | 15                 | 1-4                        | 1-2                             |
| Oxazepam         | 8                  | 1-4                        | 15-30                           |
| Quazepam         | 25-41              | 1.5                        | 10-20                           |
| Temazepam        | 11                 | 2-3                        | 10-20                           |
| Triazolam        | 2                  | 1-2                        | 0.25-0.5                        |

**Table 1: Table demonstrating half life, onset of action and dose equivalency when compared to 5mg of diazepam [17,34-38]**

Sarangi A, McMahon T, Gude J (June 21, 2021) Benzodiazepine Misuse: An Epidemic Within a Pandemic. *Cureus* 13(6): e15816. doi:10.7759/cureus.15816



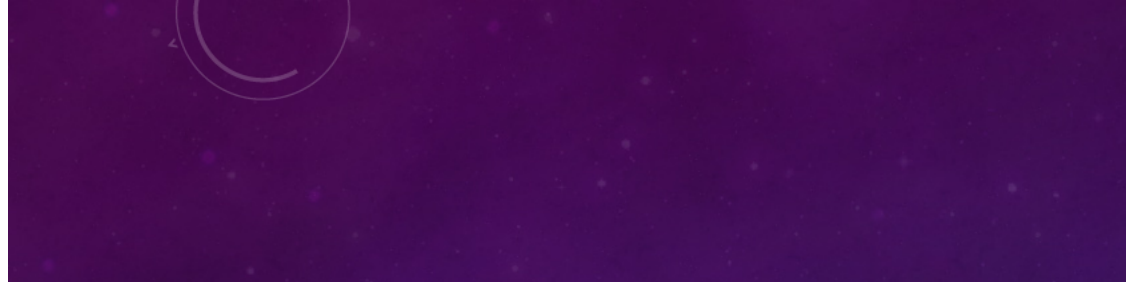


Silberman, E., Balon, R., Starcevic, V., Shader, R., Cosci, F., Fava, G., . . . Sonino, N. (2021). Benzodiazepines: It's time to return to the evidence. *The British Journal of Psychiatry*, 218(3), 125-127. doi:10.1192/bjp.2020.164

“Misuse of benzodiazepines is common, estimated at 17% of overall use.”

When benzodiazepine anxiolytics were first introduced in the 1960s they were viewed as a liability-free alternative to barbiturates and meprobamate and were prescribed widely to patients with complaints of anxiety. After a decade of experience, it had become clear that benzodiazepines could be abused, and the pendulum began to swing towards suspicion of them. It is now commonly believed that they are dangerous drugs, prone to abuse and addiction. Treatment guidelines caution against their use as first-line or long-term therapy. It has become almost standard for clinical publications about benzodiazepines to issue warnings about dependence, abuse, addiction, tolerance or dangerousness, even when their central topic is an unrelated matter. Clinicians who advocate use of benzodiazepines may risk opprobrium from peers and institutions.





## Treatment of Benzodiazepine Dependence

Michael Soyka, M.D.

### Table 2. Behavioral Correlates of Benzodiazepine Dependence.\*

People who have become dependent on therapeutic doses of benzodiazepines usually have several of the following characteristics:

They have taken benzodiazepines in prescribed “therapeutic” (usually low) doses for months or years.

They have gradually come to “need” benzodiazepines to carry out normal, day-to-day activities.

They have continued to take benzodiazepines even though the original indication for the prescription has disappeared.

Because of withdrawal symptoms, they have difficulty stopping use of the drug or reducing the dose.

Those taking short-acting benzodiazepines have anxiety between doses or a craving for the next dose.

They contact their doctor regularly to obtain repeat prescriptions.

They become anxious if the next prescription is not readily available; they may carry their tablets around with them and may take an extra dose before an event that is anticipated to be stressful or before spending the night in a strange bed.

They may have increased the dosage since the original prescription.

They may have anxiety symptoms, panic attacks, agoraphobia, insomnia, depression, or increasing physical symptoms, despite continuing to take benzodiazepines.

Doctor-shopping, emergency visits, and lost prescriptions are common.

They use private prescriptions rather than those for which the cost would be reimbursed by health insurance.

They take hypnotic agents during the day.

N Engl J Med 2017;376:1147-57.  
DOI: 10.1056/NEJMra1611832  
Copyright © 2017 Massachusetts Medical Society.



\* Data are from Soyka,<sup>6</sup> Ashton,<sup>45</sup> and Soyka et al.<sup>46</sup>

# ABORDAREA DEPENDENȚEI DE BENZODIAZEPINE

Complexă, individualizată ținând cont de circumstanțele și particularitățile pacientului

1. Reducere treptată a dozelor (plus **deprescriere**)

2. Psihoterapie (cognitiv-temperamentală – CBT, interviere motivațională - MI)

3. Tratamentul simptomelor de abstenență

4. Terapii alternative și complementare (?)





JOURNAL ARTICLE

## Discontinuation of chronic benzodiazepine use in primary care: a nonrandomized intervention <sup>FREE</sup>

Milene Fernandes, Inês Neves, Joana Oliveira, Osvaldo Santos, Pedro Aguiar, Paula Atalaia, Fátima Matos, Maria Carina Freitas, António Alvim, Vasco Maria ✉

Family Practice, Volume 39, Issue 2, April 2022, Pages 241–248, <https://doi.org/10.1093/fampra/cmab143>

Published: 22 November 2021

| Duration of dose step* | Daily dose of diazepam | Morning | Afternoon | Night  |
|------------------------|------------------------|---------|-----------|--------|
| 2 weeks                | 30mg                   | 10mg    | 10mg      | 10mg   |
| 2 weeks                | 25mg                   | 7.5mg   | 7.5mg     | 10mg   |
| 2 weeks                | 22.5mg                 | 7.5mg   | 7.5mg     | 7.5mg  |
| 2 weeks                | 20mg                   | 5mg     | 7.5mg     | 7.5mg  |
| 2 weeks                | 17.5mg                 | 5mg     | 5mg       | 7.5mg  |
| 2 weeks                | 15mg                   | 5mg     | 5mg       | 5mg    |
| 2 weeks                | 12.5mg                 | 2.5mg   | 5mg       | 5mg    |
| 2 weeks                | 10mg                   | 2.5mg   | 2.5mg     | 5mg    |
| 2 weeks                | 7.5m                   | 2.5mg   | 2.5mg     | 2.5mg  |
| 2 weeks                | 5mg                    | 2.5mg   | 0         | 2.5mg  |
| 2 weeks                | 2.5mg                  | 0       | 0         | 2.5mg  |
| 2 weeks                | 1.25mg                 | 0       | 0         | 1.25mg |

\* in case of withdrawal symptoms, it was possible to maintain the dose for other 2 weeks and to reduce afterwards without being considered an intervention failure.



IK

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Open Access Review

## Cognitive Behavioral Therapy and Acceptance and Commitment Therapy for the Discontinuation of Long-Term Benzodiazepine Use in Insomnia and Anxiety Disorders

by Mélinée Chapoutot<sup>1,2</sup> , Laure Peter-Derex<sup>1,2,3,4</sup> , Hélène Bastuji<sup>2,3,4</sup> ,  
 Wendy Leslie<sup>5</sup> , Benjamin Schoendorff<sup>6</sup> , Raphael Heinzer<sup>7</sup> , Francesca Siclari<sup>7</sup> ,  
 Alain Nicolas<sup>2</sup> , Patrick Lemoine<sup>1</sup> , Susan Higgins<sup>8</sup> , Alexia Bourgeois<sup>9</sup> ,  
 Guillaume T. Vallet<sup>10</sup> , Royce Anders<sup>11</sup> , Marc Ounnoughene<sup>12</sup> , Jessica Spencer<sup>13</sup> ,  
 Francesca Meloni<sup>13</sup> and Benjamin Putois<sup>1,2,13,\*</sup>

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FEATURE: BENZODIAZEPINES: NCPD CONNECTION

## Best practices in benzodiazepine prescribing and management in primary care

Champion, Claire DrPH, MBA, RN; Kameg, Brayden N. DNP, PMHNP-BC, CARN, CNE

[Author Information](#) 

*The Nurse Practitioner* 46(3):p 30-36, March 2021. | DOI: 10.1097/01.NPR.0000733684.24949.19

FREE

CE TEST

 Metrics

“Motivational interviewing has been successfully used for mild to moderate dependence with other substance use disorders, but there is little evidence with regard to its impact for BZDs”























Open Access

Review

## Benzodiazepines: Uses, Dangers, and Clinical Considerations

by  Amber N. Edinoff <sup>1,\*</sup> ,  Catherine A. Nix <sup>1</sup> ,  Janice Hollier <sup>1</sup> ,  Caroline E. Sagrera <sup>2</sup> ,  
 Blake M. Delacroix <sup>2</sup> ,  Tunde Abubakar <sup>2</sup> ,  Elyse M. Cornett <sup>3</sup> ,  Adam M. Kaye <sup>4</sup>  and  
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<sup>4</sup> Department of Pharmacy Practice, Thomas J. Long School of Pharmacy and Health Sciences, University of the Pacific, Stockton, CA 95211, USA

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*Neurol. Int.* **2021**, *13*(4), 594-607; <https://doi.org/10.3390/neurolint13040059>

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Published: 10 November 2021

*„Many alternate drug therapies have been proposed to reduce the severity of withdrawal, including alpha-blockers (propranolol and clonidine), anticonvulsants (valproic acid, lamotrigine, carbamazepine, and phenobarbital), progesterone, baclofen, and trazodone. Each of these studies received mixed results, with no statistically significant advantage to BZD therapy.“*





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Mehuys, E.; Gevaert, P.; Brusselle, G.; Van Hees, T.; Adriaens, E.; Christiaens, T.; Van Bortel, L.; Van Tongelen, I.; Remon, J.-P.; Boussery, K. Self-Medication in Persistent Rhinitis: Overuse of Decongestants in Half of the Patients. *The Journal of Allergy and Clinical Immunology: In Practice* **2014**, 2 (3), 313–319. <https://doi.org/10.1016/j.jaip.2014.01.009>

O proporție surprinzător de mare de pacienți continuă să utilizeze aceste picături, în ciuda faptului că majoritatea recunosc că au fost instruiți că nu trebuie utilizate mai mult de câteva zile (cel puțin 80% din pacienții incluși într-un studiu știau că li s-a recomandat să nu le utilizeze pe termen lung).





Pacienții care suferă de rinită medicamentoasă tind să fie mai frecvent:

- Fumători
- Insomniaci
- Cu antecedente de anxietate, depresie sau alte tulburări psihiatrice sau abuz de droguri

e Corso, E.; Mastrapasqua, R. F.; Tricarico, L.; Settimi, S.; Di Cesare, T.; Mele, D. A.; Trozzi, L.; Salonna, G.; Paludetti, G.; Galli, J. Predisposing Factors of Rhinitis Medicamentosa: What Can Influence Drug Discontinuation? *Rhin* 2020, 0 (0), 0–0. <https://doi.org/10.4193/Rhin19.295>





Prince, B. T.; Patadia, D. D. Drug-Induced Rhinitis. In *Rhinitis and related upper respiratory conditions: a clinical guide*; Bernstein, J. A., Ed.; Springer: Cham, Switzerland, 2018; pp 199–200.

Câteva studii au demonstrat că decongestivele nazale sub formă de picături sau alte forme de aplicare locală **pot fi utilizate perioade mai mari de timp** fără apariția rinitei medicamentoase, **dacă acestea sunt asociate cu corticosteroizi administrați pe cale nazală**. Se presupune că aceștia fie stimulează exprimarea receptorilor alfa-adrenergici, fie previn reglarea *down* a acestor receptori pe care ar induce-o decongestivele nazale administrate local.





Prince, B. T.; Patadia, D. D. Drug-Induced Rhinitis. In *Rhinitis and related upper respiratory conditions: a clinical guide*; Bernstein, J. A., Ed.; Springer: Cham, Switzerland, 2018; pp 199–200.

Cea mai bună opțiune de tratament a rinitei medicamentoase constă în **întreruperea administrării** picăturilor decongestive.

Congestia de reflux (*rebound*) care apare ca urmare a acestei întreruperi se va rezolva în timp fără vreun alt tratament, dar (sau uneori, **utilizarea intranasală a unor corticosteroizi** o perioadă scurtă de tratament oral cu corticosteroizi) pare să favorizeze ameliorarea rapidă a stării de congestie.

Și **utilizarea unor antihistaminice intranasale** s-a raportat a fi utilă la pacienții care întrerup decongestivele după o utilizare cronică (ex. azelastină, olopatadină).





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# STUPEFIANTE VS. PSIHOTROPE

TABELUL II VS. TABELUL III




# TABELUL II - STUPEFIANTE

- 
1. Acetildihidrocodeină\*  
\* cu excepția preparatelor
  2. Acetimetadol
  3. Alfentanil
  4. Allilprodină
  5. Alfacetimetadol
  6. Alfameprodină
  7. Alfametadol
  8. Alfaprodină
  9. Anileridină
  10. Benzetidină
  11. Benzilmorfină
  12. Betacetimetadol
  13. Betameprodină
  14. Betametadol
  15. Betaprodină
  16. Bezitramidă
  17. Butirat de dioxafetil
  18. Cannabis, rezină de cannabis, extracte și tincturi de cannabis
  19. Clonitazenă
  20. Coca, frunze de
  21. Cocaină
  22. Codeină\*  
\* cu excepția preparatelor
  23. Codoximă
  24. Concentrat de pai de mac
  25. Dextromoramidă

26. Dextropropoxifen\*  
\* cu excepția preparatelor
27. Diampromidă
28. Dietiltiambutenă
29. Difenoxin
30. Dihidromorfină
31. Dimenoxadol
32. Dimepheptanol
33. Dimetiltiambutenă
34. Dioxafetilbutirat
35. Difenoxilat
36. Dihidrocodeină\*  
\* cu excepția preparatelor
37. Dipipanonă
38. Drotebanol
39. Ecgonină, esterii și derivații care se pot transforma în e
40. Etilmetiltiambutenă
41. Etilmorfină\*  
\* cu excepția preparatelor
42. Etonitazen
43. Etoxeridin
44. Fenadoxonă
45. Fenampromidă
46. Fenazocin
47. Fenomorfan
48. Fenoperidină
49. Fentanil
50. Folcodin\*  
\* cu excepția preparatelor

# TABELUL II - STUPEFIANTE

- 
51. Furetidină
  52. Hidrocodon
  53. Hidromorfinol
  54. Hidromorfonă
  55. Hidroxipetidină
  56. Izometadon
  57. Levometorfan
  58. Levomoramid
  59. Levofenacilmorfan
  60. Levorfanol
  61. Metazocin
  62. Metadonă
  63. Metadonă, intermediar al
  64. Metildezorfină
  65. Metildihidromorfină
  66. Metopon
  67. Moramidă, intermediar al
  68. Morferidină
  69. Morfină
  70. Morfină metobromidă și alți derivați morfinici cu azot pentavalent
  71. Morfină N-oxid
  72. Myrofină
  73. Nicocodină\*  
\* cu excepția preparatelor
  74. Nicodicodină\*  
\* cu excepția preparatelor
  75. Nicomorfină

75. Nicomorfină
76. Noracimetadol
77. Norcodeină\*  
\* cu excepția preparatelor
78. Norlevorfanol
79. Normetadonă
80. Normorfină
81. Norpipanon
82. Opium
83. Oxicondon
84. N-oximorfină
85. Oximorfon
86. Petidină
87. Petidină, intermediar A al
88. Petidină, intermediar B al
89. Petidină, intermediar C al
90. Piminodină
91. Piritramidă
92. Proheptazină
93. Properidină
94. Propiram\*  
\* cu excepția preparatelor
95. Racemetorfan
96. Racemoramidă
97. Racemorfan
98. Remifentanil
99. Sufentanil
100. Tebaconă
101. Tebaină
102. Tilidină
103. Trimeperidina
104. Dihidroetorfină = 7,8-dihidro-

▶ (la data 17-apr-2022 subpunctul II., alin.





# TABELUL II - PSIHOTROPE

Lisdexamefetamina  
este un prodrug al  
dexamfetaminei

1. Amfetamina
2. Dexamfetamină
3. Dronabinol (Această DCI dese  
și anume (-)-trans-delta-9-tetra-h
4. Fenetilină
5. Levamfetamină
6. Levometamfetamina
7. Meclocvalon
8. Metamfetamină
9. Metacvalon
10. Metilfenidat **Concerta, Ritalin**
11. Fenciclidina
12. Fenmetrazină
13. Racemat de metamfetamină

14. Secobarbital
  15. Zipeprol
  16. Metoxetamină
  17. 4, 4'-DMAR
  18. ethylone (1-(2H-1,3-benzodioxol-5-
  19. ethylphenidate (ethyl phenyl (piperid
  20. MPA (methiopropamine) (N-methyl-
  21. MDMB-CHMICA (methyl N-{[1-(cycl
  22. 5F-APINACA (5F-AKB-48) N-(1-ada
- ▶(la data 30-dec-2018 subpunctul II., alin. (2), p

23. Amineptină = acid 7-[(10,11-dihidro
- ▶(la data 17-apr-2022 subpunctul II., alin. (2), p

## PLANTE ȘI SUBSTANȚE AFLATE SUB CONTROL NAȚIONAL

1. Ibogaina
2. Ketamina
3. Mitragyna speciosa Korth (Kratom)
4. 7-hidroxitmitragynina
5. Mitraginina
6. Salvia divinorum Epling & Jativa
7. Salvinorin A-F
8. Tabernanthe iboga (L.) Nutt.

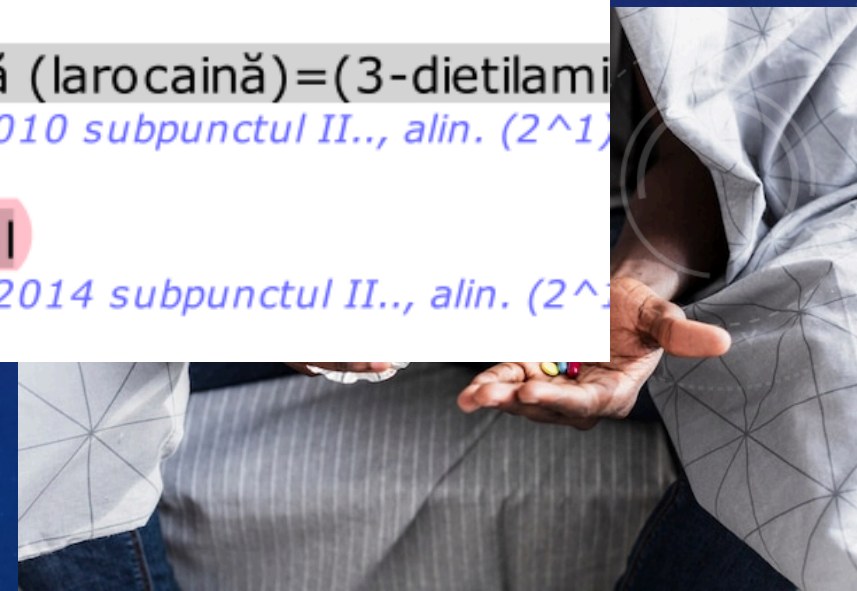
▶(la data 15-feb-2010 subpunctul II., alin. (2) d

9. Dimetocaină (larocaină)=(3-dietilami

▶(la data 22-iul-2010 subpunctul II., alin. (2<sup>1</sup>)

10. Tapentadol

▶(la data 08-mai-2014 subpunctul II., alin. (2<sup>1</sup>)



# TABELUL III - STUPEFIANTE




CARE PREZINTĂ INTERES ÎN MEDICINĂ, SĂU USE

## (1) PREPARATE CU SUBSTANȚE STUPEFIANTE

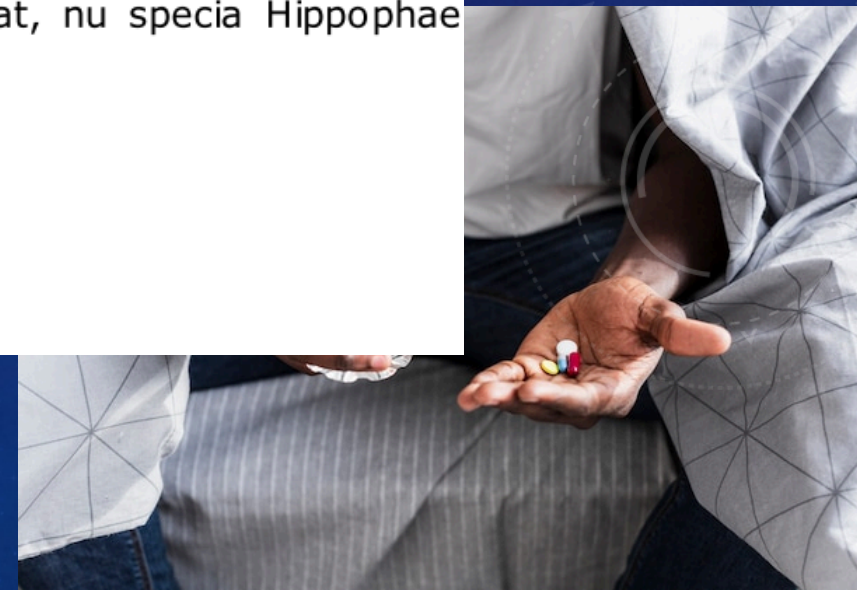
1. Acetildihidrocodeină
2. Codeină
3. Dihidrocodeină
4. Etilmorfină
5. Nicocodină
6. Nicodico dină
7. Norcodeină
8. Folcodin



# TABELUL III - PSIHOTROPE

- 
1. Allobarbital
  2. Alprazolam
  3. Amfepramon
  4. Aminorex
  5. Amobarbital
  6. Barbital
  7. Benzfetamină
  8. Bromazepam
  9. Brotizolam
  10. Buprenorfină
  11. Butalbital
  12. Butobarbital
  13. ~~Cătina~~\* **Catina**
  14. Camazepam
  15. Ciclobarbital
  16. Clordiazepoxid
  17. Clobazam
  18. Clonazepam
  19. Clorazepat

\* Substanța psihotropă din arbustul *Catha edulis* Forsk (Celastraceae), popular khat, nu specia *Hippophae rhamnoides* L. (Elaeagnaceae), cunoscută popular drept cătină.



# TABELUL III - PSIHOTROPE

- 20. Clotiazepam
- 21. Cloxazolam
- 22. Delorazepam
- 23. Diazepam
- 24. Estazolam
- 25. Etclorvynol
- 26. Etinamat
- 27. Etilamfetamină
- 28. Fencamfamină
- 29. Fendimetrazin
- 30. Fenobarbital
- 31. Fenproporex
- 32. Fentermină
- 33. Fludiazepam
- 34. Flunitrazepam
- 35. Flurazepam
- 36. GHB
- 37. Glutetimidă
- 38. Halazepam
- 39. Haloxazolam
- 40. Ketazolam
- 41. Lefetamină
- 42. Loflazepat de etil
- 43. Loprazolam
- 44. Lorazepam
- 45. Lormetazepam
- 46. Mazindol
- 47. Medazepam
- 48. Mefenorex
- 49. Meprobamat
- 50. Mezocarb

- 51. Metilfeno-barbital
- 52. Metiprilon
- 53. Midazolam
- 54. Nimetazepam
- 55. Nitrazepam
- 56. Nordazepam
- 57. Oxazepam
- 58. Oxazolam
- 59. Pemolină
- 60. Pentazocin
- 61. Pentobarbital
- 62. Pinazepam
- 63. Pipradol
- 64. Prazepam
- 65. Pirovaleron
- 66. Secbutabarbital
- 67. Temazepam
- 68. Tetraxepam
- 69. Triazolam
- 70. Vinilbital
- 71. Zolpidem
- 72. Fenazepam

▶(la data 30-dec-2018 subpunctul III., alin. (2), punctul 71. din anexa 1 completat de Art. 1, punctul 4. din [Legea 324/2018](#) )

**73. Etizolam = 4-(2-Clorofenil)-2-etil-9-metil-6H-tieno[3,2-f][1,2,4]triazolo[4,3a][1,4]diazepină**

▶(la data 17-apr-2022 subpunctul III., alin. (2), punctul 72. din anexa 1 completat de Art. 1, punctul 6. din [Legea 96/2022](#) )

## PLANTE ȘI SUBSTANȚE AFLATE SUB CONTROL NAȚIONAL

1. Bromo-dragonfly = 1-(8-Bromobenzodifuran-4-il)-2-aminopropan

2. ~~Gama-butirolactona (GBL)~~ → Dihidrofuran-2(3H)-onă [textul din subpunctul III., alin. (2<sup>1</sup>), punctul 2. din anexa 1 a fost abrogat la 22-iul-2010 de [Art. I, punctul 3. din Hotărârea 575/2010](#)]

3. Nitrit de amid

▶(la data 15-feb-2010 subpunctul III., alin. (2) din anexa 1 completat de Art. II, punctul 5. din [Ordonanța urgentă 6/2010](#) )



*Vă mulțumesc!*

