

A CARLAT PSYCHIATRY
REFERENCE TABLE

| Benzos and Opioids: When to Avoid Their Combination | |
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| Benzos raise the risk of an opioid overdose by 2–4 fold. The features below increase that risk further. When available, I've estimated the magnitude of the increase in parentheses. | |
| Near-absolute contraindication | <ul style="list-style-type: none"> • Active prescription misuse • Active opioid, alcohol, or benzo/sedative use disorder • History of sedative overdose • Methadone use (7x) |
| Strong relative contraindication | <ul style="list-style-type: none"> • History of sedative, alcohol, or opioid use disorder (3x) • Borderline or antisocial personality disorder (2x) • Unstable psychiatric disorder (2x) • Respiratory disease (eg, COPD, sleep apnea), pregnancy, or systemic medical illness such as HIV (5x); organ failure (1.5x); and renal or hepatic impairment • Daily opioid dose ≥ 50 morphine milligram equivalents (2x) (see www.oregonpainguidance.org/opioidcalculator); long-acting opioids carry a higher risk than short-acting ones • Risk of falls or traffic accidents • Age ≥ 65 |

Sources: *Centers for Disease Control and Prevention*, 2012. MMWR 2014;63(26):563–568; Dilokthornsakul P et al, J Pain 2016;17:436–443; Dowell D et al, JAMA 2016;315:1624–1645; Webster LR et al, Postgrad Med 2015;127:27–32.

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