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Simultaneous Opioid and Benzodiazepine Withdrawal in Ehlers-Danlos Syndrome: A Multidisciplinary Management Approach

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Introduction

Ehlers-Danlos Syndrome (EDS III): Joint hypermobility, chronic pain, autonomic instability
Long-term opioid and benzodiazepine use increases risk of physiologic dependence
⚠️ Concurrent withdrawal is rare and high-risk, particularly with psychiatric comorbidity

Case Description

Design: Single-patient case report
Patient: 54-year-old male with EDS III, chronic pain, schizoaffective disorder
Trigger: Abrupt fentanyl and clonazepam cessation
Intervention: Multidisciplinary management including addiction medicine, psychiatry, multimodal analgesia, and graded rehabilitation

Results

Presentation: severe anxiety, tremor, diaphoresis, insomnia
COWS 20, CIWA-B 14, BP 162/96, HR 118
Management:
- Diazepam taper
- Buprenorphine/naloxone
- Multimodal analgesia (gabapentin, acetaminophen, NSAIDs, lidocaine)
- Psychiatric stabilization

Outcome (7 days):
- Withdrawal scores improved
- Pain controlled
- Mobility and psychiatric stability restored

Clinical Challenge: Simultaneous opioid and benzodiazepine withdrawal in patients with **Ehlers-Danlos Syndrome** is high risk due to chronic pain, autonomic instability, and psychiatric comorbidity. Without structured management, withdrawal can lead to rapid physiologic and psychiatric destabilization.

Management Strategy: Safe withdrawal requires coordinated **multidisciplinary care**. Gradual **benzodiazepine tapering**, **buprenorphine** for opioid withdrawal management and analgesia, multimodal pain control, and psychiatric stabilization can support physiologic stability and functional recovery.

Scan for full case report and references

Clinical Implications

Patients with **Ehlers-Danlos Syndrome** often require long-term opioid and benzodiazepine therapy due to chronic pain and autonomic symptoms
- Abrupt discontinuation may lead to severe physiologic and psychiatric withdrawal syndromes
- Concurrent opioid and benzodiazepine withdrawal presents unique clinical challenges requiring coordinated care
- Structured multidisciplinary management can improve withdrawal stability and functional recovery

Practice pearls

- **Avoid abrupt cessation** of chronic opioids and benzodiazepines when possible
- Consider gradual benzodiazepine tapering with opioid stabilization
- Buprenorphine-based therapy can manage opioid withdrawal while supporting analgesia
- Coordinate care across pain medicine, psychiatry, and addiction medicine