



File Name: Dr Ashton Manual.pdf

Size: 3131 KB

Type: PDF, ePub, eBook

Category: Book

Uploaded: 30 May 2019, 17:48 PM

Rating: 4.6/5 from 573 votes.

Status: AVAILABLE

Last checked: 13 Minutes ago!

In order to read or download Dr Ashton Manual ebook, you need to create a FREE account.

[**Download Now!**](#)

eBook includes PDF, ePub and Kindle version

[Register a free 1 month Trial Account.](#)

[Download as many books as you like \(Personal use\)](#)

[Cancel the membership at any time if not satisfied.](#)

[Join Over 80000 Happy Readers](#)

Book Descriptions:

We have made it easy for you to find a PDF Ebooks without any digging. And by having access to our ebooks online or by storing it on your computer, you have convenient answers with Dr Ashton Manual . To get started finding Dr Ashton Manual , you are right to find our website which has a comprehensive collection of manuals listed.

Our library is the biggest of these that have literally hundreds of thousands of different products represented.



Book Descriptions:

Dr Ashton Manual

Much of what she knows about this subject was learned from those brave and long-suffering men and women. This Manual, her latest benzodiazepine monograph, is the product of her research, experience and tireless dedication to helping people recover from these drugs. The College of Pharmacists of British Columbia was the first regulatory body in the world to see it and immediately requested 830 copies and sent them out to every pharmacy in British Columbia on October 12, 2000. See this page. For other titles about benzos and withdrawal click this link. Detailed suggestions on how to withdraw after long-term use and individual tapering schedules for different benzodiazepines are provided. Withdrawal symptoms, acute and protracted, are described along with an explanation of why they may occur and how to cope with them. The overall message is that most long-term benzodiazepine users who wish to can withdraw successfully and become happier and healthier as a result. Donate Notices Benzodiazepine Information Coalition is a 501c3 tax exempt organization. EIN 813442343 Privacy Policy Medical Disclaimer Terms and Conditions Free Charity Hosting by Kualo. Most without answers. But one question has been answered: What is the single best resource for benzo withdrawal. It's simple. The Ashton Manual. The Ashton Manual is officially titled Benzodiazepines How They Work and How to Withdraw and was written by Prof. C. Heather Ashton DM, FRCP. No other resource has helped more people through this challenging experience. Full of medical facts and valuable information, Prof. Ashton finds a way to let us know that she believes we can succeed and motivates us to do just that. Ashton has helped more people withdraw from benzodiazepines than all the other people combined. And they would be right. <http://www.tractorpulling-emmaoord.nl/upload/computer-hardware-fundamentals-lab-manual.xml>

- **dr ashton manual, dr ashton manual, dr ashton manual, dr ashton manual, dr heather ashton manual.**

Now retired, Chrystal Heather Ashton DM has held such distinguished titles as Fellow of the Royal College of Physicians, London FRCP, National Health Service Consultant in Clinical Psychopharmacology, National Health Service Consultant in Psychiatry, and Emeritus Professor of Clinical Psychopharmacology at the University of Newcastle upon Tyne, England. Prof. Ashton worked at the University of Newcastle upon Tyne since 1965 as a researcher, clinician, lecturer, senior lecturer, reader, professor, and emeritus professor. She published approximately 250 papers in professional journals and books on psychotropic drugs and gave evidence to various government committees on tobacco smoking, cannabis, and benzodiazepines, and lectured on benzodiazepines in various countries. She studied the histories of over 300 patients and closely followed their progress. For twelve years I ran a benzodiazepine withdrawal clinic for people wanting to come off their tranquillisers and sleeping pills. Erie, Colorado: Denim Mountain Press, 2018. Lakhani, Nina, "Drugs Linked to Brain Damage 30 Years Ago," Independent, November 7, 2010, accessed March 4, 2017. And that definitely holds true for this website. Benzo Free is only as good as the time and effort put into it. We welcome any updates, corrections, or additions via our online feedback form. If you can include references to reputable and verifiable online resources, it would be a big help. Thanks. Comments Feedback Please visit our feedback page or email us directly. She researched hundreds of patients' experiences with benzodiazepines and put her findings in a manual that would become a guide for doctors and patients. Credit. John Ashton By Knvul Sheikh Jan. 3, 2020 When researchers began tinkering with a class of tranquilizer drugs called benzodiazepines in the 1950s, they felt they had uncovered a solution to modern anxiety and

insomnia. <http://www.1smart.nu/images/custom/file/computer-hardware-installation-manual.xml>

Benzodiazepines worked quickly and effectively to quell racing heartbeats and dismiss spinning thoughts. The dozen or so different types — including Xanax, Valium, Ativan and Klonopin — became the most frequently prescribed drugs around the world, even as concerns arose about their potential side effects and addictive properties. “Patients themselves, and not the medical profession, were the first to realize that longterm use of benzodiazepines can cause problems,” wrote Dr. Heather Ashton, a British psychopharmacologist. She said that patients who had been on the medications for months or years would come to her with fears that the drugs were making them more ill. Some continued to have symptoms of depression or anxiety. Others had developed muscle weakness, memory lapses, or heart or digestive issues. Dr. Ashton would dedicate much of her career to listening to hundreds of patients’ experiences and rigorously collecting data. The result of her work, in 1999, was “Benzodiazepines How They Work And How To Withdraw.” Now known simply as “The Ashton Manual,” it has become a cornerstone for those looking to quit the drugs safely. Addiction researchers worldwide still cite it in studies on benzodiazepines. And patient support groups have translated and distributed it in about a dozen languages. Dr. Ashton died on Sept. 15, 2019, at her home in Newcastle upon Tyne, England. She was 90. Her death, which had not been widely reported, was confirmed by her son John. Image “Benzodiazepines How They Work and How to Withdraw,” better known as “The Ashton Manual,” has become a cornerstone for those looking to quit anxiety drugs safely. “Heather was a remarkable person,” Nicol Ferrier, an emeritus professor of psychiatry at Newcastle University who worked closely with Dr. Ashton, said in an interview.

“She was very upset by this problem of benzodiazepine dependence that was essentially caused by doctors overprescribing the medications, and she took it upon herself to help patients struggling to withdraw from them.” From 1982 to 1994, Dr. Ashton ran a benzodiazepine withdrawal clinic at the Royal Victoria Infirmary in Newcastle, tailoring her tapering schedules for each patient. She acknowledged that benzodiazepines could be useful in the short term, but said that they should not be taken for longer than two to four weeks. Longterm use, she found, often led to physical dependence. The brain adapted to the sedative effect of the drugs to the point where patients would pop a calming pill just to treat the symptoms of withdrawal since the previous dose. Patients who tried to quit cold turkey faced extreme restlessness, irritability, insomnia, muscle tension, racing heartbeats and other debilitating symptoms. Dr. Ashton concluded that people needed to slowly reduce the dose of their medication, sometimes over the course of six months or more. She explained this strategy in her manual, using examples from patients she had treated herself. “Her work both honored her patients and turned out to be more helpful than any randomized, controlled trial,” said Dr. Anna Lembke, an associate professor of psychiatry and behavioral sciences at Stanford University, where she leads the school’s Stanford Addiction Medicine Dual Diagnosis Clinic. Dr. Ashton’s work was also timely. Scientists were starting to realize that patients who became dependent on benzodiazepines often misused opioids as well. One study found that the overdose death rate among patients taking both benzodiazepines and opioids was 10 times higher than among those who only took opioids. But unlike opioid prescriptions, which started declining after 2012, benzodiazepine prescriptions continued to rise.

<http://dev.pb-adcon.de/node/18267>

Doctors still had limited awareness of benzodiazepines’ addictive potential and some patients could continue on the same steady dose for years without exhibiting any symptoms or obvious changes in behavior. “If patients take them only as prescribed by their doctor, then they don’t meet criteria for addiction, because addiction involves behaviors that correspond to compulsive drugseeking,” Dr. Lembke said. “But really, if you look at what’s happening in the brain, it’s probably not that different.” In 2013, the British National Formulary, which advises doctors on prescribing practices, updated its guidelines to recommend benzodiazepines for shortterm use only and to suggest a

withdrawal schedule based on Dr. Ashton's manual. In 2018, it revised its recommendations again to suggest an even slower withdrawal, based on evidence that Dr. Ashton and other researchers had collected. The United States followed suit, with the Food and Drug Administration requiring that all benzodiazepines carry a so-called blackbox warning about the drugs' side effects, and that doctors check their state's prescription drug monitoring program to see whether a patient had been given any federally controlled and addictive medications in the past 12 months. "Basically, we now recommend using the same kind of interventions that are used to address the opioid crisis to address the benzodiazepine overprescribing crisis," Dr. Lembke said. "Dr. Ashton was the vanguard of that change." Chrystal Heather Champion was born on July 11, 1929, in Dehradun, India, to Harry Champion, a forester, and Chrystal Parsons Champion. Her parents sent her to boarding school in England when she was 6, but in 1939, during World War II, she and her older brother, Jim, were among millions of children evacuated from Britain to live with relatives and foster families overseas. The two ended up in the care of John and Obi Marshall in West Chester, Pa.

They became a second family, and Heather remained in close touch with the Marshalls for the rest of her life. She returned to England in 1945 and went on to study medicine at the University of Oxford. After graduating, she married John Ashton and moved to London, where he worked as an economist for the Ministry of Agriculture. They moved to Newcastle in 1964, when John was appointed a professor of agricultural economics at Newcastle University. Dr. Ashton was hired by the university's department of pharmacological sciences, where she developed her expertise in psychoactive drugs. In addition to benzodiazepines, she conducted several studies on the effects of nicotine and cannabis in the brain, and was among the earliest researchers to use electroencephalography to understand changes in neural activity. She took great pains to avoid any conflict of interest that might undermine people's trust in her work or profession. She scrupulously declined support of any kind from the pharmaceutical industry. Even after she retired, Dr. Ashton continued publishing original research, seeing patients and teaching medical students. She also remained active on the executive committee of the North East Council on Addiction and would answer requests for advice on benzodiazepine dependence that poured in from around the world. As she aged, she relied on her son John to help her type responses to emails. "She always put the interests of patients before everything else," he said. In addition to John, she is survived by two other sons, Jim and Andrew; a daughter, Caroline Ostler; and six grandchildren. Her husband died in 1986. It was developed by Dr. Ashton, a physician in England. They are most often prescribed to reduce anxiety and sleeplessness. With heavy alcohol use, this is known as a "blackout," which is not the same thing as "passing out" oversedation.

Patients who abuse sedatives may not realize they have had a blackout until someone "reminds" them of things they said or did during an amnesic period. This is like having a "Swiss cheese memory" with holes in it, except that the memory gaps aren't always obvious because "you don't remember what you don't remember" while using. GABA is the major inhibitor neurotransmitter in the brain, and it serves as a natural counterbalance to the many excitatory neurotransmitters, such as glutamate. When GABA latches onto its receptors, it causes an ion channel to open up, which in turn allows negative chloride ions to enter the neuron. This hyperpolarizes the neuron, which is the opposite of the more famous depolarization process that causes neurons to fire. Hyperpolarization inhibits action potentials and keeps neurons quiescent. There are two classes GABA A and GABA B, each with multiple subunits. Our current understanding is that benzodiazepines work by altering the shape of the receptor so that GABA can inhibit neurons more efficiently. The likability of sedatives is often correlated with how quickly they start working. For example, alprazolam has a very rapid onset of action and is probably the most popular sedative on the black market. The mechanism for this is not yet known, nor is it completely clear that this is a cause-effect relationship, rather than just a correlation. Nonetheless, the research is concerning, and sharing the information with patients

may help motivate them to stop chronic benzodiazepine use. In terms of formally diagnosing, the DSMV criteria for Sedative Use Disorder is as follows Before starting treatment for a patient such as H, I use the “good things and lessgood things” motivational interviewing technique in order to help him see the advantages of quitting, as illustrated here But there is no good evidence—and very little published research—confirming that these meds work for sedative use disorder.

While it's possible that future research will support the use of these medications, at this point the best course is to use “supportive” treatments, such as antidepressants and nonaddictive anxiolytics or hypnotics. Psychosocial treatment involves some combination of 12step program attendance, psychotherapy, and substance abuse treatment programs, such as intensive outpatient programs. Because there is no specific pharmacotherapy, the focus of behavioral treatment is on developing relapse prevention skills and appropriate coping skills. Anxiety is often a significant component of selfmedication with sedatives, so individual and group therapy can be valuable for developing techniques to selfsoothe and calm down when dealing with stressful events. Please try again.Please try again.Please try again. Detailed suggestions on how to withdraw after longterm use and individual tapering schedules for different benzodiazepines are provided. Withdrawal symptoms, acute and protracted, are described along with an explanation of why they may occur and how to cope with them. The overall message is that most longterm benzodiazepine users who wish to can withdraw successfully and become happier and healthier as a result. Then you can start reading Kindle books on your smartphone, tablet, or computer no Kindle device required. In order to navigate out of this carousel please use your heading shortcut key to navigate to the next or previous heading. Register a free business account To calculate the overall star rating and percentage breakdown by star, we don't use a simple average. Instead, our system considers things like how recent a review is and if the reviewer bought the item on Amazon. It also analyzes reviews to verify trustworthiness. Please try again later. STEMgal 5.0 out of 5 stars Please GET IT. Benzodiazepine withdrawal, addiction, is a known crisis, unspoken until it hits a family member or YOU.

Before you coldturkey off, before you stop taking a psychiatric med per doctor's orders, STOP look at this book with your doctor. I DO NOT advocate changing your doctor's orders I strongly suggest your doctor reads this book Those who stop taking a psychiatric med, lower a dose too fastthe mental and physical results can be horrific. They don't have to be. My changes are by microdosesa lesson learned from before. As long as this method is successful, we won't use the guidelines re switching to equivalent med doses w longer half lives. If my titration process should change, it will. Dont do anything on your own, including fast or cold turkey dropoffs. Work with someone who'll help you titrate SAFELY. This book is not your only resourcehowever it is a great source of information to keep on hand.I have found the average practitioner or psychiatrist unhelpful in benzodiazepine cessation. This book outlined what was going on. While I ended up using a micro taper to taper as Ashton Method was still too fast and I didnt tolerate Valium, the conversion rates and other information about benzodiazepines and resources available was very useful to me in a sea of ignorance.That was a disaster. Then I followed the nutritional advice of a nonprofit organization doing a slow taper which also did not end well. This thorough and strongly researchbased documentation provided by Dr. Ashton clears up a lot of myths and misunderstandings about withdrawing from benzodiazepines. With all my heart I thank her for making this available.Please share with your doctor !Its a very serious issue and you need to know what it does.Well,actually I was already on them even before that.anyway,I felt the need to quit because these drugs stunt your human potential. If you want to quit,read the Ashton manual.Makes you think twice about taking a benzo alot.But I feel she is saving mine now!

Das Wissen um die gewaltigen Gefahren, die vom Dauergebrauch von Benzodiazepinen ausgehen, musste schon in der Schule vermittelt werden und leider sind ausgerechnet im sonst so

fortschrittlichen Deutschland nahezu alle Ärzte über den korrekten Ablauf eines Benzodiazepinentzuges fehlinformiert und ein falsches zu schnelles Vorgehen kann die Patienten auf Jahre hinaus schwer schädigen, ja sogar aus Verzweiflung über die unertraglichen Folgen zum Suizid verleiten. Auch die meisten Medikamente, die bei uns den Patienten zur Hilfe beim Entzug verordnet werden speziell alle Neuroleptika sind in Wirklichkeit genau falsch, weil sie nach neuen Erkenntnissen die Symptome verschlimmern. Seltsamerweise kann man diesbezüglich bereits in der Wikipedia sehr viel nachlesen aber nur in der englischsprachigen Version offensichtlich hat man dieses Thema bei uns schlicht verschlafen. Jedenfalls kann ich jedem, der irgendwann, wenn auch nur am Rande, mit Benzodiazepinen konfrontiert ist, dieses Buch schließlich fast geschenkt zu lesen und sich ausländische Fachinformationen zu besorgen. Die Autorin dieses Buches ist eine international anerkannte Expertin mit langjähriger klinischer Forschungserfahrung. In order to navigate out of this carousel please use your heading shortcut key to navigate to the next or previous heading. In order to navigate out of this carousel please use your heading shortcut key to navigate to the next or previous heading. College of Family Physicians of Canada 2014 Ontario College of Family Physicians. Government of Canada 2018 Allan et al. 2018 Moulin et al. 2014 Priestley et al. 2017 Murphy et al. 2019 Busse et al. 2017 Women's College Hospital. 2018 Bruneau et al. 2018 RxFiles 2018 Perry, Orrantia and Garrison 2019 Murphy et al. 2018 Crawley et al. 2018 Sandhu 2018 RxFiles 2018. For others, the actual process of withdrawal itself may be one of the most difficult things they will ever have to endure.

This is due in no small part to the mismanagement of taper programs and the mistreatment of those injured by these medications. This happens, more often than not, as a result of the ignorance and false narratives that surround benzodiazepine withdrawal. For years I've worked to educate benzo victims, their loved ones and even their medical providers about this class of drugs and what it takes to successfully and safely withdraw. I can tell you that those who approach benzodiazepine withdrawal prepared have more success, not only in withdrawing but also in reclaiming their lives. Here are three tips to help you plan for the best possible outcome should you choose to taper off a benzodiazepine or sleep aids. You can read the Ashton manual here and watch my video series on it here. Each experience is unique; this is to be both expected and respected. If you have been on a low dose of benzodiazepine for a relatively short period of time, you may choose to taper fairly rapidly, perhaps over a period of a few months. If you have health complications or need to hold down a fulltime job, you may choose to micro taper daily over a year or two, to avoid being overwhelmed by symptoms. Whatever you choose, there is no right or wrong. Learn the basics, develop a plan and approach your doctor with your decision. You can print out a copy of the manual for her or send her links to some of the relevant research. It is also a good idea to take a printed copy of your taper plan to your first visit on the subject of withdrawal. It's not uncommon for medical professionals to be uncomfortable with the idea that what they have learned might be outdated or completely wrong. Be encouraging, polite and confident in your conversation. Let your doctor know that you've got this, it's under control and his part will be that of a supporting role in your withdrawal and recovery.

They are only temporary, lessening, and eventually disappearing, as you recover from the injury the medication has created. You may have to decide whether or not to use other drugs to manage these symptoms. Make sure you have an understanding of the risks and benefits of adding in such medications before you start your taper. This way you can make an informed choice and not be pressured into doing anything you might regret. Online support groups are filled with helpful information and the personal anecdotes of those who have implemented diverse tapering strategies. These support communities are also a wonderful place to find a mentor, something recommended in the Ashton Manual. One important factor in taking control of your taper, is taking charge of your personal narrative. Unfortunately, the words "withdrawal" and "recovery" or the names "xanax" and "valium" have a stigma attached. Using these words, no matter how carefully you may explain things, may lead to friends and loved ones assuming you are dealing with addiction. If you're not

abusing or using your benzodiazepine for recreation, then this is the last thing you want the people in your life to think. The assumption that you have an addiction can lead family and friends to advise you to rapidly withdraw, check into a detox facility or attend 12 step meetings, all of which are inappropriate when dealing with benzodiazepine dependence. There may also be the assumption you are to blame for any hardship you experience. This unfortunately can lead to a lack of empathy at a time in your life when you may be in great need of compassion from others. You're not required to give anyone any information you're not comfortable sharing. General statements such as "I was injured by a medication my doctor prescribed" and "I have an iatrogenic illness which I am hopeful will improve with time" are both true and easier for people to sympathize with.

People ages 18-80, some of whom have been on benzodiazepines more than 20 years, have been able to successfully taper, some with surprisingly quick recoveries. In my experience, those who do become extremely ill for many months can still alleviate much of that severity by planning for a period of convalescence, along with taking proper care of their minds and bodies. Many severe symptoms people experience during withdrawal are directly related to blood sugar imbalances. For such, implementing a diet that is high in healthy fats and protein while eliminating processed sugars and other high impact carbohydrates, makes a huge difference. Learning how to cook healthy, natural meals will benefit you greatly throughout your taper and long after. You'll be glad you did. Getting in the habit of regular light exercise can also really help to work out some of the adrenaline surges you might experience as your body adjusts to having less and less medication in your system. Unfortunately, some people will be unwell for much longer than expected. Here are some other questions to consider as you plan for possible future events. While they're not easy to think about now, they will be much more difficult to address if you become too ill to even drive to the store for groceries. Preparedness helps remove a lot of the fear from these situations. It will also help you achieve an acceptance of your limitations which will aid in the overall process of healing, both physically and emotionally. Accept that things turn out differently than expected. Accept your decision to both start this medication and to stop it. Accept help from others. Accept healing when it comes and setbacks when they inevitably happen. Accept the symptoms you experience as your body's wisdom in healing you bit by bit. This is all part of the process and it all leads to you getting better. One day, you will look back and be so grateful that you have you back. You'll realize how much you missed the old you.

You'll wonder how you ever managed to live life so emotionally stunted as you were on the benzodiazepine. You'll take pleasure in the vibrant hues and beautiful subtleties of the world around you. Accept that life will never be the same, and that this isn't necessarily a bad thing. Subscribe by entering your email below and get free blog updates via email. You can learn more about Vital Life Project here, and we'll see you inside! [Contraception Depression Can the Pill Affect Your Mood.](#) [Eating for Two the Pregnancy Diet 5 Foods That Can Cause Depression Two Foods That May Sabotage Your Brain](#) Ut enim ad minim veniam, Excepteur sint occaecat cupidatat non. This is all explained in her manual. Valium or simply didn't want to do the Ashton crossover have used the water Milk titration is exactly Those using this method We have seen no evidence to date that suggests However as the principle is the same as water titration Well, of course, that depends. Can you get your doctor to prescribe Valium. Do you want to taper. Valium Would you rather try just cutting your pills in tiny pieces and making Would you like to try water If the way you choose to get off these drugs is working for you, that is what If using water titration evaluate the cut rate as The advice contained herein should not be substituted for Before making any decisions about your health or treatment you should always. For a better experience, we recommend using another browser. Learn more [Facebook Email or phone Password Forgotten account. Sign Up See more of ASHTON MANUAL BENZODIAZEPINE WITHDRAWAL PROTOCOL on Facebook Log In or Create New Account See more of ASHTON MANUAL BENZODIAZEPINE WITHDRAWAL PROTOCOL on Facebook Log In Forgotten account. Print a flyer or a handout to post or share in your local area.](#)

World Benzodiazepine Awareness Day is observed on July 11th, which is Dr. Ashton's birthday. She qualified in Medicine BM, BCh, MA in 1954 and gained a postgraduate Doctor of Medicine DM in 1956.

She qualified as MRCP Member of the Royal College of Physicians, London in 1958 and was elected FRCP Fellow of the Royal College of Physicians, London in 1975. She also became National Health Service Consultant in Clinical Psychopharmacology in 1975 and National Health Service Consultant in Psychiatry in 1994. Her research has centered, and continues, on the effects of psychotropic drugs nicotine, cannabis, benzodiazepines, antidepressants and others on the brain and behavior in man. Her main clinical work was in running a benzodiazepine withdrawal clinic for 12 years from 1982-1994. She was a generic expert in the UK benzodiazepine litigation in the 1980s and has been involved with the UK organization Victims of Tranquillisers VOT. She has submitted evidence about benzodiazepines to the House of Commons Health Select Committee. She has given evidence to various Government committees on tobacco smoking, cannabis, and benzodiazepines and has given invited lectures on benzodiazepines in the UK, Australia, Sweden, Switzerland and other countries. Always consult your prescriber if you are considering making any changes. Due to this, it has been said that some individuals have found it difficult switching to diazepam as recommended. The important thing is to accommodate individual factors. Heather Ashton. Top of Page She qualified in Medicine BM, BCh, MA in 1954 and gained a postgraduate Doctor of Medicine DM in 1956. She qualified as MRCP Member of the Royal College of Physicians, London in 1958 and was elected FRCP Fellow of the Royal College of Physicians, London in 1975. She also became National Health Service Consultant in Clinical Psychopharmacology in 1975 and National Health Service Consultant in Psychiatry in 1994. Her research has centred, and continues, on the effects of psychotropic drugs nicotine, cannabis, benzodiazepines, antidepressants and others on the brain and behaviour in man.

<https://www.location-guide-saarland.de/fr/inhalt/disk-utility-manual>