

High-potency benzodiazepines

Drugs with a short half-life
Alprazolam (Xanax)
Lorazepam (Ativan)
Triazolam (Halcion)
Drugs with a long half-life
Clonazepam (Klonopin)

Low-potency benzodiazepines

Drugs with a short half-life
Oxazepam (Serax)
Temazepam (Restoril)
Drugs with a long half-life
Chlordiazepoxide (Librium)
Clorazepate (Tranxene)
Diazepam (Valium)
Flurazepam (Dalmane)

Toxicity and Drug Interactions

When used alone, benzodiazepines carry an extremely low risk of acute toxicity. However, benzodiazepines often are used with other types of medications, including other drugs with abuse potential, and these drugs can enhance the toxic effects of benzodiazepines. The latter interact synergistically with other central nervous system depressants, including other hypnotics, sedating antidepressants, neuroleptics, anticonvulsants, antihistamines and alcohol. Fatal overdoses in people who use substances often involve the combination of benzodiazepines and alcohol, with or without opiates.

Although benzodiazepines are effective in a wide range of medical and psychiatric conditions, caution must be exercised with their use, particularly when these agents are prescribed to patients with an active or remote history of substance use or addiction. Their greatest asset is also their greatest liability: drugs that work immediately tend to be addictive. Compared with benzodiazepines, antidepressants have a longer onset of action but are the best agents for long-term treatment of anxiety disorders. Anticonvulsants, antipsychotics, antihypertensives and buspirone also are effective but have an intermediate onset of action.

The problems with benzodiazepine dependence, tolerance, withdrawal, rebound and abuse limit their use for long-term treatment of anxiety disorders in patients with alcohol or drug use and other risk factors. A growing body of literature now supports the anti-anxiety efficacy of numerous other agents. Antidepressants, anticonvulsants, buspirone (Buspar), certain antihypertensive agents and newer neuroleptics all have been shown to be effective in subsets of patients with anxiety.

SOURCE: <https://www.aafp.org/pubs/afp/issues/2000/0401/p2121.html>

Benzodiazepines

Side Effects, Abuse Risk and Alternatives




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Benzodiazepines are widely prescribed for a variety of conditions, particularly anxiety and insomnia. They are relatively safe and, with overdose, rarely result in death. However, used chronically, benzodiazepines can be addictive. These agents are often taken in combination with other drugs by patients with substance use disorders. In such patients, alternatives to benzodiazepines may be preferable and may include antidepressants, anticonvulsants, buspirone, antihypertensive agents and the newer neuroleptic medications. Caution must be used when prescribing benzodiazepines to patients with a current or remote history of substance use disorder.

Benzodiazepines are also widely prescribed for other reasons, such as muscle spasticity, convulsive disorders, presurgical sedation, involuntary movement disorders, detoxification from alcohol and other substances, and anxiety associated with cardiovascular or gastrointestinal conditions.

Clinical Uses of Benzodiazepines

Anxiety disorders
Acute anxiety
Generalized anxiety disorder
Panic disorder
Phobias (social, simple)
Post-traumatic stress disorder
Obsessive-compulsive disorder
Insomnia
Anxiety associated with medical illness
Cardiovascular
Gastrointestinal
Somatoform disorder
Convulsive disorders
Acute status epilepticus
Neonatal seizures or febrile convulsions
Preeclampsia
Tetanus
Adjunct to other anticonvulsants
Amnestic (before surgery or procedure)
Spastic disorders and other types of acute muscle spasm
Cerebral palsy
Multiple sclerosis
Paraplegia secondary to spinal trauma
Involuntary movement disorders
Restless leg syndrome

Akathisia associated with neuroleptic use
Choreiform disorders
Myoclonus
Detoxification from alcohol and other substances
Agitation or anxiety associated with other psychiatric conditions
Acute mania
Psychotic illness
Anxiety associated with depression
Impulse control disorders
Catatonia or mutism

Other adjunctive uses

Surgery
Dentistry
Diagnostic studies, such as computed tomography, magnetic resonance imaging and endoscopy
Cardioversion
Chemotherapy

11 to 15 percent of the adult population has taken a benzodiazepine one or more times during the preceding year, but only 1 to 2 percent have taken benzodiazepines daily for 12 months or longer. In psychiatric treatment settings and in substance use populations, however, the prevalence of benzodiazepine use, abuse and dependence is substantially higher than that in the general population.

Because benzodiazepines are controlled substances with addicting potential, special attention must be directed toward the patient's history of substance use before these agents are prescribed. An understanding of the toxicity and side effects of benzodiazepines, over use patterns and alternative anxiolytic and hypnotic agents may help clinicians maximize treatment outcomes and reduce use risks.