

BENZODIAZEPINES & THE ELDERLY

What you should know if an elderly person is newly prescribed or already taking a benzodiazepine

Problems & Pitfalls

- Benzodiazepines can cause confusion, night wandering, amnesia, ataxia (loss of balance), hangover effects and "pseudodementia" (sometimes wrongly attributed to Alzheimer's disease) in the elderly and **should be avoided wherever possible**.
- Benzodiazepines (BZs) are frequently prescribed for elderly patients living in the community and for those in hospitals and institutions. Their use is more prevalent in women.
- Prolonged use of BZs is particularly likely in old age for the treatment not only of insomnia and anxiety, but also of a wide range of nonspecific symptoms.
- Long term users are likely to have multiple concomitant physical and psychological health problems.
- Despite their wide therapeutic range, elderly patients are particularly prone to adverse reactions to benzodiazepines.
- The incidence of unwanted effects, predominantly manifestations of central nervous system depression, has been found to be significantly increased in hospitalised elderly patients, particularly in the frail elderly. BZs have been found to be frequently implicated in drug-associated hospital admissions.
- There is suggestive evidence that BZs, especially compounds with long half-lives, may contribute to the falls which are a major health problem in old age.
- The features of BZ withdrawal in the elderly may differ from those seen in young patients; withdrawal symptoms include confusion and disorientation which often does not precipitate milder reactions such as anxiety, insomnia and perceptual changes.
- Problems due to both adverse reactions and to BZ withdrawal may easily be overlooked in multimorbid elderly patients, particularly in those suffering from disorders of the central nervous system.

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benzo.org.uk/manual

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- Increased sensitivity to benzodiazepines in older people is partly because they metabolise drugs less efficiently than younger people, so that drug effects last longer and drug accumulation readily occurs with regular use. However, even at the same blood concentration, the depressant effects of benzodiazepines are greater in the elderly, possibly because they have fewer brain cells and less reserve brain capacity than younger people.

Sleeping Pills:

- Sleeping pills (zopiclone [Imovane], zolpidem [Ambien], zaleplon [Sonata, Starnoc], eszopiclone [Lunesta], Ambien CR, Intermezzo), which are also known as 'Z-drugs' or 'hypnotics,' are chemically different from BZs **but have the same effects on the body and act by the same mechanisms**. All of the problems & pitfalls in the elderly listed for BZs also apply to the sleeping pills.
- Per Professor Lader: "They tend to be used even more than the benzos as prescribers assume that they are safer. They still need careful use in the elderly, including low dosage."

Expert Recommendations:

- it is generally advised that, if BZs are used in the elderly, **dosage should be half that recommended for adults**,
- Use (as for non-elderly adults) should be **short-term (2 weeks) only**.
- In addition, BZs without active metabolites (e.g. oxazepam [Serax], temazepam [Restoril]) are tolerated better than those with slowly eliminated metabolites (e.g. chlordiazepoxide [Librium], nitrazepam [Mogadon]).
- Tapers in the elderly: note that equivalent potencies of different BZs are approximately the same in older as in younger people

Endorsement

This information has been reviewed and endorsed by Professor Malcolm. H Lader, O.B.E., LL.B., D.Sc., Ph.D., M.D., F.R.C. Psych., F. Med. Sci.



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