

# Clinical Pearls

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**Clinical Pearl 22/01/19**

**Each week we will aim to bring out a concise email that provides 4-5 key pieces of information addressing a specific issue in clinical therapeutics.**

**This week: Using Benzodiazepines in Older People**

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Benzodiazepines are recommended to be used with caution and for short term only in the elderly. Tolerance to the sedating effects of benzodiazepines develops after 2-3 weeks of regular use. Ongoing use however is associated with a significant increase in the risk of falls, hip fracture, cognitive impairment and pneumonia.

Outlined below are recommendations for use of benzodiazepines in older people:

*All prescribing of benzodiazepines should be for short term use ONLY and reviewed regularly as tolerance to the sedating effects can develop within 2 weeks.*

## **1. Insomnia**

- It's important to identify and manage possible underlying causes of insomnia such as pain, hunger, toileting needs, reflux, dyspnoea.
- Non-pharmacological therapies should be considered in the first instance e.g. offering residents a warm milk drink and a carbohydrate snack at bedtime and avoid caffeine-based drinks after 4pm. Maximising daytime exercise and sunlight exposure may also assist. Many patients find paracetamol at bedtime can help with settling.
- Alternative options to consider are the use of relaxation techniques, sleep hygiene, avoiding day time naps, stimulus control and cognitive therapy.
- If a benzodiazepine is considered, ensure the patient is aware of potential risks and benefits, including tolerance with long term use and risk of dependence.

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## **2. Anxiety**

- Cognitive behavioural therapy and self -help strategies should be first line for mild to moderate anxiety
- Short term benzodiazepine use can be considered if:
  - The patient is not able to participate in psychological therapy
  - They are unwilling to trial non-pharmacological therapies
  - A trial of psychological therapy has not been effective
  - An antidepressant has been started, while awaiting benefit

## **3. Agitation in Dementia**

- Benzodiazepines have a limited role in providing symptom relief for moderate to severe agitation in advanced dementia.
- If used for agitation, therapy should be reviewed at least every 2 weeks as risk of morbidity and adverse effects is higher in older people.

Risk of pneumonia is increased when benzodiazepines are co-prescribed with opioids.

Start with a low dose to reduce risk of side effects and use a short acting agent like oxazepam, lorazepam or temazepam.

Using benzodiazepines for more than 4 weeks can lead to dependency and tolerance. To cease benzodiazepines, it is best to gradually reduce the dose. An RMMR can provide as to the best way in which this can be achieved. Reducing dose of benzodiazepine is likely to improve memory, alertness, quality of life, reduce risk of falls, fractures and accidents and injuries.

Please consider these issues when preparing or interpreting RMMR reports or education sessions. Contributions of content or suggested topics are welcome and should be sent directly to [natalie@wardmm.com.au](mailto:natalie@wardmm.com.au)