Mindshift Care
An Independent Voice for Behavioral Health

Benzodiazepine and Related Medications

This handout is about some of the risks of benzodiazepines and related medicines. Benzodiazepines are usually prescribed to treat anxiety. Examples of benzodiazepines are alprazolam (Xanax), clonazepam (Klonopin) and lorazepam (Ativan). Related medicines discussed here are medicines prescribed to treat insomnia. Examples include eszopiclone (Lunesta), temazepam (Restoril), (zaleplon) (Sonata) and zolpidem (Ambien).

Benzodiazepines can often be safely used over short periods of time, such as a few weeks. Longer use may cause a person to develop tolerance. This means the person may need to use ever higher doses to feel an effect.

When used for years at "moderate" doses, benzodiazepines can cause serious problems with concentration and memory. ***A review of many studies looked at patients who had been on moderate doses for years and then stopped the medicine. A few months after stopping the medicine, the patients could think much more clearly and remember better. Overall, their IQs improved about 9 points***.[i]

When used to treat insomnia, benzodiazepines and related medicines can also cause major problems with concentration and memory. ***One study found that for patients aged 50 to 65, using just 30 or more doses a year for 3 years doubled the risk of becoming demented***.[ii]

When used to treat insomnia, these medicines are not as effective as most people would think. A review of studies found that early in a course of treatment, these medications improved sleep only an average of 48 minutes per night.[iii] ***One study found that when patients used one of the benzodiazepine-related***

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medicines for 6 months, total sleep decreased 56 minutes per night. The most restful stage of sleep decreased 18 minutes per night.[iv]

Although brief use of benzodiazepines and related medicines can be helpful, long-term use is almost always not a good idea. Over the long term anxiety can be treated more effectively with other medications, such as antidepressants, and with therapy. Therapy can help in a number of ways, including learning relaxation techniques and meditation. Insomnia is better treated by a specific form of therapy, Cognitive Behavioral Therapy for Insomnia, that helps patients get better quality sleep. This effect lasts well after therapy has ended. One of our therapists specializes in therapy to treat insomnia.

Our goal is to help you with your symptoms and to help you have a healthier life. We do not want to harm your concentration and memory or worsen your sleep by prescribing medicines that can harm you if used for too long. Together we need to talk about better options for treating your symptoms.

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[i] Barker MJ, Greenwood K, Jackson M, Crowe S. Persistence of cognitive effects after withdrawal from long-term benzodiazepine use: a meta-analysis. Archives of Clinical Neuropsychology 2004; 19:437-454

[ii] Chen PL, Lee WJ, Sun WZ, Oyang YJ, Fuh JL. Risk of dementia in patients with insomnia and long-term use of hypnotics: a population-based retrospective cohort study. Public Library of Science ONE 7(11): e49113.doi:10.1371/journal.pone.0049113

[iii] Riemann D, Perlis M. The treatments of chronic insomnia: a review of benzodiazepine receptor agonists and psychological and behavioral therapies. Sleep Medicine Reviews (2008),doi:10.1016/j.smrv.2008.06.001

[iv] Sivertsen B, Omvik S, Pallesen S, Bjorvatn B, Havik O, Kvale G, et al. Cognitive behavioral therapy vs zopiclone for treatment of chronic primary insomnia in older adults. Journal of the American Medical Association 2006; 295: 2851-2858