Benzodiazepine Therapy in the Elderly

Benzodiazepines are commonly prescribed to older adults as a sedative and as an anxiolytic agent. With advancing age, elderly persons are more sensitive to the potential side effects of benzodiazepines because of altered pharmacokinetics and pharmacodynamics. Benzodiazepine kinetics have shown that alterations in the distribution and elimination of these agents occur in older patients, leading to the potential for accumulation and prolonged sedation.¹ Numerous studies have shown that benzodiazepines are associated with a variety of adverse outcomes including an increased risk of falls and fractures, motor vehicle accidents and cognitive impairment.²

It is currently recommended that long-acting agents (diazepam, flurazepam, chlordiazepoxide, and chlorazepate) be avoided in older adults.³ In addition, daily doses of short-acting benzodiazepines greater than lorazepam 3 mg, alprazolam 2 mg, and temazepam 15 mg should be avoided in older adults.⁴ And though their use should be limited to short-term (2 weeks) therapy, many are prescribed on a long-term or chronic basis, leading to an increased risk of dependency. This risk increases with age and is more common among patients diagnosed with depression or alcohol dependency.

Lastly, benzodiazepine dependence is a serious problem among elderly persons. Gradual tapering of these drugs has shown to be effective in reducing withdrawal symptoms that may occur with a “cold turkey” approach to quitting. A review of the literature leads the Agency to conclude that benzodiazepines should be prescribed with caution, at low doses and for short periods of time.


4. Ibid.