

Benzodiazepines: Judicious Use in Insomnia and Anxiety Disorders

Benzodiazepines (BZDs) are frequently used in the management of anxiety disorders and insomnia due to their anxiolytic and hypnotic properties. While all BZDs share similar pharmacologic properties, potency, metabolites, and duration of action vary with different agents. Most are rapidly effective, but their duration of action may range from short (4-6 hours) to long (≥ 12 hours). In addition, there are established clinical “niches” for different agents (e.g. clonazepam (Klonopin®) for restless legs and muscle spasms). The use of multiple agents is not recommended, even for different indications.

Although BZDs are best used only short-term for insomnia or anxiety, they are often prescribed chronically, sometimes for several months to even years. Some individuals may require long-term BZD therapy; however, such use is controversial owing to their potential for tolerance, dependence, and abuse.

Key Points

- Benzodiazepines (BZDs) are rapidly effective in the treatment of anxiety disorders and insomnia but are only recommended for short-term use.
- Because insomnia is often transient and available data is limited to clinical trials of short duration, these drugs are most appropriately used as needed for durations of up to 4 weeks.
- In generalized anxiety disorder BZDs are best used short-term as bridge therapy with chronic treatments such as antidepressants or buspirone.³
- BZDs may also be effective as occasional adjunctive therapy in patients whose anxiety symptoms or specific clinical needs warrant their use.³
- Use of multiple BZDs, even for different indications, is not recommended.

Tolerance to the hypnotic actions of BZDs may occur within days but is uncommon for the anxiolytic actions of these drugs.¹ Dependence may occur within weeks to months of continued use, which can result in withdrawal symptoms upon abrupt discontinuation.¹ While abuse

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potential may be low in appropriately managed patients with clear indications, caution when prescribing these drugs long-term is still warranted, especially in individuals with a substance abuse history.

Insomnia

Benzodiazepines used as sedative-hypnotics, including triazolam (Halcion®), temazepam (Restoril®), and Estazolam (Prosom®), are only recommended for transient/short-term insomnia.² Manufacturers of these drugs recommend short courses (7-10 days) and only claim efficacy for up to 4 weeks. Chronic insomnia is more difficult to manage, and drug therapy may be indicated after ruling out medical/drug causes and non-pharmacologic options have been attempted.² For patients who require long-term drug therapy, there is little guidance regarding optimal agent, dosage and duration; however, eszopiclone (Lunesta®), controlled-release zolpidem (Ambien CR®), and ramelteon (Rozerem®) are FDA-labeled for chronic insomnia.

Anxiety Disorders

Generalized anxiety disorder (GAD) is typically chronic in nature and often requires long-term pharmacologic and cognitive-behavioral therapy.³ Antidepressants including selective-serotonin reuptake inhibitors (SSRIs) [e.g. paroxetine (Paxil®), fluoxetine (Prozac®), and sertraline (Zoloft®)] and serotonin-norepinephrine reuptake inhibitors (SNRIs) [venlafaxine (Effexor®) and duloxetine (Cymbalta®)] are considered first-line treatments for GAD and are also effective against comorbid psychiatric disorders. These antidepressants and buspirone (Buspar®) are suitable for long-term use; however, they often take weeks to months for full effect and may sometimes paradoxically heighten anxiety following initiation. For this reason, BZDs may be useful adjuncts in the early stages of treatment while these drugs take effect.³ Alprazolam (Xanax®), lorazepam (Ativan®), and diazepam (Valium®) are rapidly effective (often after one dose) and are the most commonly used BZDs for anxiety disorders.

Long-term use of BZDs for anxiety may be clinically warranted, but should be closely monitored and re-evaluated regularly. In some cases intended occasional, acute use may evolve into long-term therapy because patients experience rapid, reliable effects and desire continued treatment with BZDs.³ It may also be possible that, despite chronic treatment with an SSRI, SNRI, or buspirone, some patients will require occasional doses of BZDs for periodic symptoms.³

It is important to evaluate repeat prescribing of short-course BZDs, as it may be that the patient has GAD and requires chronic treatment. Because anxiety is often a component of a number of psychiatric conditions, an individualized approach to treatment with BZDs is appropriate.

References

1. Kaplan EM and DuPont RL. Benzodiazepines and Anxiety Disorders: a Review for the Practicing Physician. *Curr Med Res Opin* 2005;21:941-50
2. NIH State-of-the-Science Conference Statement on Manifestations and Management of Chronic Insomnia in Adults. *NIH Consensus State Sci Statements* 2005;22:1-30. Available at: <http://consensus.nih.gov/2005/2005InsomniaSOS026main.htm>

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3. Ballenger JC, et al. Consensus Statement on Generalized Anxiety Disorder From the International Consensus Group on Depression and Anxiety. *J Clin Psychiatry* 2001;62 (suppl 11):53-8.