Benzodiazepines increase the risk of fatal overdose when taken in combination with opioid analgesics, alcohol, or other central nervous system depressants. Benzodiazepines increase the risk of fatal overdose when taken in combination with opioid analgesics, alcohol, or other central nervous system depressants. 

1,2 And such combined use is a significant public health problem in New York City (NYC). In 2014, there were approximately 1.7 million benzodiazepine prescriptions filled by 440,000 NYC residents.3 That year, there were 301 benzodiazepine-involved overdose deaths in NYC—almost half (42%) of which also involved alcohol.4 Benzodiazepines were found in 53% of opioid analgesic-involved overdose deaths and 41% of heroin-involved overdose deaths.4

While benzodiazepines are commonly prescribed for anxiety and insomnia, they are not considered first-line treatment for either condition2,5-9 (Box 1,2,5-15). Guidelines recommend that benzodiazepines be used only for symptomatic relief of severe anxiety2,5,7,10,11 and short-term treatment of severe insomnia,2,6-8,11,12 while waiting for the full effect of other treatment modalities.5-7,10,12 Despite these limited indications, benzodiazepines are often prescribed more broadly and as long-term treatment,2,5,8 and this overuse contributes to risk of misuse and overdose.

You can reduce the risk of benzodiazepine-involved overdose by providing appropriate first-line treatment for anxiety and insomnia, prescribing benzodiazepines judiciously only when clinically indicated, and tapering patients off long-term benzodiazepine treatment.
PROVIDE APPROPRIATE FIRST-LINE TREATMENT

Assess for underlying causes of anxiety and insomnia and consider safe, effective nonbenzodiazepine treatments when indicated (Boxes 2, 5, 10, 12 and 3, 5, 10, 12, 18-20).

PRESCRIBE BENZODIAZEPINES JUDICIOUSLY

If short-term benzodiazepine treatment is indicated, fully assess your patient, prescribe the lowest effective dose for the shortest duration and talk with your patient about the benzodiazepine prescription.

Step 1: Fully Assess Your Patient

- Obtain a comprehensive medical history, including any medical comorbidities and mental health conditions, and perform a physical examination.
- Screen for substance use as part of routine care (Resources for Providers: Screening and Monitoring Tools).
- Review all current medications for potential interactions (Table 1, 12, 21, 25-39) and consult with your patient’s other prescribers.
- Check the Prescription Monitoring Program (Box 4, 5, 9, 10, 12, 24), as required before prescribing any schedule IV drug.
- Avoid co-prescribing benzodiazepines and opioids because of the risk of fatal respiratory depression.

Step 2: Prescribe the Lowest Effective Dose for the Shortest Duration

- Begin treatment with the lowest recommended dose and adjust as needed based on the patient’s response (see Table 21, 25-39 for information).

BOX 1. MYTHS AND FACTS ABOUT BENZODIAZEPINES AND Z-DRUGS

Myth: Benzodiazepines are first-line treatment for anxiety.
Facts: Benzodiazepines may be used for 2 to 4 weeks to treat severe symptoms of anxiety disorders, ideally while waiting for the full effect of other treatment options (Boxes 2 and 3).
- Diminish in effectiveness beyond 4-6 weeks.
Myth: Benzodiazepines are first-line treatment for insomnia.
Facts: Benzodiazepines may provide short-term (1 to 2 weeks) symptomatic relief for severe insomnia while other treatment modalities are being implemented.
- May result in rebound insomnia once stopped.
Myth: Low-dose benzodiazepines are not addictive.
Facts: Benzodiazepine use can result in physical dependence at any dose with prolonged use.
- May be misused to prevent perceived or anticipated withdrawal rather than for their originally intended purpose.
Myth: Z-drugs (eg, zolpidem, zaleplon) are safer than benzodiazepines.
Facts: Z-drugs bind to GABA receptors, similar to benzodiazepines.
- Are not recommended for long-term use.
- Offer no safety benefit compared with benzodiazepines, especially in older adults.
- Increase risk for falls in older adults.

BOX 2. NONBENZODIAZEPINE TREATMENTS FOR ANXIETY

Nonpharmacologic
- Cognitive behavioral therapy
- Relaxation techniques
- Yoga, meditation
- Exercise
Long-term pharmacologic
- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)

BENZODIAZEPINES
- Benzodiazepines bind to GABA receptors and depress the central nervous system.
- They are prescribed for their sedative-hypnotic, antianxiety, muscle relaxant, and anticonvulsant effects.

BOX 3. NONBENZODIAZEPINE TREATMENTS FOR INSOMNIA

Nonpharmacologic
- Cognitive behavioral therapy—considered first-line treatment
- Good sleep hygiene
  - Maintaining a regular sleep schedule
  - Avoiding daytime napping
  - Developing a calming bedtime routine, which may include taking a bath or reading a book
  - Avoiding screen time before bed
  - Keeping your bedroom dark, quiet, and at a comfortable, cool temperature
  - Limiting alcohol, caffeine, and tobacco at night
- Regular exercise—except heavy exercise within several hours of bedtime
- Relaxation techniques
Pharmacologic
- Melatonin
• Use phased dispensing (prescribing small amounts at regular intervals) where possible.12
• Prescribe for a maximum of 4 weeks.7,12

Step 3: Talk to Your Patients About Their Benzodiazepine Prescription
Educate patients about the benefits and risks of benzodiazepine treatment (Box 52,6,7,9,11,12), and remain alert to signs and symptoms of physical dependence, withdrawal, substance use disorder, and benzodiazepine misuse2,10,11 (Box 62,40,41).

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Medication Class</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased serum benzodiazepine levels (CYP450 inhibition)</td>
<td>Antifungals</td>
<td>Ketoconazole, Itraconazole</td>
</tr>
<tr>
<td></td>
<td>Macrolides</td>
<td>Clarithromycin, Erythromycin</td>
</tr>
<tr>
<td></td>
<td>SSRIs</td>
<td>Fluoxetine, Paroxetine</td>
</tr>
<tr>
<td></td>
<td>Histamine-2 blockers</td>
<td>Cimetidine</td>
</tr>
<tr>
<td></td>
<td>Opioids</td>
<td>Oxycodone</td>
</tr>
<tr>
<td></td>
<td>Antipsychotics</td>
<td>Chlorpromazine, Clozapine</td>
</tr>
<tr>
<td></td>
<td>Barbiturates</td>
<td>Phenobarbital, Secobarbital</td>
</tr>
<tr>
<td></td>
<td>Sedating antihistamines</td>
<td>Diphenhydramine, Hydroxyzine</td>
</tr>
</tbody>
</table>

Table 1. Interactions Between Benzodiazepines and Select Common Medications2,12,21-23

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Medication Class</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased sedative effects of benzodiazepines</td>
<td>Antifungals</td>
<td>Ketoconazole, Itraconazole</td>
</tr>
<tr>
<td></td>
<td>Macrolides</td>
<td>Clarithromycin, Erythromycin</td>
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<tr>
<td></td>
<td>SSRIs</td>
<td>Fluoxetine, Paroxetine</td>
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<td>Histamine-2 blockers</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Barbiturates</td>
<td>Phenobarbital, Secobarbital</td>
</tr>
<tr>
<td></td>
<td>Sedating antihistamines</td>
<td>Diphenhydramine, Hydroxyzine</td>
</tr>
</tbody>
</table>

Table 2. Commonly Used Benzodiazepines and Z-Drugs21,25-39

<table>
<thead>
<tr>
<th>Generic name</th>
<th>Brand name</th>
<th>Elimination half-life (h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzodiazepines</td>
<td>Short-Acting</td>
<td>Triazolam, Halcion®</td>
</tr>
<tr>
<td></td>
<td>Intermediate-Acting</td>
<td>Alprazolam, Xanax®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clonazepam, Klonopin®</td>
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<tr>
<td></td>
<td></td>
<td>Lorazepam, Ativan®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oxazepam, Serax®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Temazepam, Restoril®</td>
</tr>
<tr>
<td></td>
<td>Long-Acting</td>
<td>Chlordiazepoxide, Librium®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clorazepate, Tranxene®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diazepam, Valium®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flurazepam, Dalmane®</td>
</tr>
<tr>
<td>Z-Drugs</td>
<td>Short-Acting</td>
<td>Zaleplon, Sonata®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zolpidem, Ambien®</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eszopiclone, Lunesta®</td>
</tr>
</tbody>
</table>

Consult product prescribing information for detailed warnings, precautions, contraindications, and potential interactions.

Box 4. Checking the Prescription Monitoring Program5,9,10,12,24
The New York State Prescription Monitoring Program (PMP) provides quick, confidential, 24/7 access to your patients’ controlled substance prescription history.
1. Consult PMP to determine whether your patient recently filled a prescription for an opioid analgesic, benzodiazepine, or other controlled substance.
2. If the patient has recently filled multiple prescriptions written by different providers and/or filled at different pharmacies:
   • Discuss your concerns with your patient, explaining the risk for overdose when benzodiazepines are used with other agents (especially opioid analgesics and other CNS depressants).
   • Communicate and coordinate with your patient’s other controlled substance prescribers.
   • Avoid abruptly discontinuing benzodiazepines.5,9,10,12,24
     o Withdrawal can be severe, causing hallucinations, seizures, and in rare cases has been life-threatening (see page 16).
   • A taper schedule is strongly recommended and clinically appropriate versus refusing continuation of this medication (Resources for Providers: Dose Reduction Plans).
   • Consider that your patient might be misusing controlled substances and/or have a substance use disorder (see page 16).
   • If needed, explain that effective treatments for substance use disorder are available, and treat the patient yourself or refer for treatment (Resources for Providers: Treatment for Substance Use Disorder).
   • For opioid use disorder, discuss and arrange for medication-assisted treatment (eg, buprenorphine or methadone) (Resources for Providers: Treatment for Substance Use Disorder).

As of August 2013, all practitioners are required to review the PMP prior to prescribing any controlled substance listed on schedules II, III, or IV.
See Resources for more information about PMP.
**SPECIAL POPULATIONS**

**Older adults**
Use caution when prescribing benzodiazepines for patients aged 65 and older. Older adults are particularly vulnerable to the adverse effects of benzodiazepines. (Box 7).

**Pregnant women**
Benzodiazepines should be avoided during pregnancy because of the risk of adverse outcomes for the newborn (Box 8).

**BOX 5. WHAT TO TELL PATIENTS ABOUT BENZODIAZEPINE TREATMENT**

- You’ll be taking this medicine for a short time—no more than 4 weeks. If your symptoms don’t improve in a few weeks, we’ll reevaluate the treatment plan.
- Get your prescriptions for benzodiazepines and other controlled substances only from me.
- Fill your prescription at only one pharmacy.
- Make sure to tell other providers that you’re taking this medicine. Some other medications can have a serious interaction with this one.
- Keep the medication in a secure place, preferably locked.
- Do not share your medication with others.
- Take the medication exactly as directed.
  - Dispose of the medicine safely. Mix it with an unpalatable substance like coffee grounds or kitty litter and place in a sealed container before discarding with your trash. Or find a medication disposal event near you (Resources for Patients: Medication Take-Back Programs).
- There are some risks when taking this medicine:
  - Overdose: Avoid alcohol, opioids, and sedatives; they increase risk of overdose. Some over-the-counter medicines, such as antihistamines, also increase risk.
  - Tolerance: When you need more medication to get the same effect. Do not increase the dose, even if you think the medicine has stopped working.
  - Physical dependence: If you develop physical dependence, stopping the drug may make you miss it or feel sick (withdrawal). You may get a fast heartbeat, insomnia, anxiety, shaky hands, nausea, have hallucinations, or feel agitated.
  - Mood or behavior changes, including depression, anxiety, or irritability.
  - Substance use disorder: Some patients who become physically dependent on or misuse the medicine can develop a substance use disorder.
- Seek help right away if you think you may be developing tolerance or dependence or if you experience side effects—especially ones that are new or concern you.

**BOX 6. PHYSICAL DEPENDENCE, WITHDRAWAL, SUBSTANCE USE DISORDER, AND MISUSE**

**Physical Dependence**
- Physiologic adaptation to a substance requiring the person to take more of the substance to achieve a certain effect.
- Can occur with the chronic use of many drugs—including many prescription drugs, even if taken as instructed.
- Causes drug-specific withdrawal symptoms if drug use is abruptly ceased.
- Benzodiazepine withdrawal syndrome symptoms include:
  - Autonomic hyperactivity (eg, sweating, tachycardia)
  - Hand tremor
  - Insomnia
  - Nausea or vomiting
  - Transient visual, tactile, or auditory hallucinations or illusions
  - Psychomotor agitation
  - Anxiety
  - Grand mal seizures

**Substance Use Disorder**
- Maladaptive pattern of use leading to significant impairment or distress. See DSM-5 diagnostic criteria (Resources for Providers: Screening and Monitoring Tools).

**Benzodiazepine Misuse**
- Using someone else’s benzodiazepines or using benzodiazepines in a manner other than prescribed.
- May or may not be associated with physical dependence.
- Signs may include pattern of early refills; prescription problems such as lost, spilled, or stolen medications; and escalating drug use in the absence of a physician’s direction.

**BOX 7. BENZODIAZEPINES IN OLDER ADULTS**

- Benzodiazepine treatment in patients aged 65 and older can increase risk for:
  - Falls and hip fractures
  - Possible cognitive impairment
  - Negative interactions with other medications
  - Daytime fatigue
  - Confusion and delirium
- Initiate treatment at one-half the standard adult starting dose.
- Monitor response to treatment and minimize dosage and/or frequency to avoid adverse effects.

In older adults, benzodiazepines should never be used as first-line treatment for insomnia, agitation, or delirium, and long-acting benzodiazepines should not be used for any indication.
DISCONTINUING BENZODIAZEPINE TREATMENT

Avoid abrupt discontinuation of benzodiazepines because it can lead to severe and potentially life-threatening withdrawal symptoms, especially among patients who have taken benzodiazepines for a prolonged period.\(^2,5,9,10,12\) Take the following measures to taper the dosage safely:

- **Determine and agree on a gradual dose reduction plan with your patient** (Resources for Providers: Dose Reduction Plans).
- **Set realistic goals with the patient**,\(^2,6,24\) based on the dosage and duration of benzodiazepine use.\(^2,6,24\)
- **Closely monitor the patient for signs of withdrawal and adjust the taper schedule as clinically indicated.**\(^2,6,24\)
- **Consider counseling or cognitive behavioral therapy for patients who have a substance use disorder or for whom withdrawal might cause substantial anxiety.**\(^6,11\)


LONG-TERM BENZODIAZEPINE TREATMENT

Long-term benzodiazepine treatment—considered here as daily or near-daily use for more than 4 weeks—should generally be avoided.\(^2,6,11\) If you do prescribe long-term benzodiazepine treatment, take the following steps to minimize health risks:

- **Develop a treatment plan with your patient.**\(^2,11,12\)
- **Prescribe small quantities at a time.**\(^12\)
- **Schedule regular follow-up appointments to assess the need for continued treatment.**\(^2,9\)
- **Regularly review the treatment plan and offer a benzodiazepine withdrawal plan at regular intervals.**\(^2,7,12\)
- **Consider consulting a psychiatrist.**\(^2,12\)

SUMMARY

Benzodiazepines used with opioids, alcohol, and other CNS depressants can lead to fatal overdose. Reduce the risk of preventable overdose deaths by using nonbenzodiazepine treatments, prescribing benzodiazepines judiciously only when clinically indicated, and tapering patients off long-term benzodiazepine treatment. \(\uparrow\)

HOW TO PRESCRIBE BENZODIAZEPINES JUDICIOUSLY

- **Provide appropriate first-line treatment for anxiety and insomnia.**
- **If benzodiazepines are clinically indicated:**
  - fully assess your patient,
  - prescribe the lowest effective dose for the shortest duration—no more than 2 to 4 weeks,
  - talk to your patient about the benefits and risks of benzodiazepine treatment,
  - avoid co-prescribing with opioids or other CNS depressants because of the risk of fatal respiratory depression.

BOX 8. BENZODIAZEPINES DURING PREGNANCY AND LACTATION\(^2,7,12\)

- Benzodiazepine use during pregnancy is associated with risks to the newborn:\(^2,12:\)
  - respiratory depression
  - poor temperature regulation
  - hypotonicity
  - neonatal abstinence syndrome
- For patients planning a pregnancy, gradually discontinue benzodiazepine treatment and consider other options.\(^7\)
- If postpartum benzodiazepine treatment is being considered, explain that benzodiazepine metabolites can be found in breast milk.\(^12\)
RESOURCES FOR PROVIDERS

NYS Prescription Monitoring Program
- Registration: https://commerce.health.state.ny.us/public/hcs_login.html

Screening and Monitoring Tools
- National Institute on Drug Abuse Drug Screening Tool: www.drugabuse.gov/nmassist

Treatment Agreement Forms

Dose Reduction Plans

Treatment for Substance Use Disorder
- Substance Abuse and Mental Health Services Administration. Find Help & Treatment: www.samhsa.gov/treatment/index.aspx

City Health Information Archives
www1.nyc.gov/site/doh/providers/resources/chi-archives.page
- Buprenorphine: An Office-based Treatment for Opioid Use Disorder
- Preventing Misuse of Prescription Opioid Drugs

RESOURCES FOR PATIENTS

Benzodiazepine Information

Healthy Sleep Tips
- Harvard University. Twelve Simple Tips to Improve Your Sleep: healthysleep.med.harvard.edu/healthy/getting/overcoming/tips

Tips for Managing Anxiety
- Anxiety and Depression Association of America. Tips to Manage Anxiety and Stress: www.adaa.org/tips-manage-anxiety-and-stress

Medication Take-Back Programs
- New York City Department of Sanitation. SAFE Disposal Events: www1.nyc.gov/site/dsnyn/index.page

Treatment for Substance Use Disorder
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov/treatment/index.aspx
REFERENCES


