Therapeutics Letter

Benzodiazepine use in British Columbia

Is it consistent with recommendations?

Earlier *Therapeutics Letters* suggested prescribing benzodiazepines with short half-lives, in low doses, for short duration, and not for regular nightly use.[1] One stated, "Current evidence suggests that non-benzodiazepine treatment, particularly psychotherapy, is safer and as effective for most patients with anxiety disorders."[2]

Benzodiazepines can impair functional status by causing confusion, memory loss, dizziness, daytime sleepiness, falls and fractures, and depression.[3,4] Despite this potential for major harm and scant evidence of clinically meaningful benefit,[4] use of benzodiazepines in British Columbia grew steadily between 1996 and 2002. This drug class is currently near the top in terms of pills dispensed—84 million pills in 2002. This is fewer than the 124 million antidepressant pills, but exceeds the 74 million acid-suppressant pills (proton pump inhibitors and H_2 blockers), 72 million lipid-lowering pills (statins and fibrates), 63 million nonsteroidal anti-inflammatory pills (non-selective and cyclooxygenase-2 selective nonsteroidal anti-inflammatory drugs), and 55 million diuretic pills.

The pattern of use of benzodiazepines in British Columbia appears inconsistent with the recommendations of educational groups, regulators, and manufacturers.

- Approximately 170 000 people are receiving amounts of benzodiazepines incompatible with short-term or intermittent use.
- The two groups most vulnerable to adverse effects, women and elderly people, are the highest users.
- Use of drugs with long half-lives (>10 hours) predominates.
- The overall benefit and harm from this drug exposure in British Columbia is unknown.

Source: *Therapeutics Letter* 2004;54:1,3.

For the complete text of this report, check the Therapeutics Initiative website **http://www.ti.ubc.ca.**

References

1. Therapeutics Initiative. To sleep or not to sleep. *Therapeutics Lett* 1995;11:1-2.
2. Therapeutics Initiative. Management of anxiety disorders in primary care. *Therapeutics Lett* 1997;18:1-4.
3. Wagner AK, Zhang F, Soumerai SB, Walker JM, Gurwitz JH, Glynn RJ, et al. Benzodiazepine use and hip fractures in the elderly. Who is at greatest risk? *Arch Intern Med* 2004;164:1567-72.
4. Holbrook AM, Crowther R, Lotter A, Cheng C, King D. Meta-analysis of benzodiazepine use in the treatment of insomnia. *CMAJ* 2000;162:225-33.

The Therapeutics Letter presents critically appraised summary evidence primarily from controlled drug trials. Such evidence applies to patients similar to those involved in the trials and might not be generalizable to every patient. The Therapeutics Initiative provides evidence-based advice about drug therapy and is not responsible for formulating or adjudicating provincial drug policies.
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