

Benzodiazepines

Benzodiazepines are sedative medicines used for anxiety and insomnia. These are highly controlled substances because of the risks they carry:

1. **Accidental overdose.** The rate of death from accidental overdose with sedatives (opioid pain medicines, benzos, and alcohol) is greater than the risk of death from car accidents and is considered a national epidemic. These deaths are accidental, and are not suicide. Sedatives can shut down breathing, and people may take more than intended because they impair memory.
2. **Addictive potential.** People can develop tolerance or addiction to benzos, especially if they are taken daily for more than three months. *Addiction* means that people overuse the medication to get a rewarding effect from it. *Tolerance* means that the medicine can stop working and withdrawal problems (including seizures) can occur if it's stopped suddenly.
3. **Lack of therapeutic value.** Although they reduce anxiety in the short term, most anxiety disorders worsen when benzos are used long term, particularly those related to trauma or phobic avoidance. People with panic disorder tend to have the best response to benzos.

What that means is you'll need to be very responsible with these scripts as we cannot call in extra amounts. It also means these medications are not good for you. They are meant for emergency relief of extreme anxiety. Regular use of benzos is associated with:

1. **Gradual cognitive decline.** Benzos have mild toxic effects on the brain that build up gradually over time. Over several decades, the cognitive impairment is significant, comparable to the effect that sleep deprivation or the flu can have on memory and attention. The brain can heal from these effects. After stopping benzos for 6 months concentration recovers significantly. However, they do not cause dementia.
2. **Car accidents.** Benzos impair coordination and spatial abilities. People who take benzodiazepines regularly have double the risk of car accidents. Benzos also reduce awareness, so people who have impaired driving aren't aware of the problem.
3. **Falls.** Benzos raise the risk of dangerous falls by 140%. This risk is greatest in the first few weeks after starting them and is a particular concern for people over 60 where falls are a leading cause of death.
4. **Lung problems.** Benzos slow breathing, and increase the risk of lung infections.
5. **Shortened life span.** Generally, people live longer when they take psychiatric medications because healing the brain tends to help the body. That is not true with benzodiazepines. In nearly every population studied, patients who took benzos had shorter life spans.

How to reduce your risks with benzos

1. **Avoid combining benzos with alcohol or opioid medications.**
2. **Use a safer benzo.** For most of the risks above, oxazepam (Serax) and lorazepam (Ativan) are the safest. Benzos with greater risks of addiction, memory problems, and accidental

overdose are: alprazolam (Xanax), clonazepam (Klonopin), and diazepam (Valium).

3. **Minimize your dose.** If your benzo is written for “as needed” use, try to reserve it for emergencies. Anxiety can make it feel like everything is an emergency (that’s part of the disorder), so practice thinking it through before you use the benzo. Could things be worse? Could you make it through without it? Everyone has emergencies now and then, but if you’re having daily emergencies it would be a good idea to come in for a sooner visit or start therapy for anxiety. Therapy is slower to take effect, but it’s anti-anxiety effects are more significant and longer lasting than the benzo’s.
4. **Make a trade off.** If you take the benzo, make sure that you’re using it to improve your functioning. Say to yourself, “I’ll take this, but only if I actually face the things that are making me anxious [or do something else that will improve mental health].” Are you still avoiding things or staying in bed after taking it? Or, does taking it help you to go out into the world and do the things you need to?
5. **Take an active role in reducing anxiety.** Regular therapy is the best treatment for anxiety and tends to work better over the long-term than most psychiatric medications. There are also things you can add to your daily life to help anxiety, such as aerobic exercise, lowering caffeine, progressive muscle relaxation, mindfulness, and breathing exercises. There are free videos and apps to guide you through those steps, see:
 - **Apps:** chrisaikenmd.com/apps (try Breath2Relax, Panic Relief, Agoraphobia Free, or a mindfulness app like Headspace, Smiling Mind, Insight Timer, iMindfulness, and Mindfulness Daily).
 - **Guided self-help:** www.anxieties.com
 - **Aromatherapy:** Scents with calming properties include lavender, jasmine, chamomile, sweet marjoram, frankincense, and bergamot. Use them before bed or throughout the night through an oil diffuser. Aromatherapy changes neurotransmitters in the brain.
6. **Don’t feel bad about using a benzo.** We’ve emphasized their risks because you need to know that – even though we’ve prescribed them – they are not good for you. But to put that in perspective, *taking a benzo for anxiety is much healthier than using alcohol*, which carries the same risks and many more. Benzos and alcohol do similar things in the brain, but alcohol causes damage in nearly every organ of the body while benzos do not. Alcohol is the leading cause of death among middle-aged adults in the U.S., so if you’re taking a benzo now and then you are doing much better for your health than most.

The Controlled Substance Database

States track benzo prescriptions through a data-base that records the date, amount, pharmacy, and prescriber for each controlled substance filled.

Physicians and pharmacists check this database, and we are not allowed to prescribe early refills for these medicines. If there are irregularities in your database, physicians may not be able to prescribe controlled substances for you. Examples of things that would be problematic include:

- Calling for early refills of controlled substances
- Obtaining the same class of controlled substances from multiple physicians (classes are “Benzos and sleep meds”, “Pain meds”, and “Stimulants”)
- Using multiple pharmacies or changing pharmacies frequently
- Allowing other people to use your medication (this is also illegal)

With all these problems you may wonder why benzos are prescribed. The reason is that anxiety disorders are very impairing: they are among the ten most common causes of disability.

Agreement on the Use of Controlled Substances (keep this copy for your records)

I understand that my use of controlled prescriptions is monitored and regulated by state agencies. While I am in treatment, I will strive to prevent problems in my controlled-substance record. Specifically I agree that:

1. I will not request early refills of controlled substances.
2. I will keep regular office visits and receive refills at the office rather than by phone or through automated pharmacy refill systems.
3. In rare cases when I am unable to keep an office visit I will provide one week notice for refills of controlled substances to allow time to check the state database.
4. If I think I need to change the dosage or type of controlled substance I am taking, I will schedule an office visit rather than trying to make changes on my own or by telephone.
5. I will not allow others to use my medication.
6. I will not receive prescriptions for benzodiazepines from other physicians without informing my provider (unless it is part of a hospital stay).
7. *Special notes:* some states may not honor out-of-state prescriptions for controlled substances. Controlled substances will show up on urine drug screens.

Partial list of Controlled Substances

Benzodiazepines: alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), clobazam (Onfi), clorazepate (Tranxene), diazepam (Valium), estazolam (ProSom), flurazepam (Dalmane), lorazepam (Ativan), midazolam (Versed), oxazepam (Serax), quazepam (Doral), temazepam (Restoril).

Stimulants: methylphenidate (Ritalin, Concerta, Metadate, Methylin, Daytrana), dexamethylphenidate (Focalin), amphetamine-salts (Adderall), dextroamphetamine (Dexedrine, Vyvanse, Zenedi).

Sleep Medicines: eszopiclone (Lunesta), zaleplon (Sonata), zolpidem (Ambien, Edluar, Intermezzo).

Opioids: buprenorphine, codeine, hydrocodone, hydromorphone, fentanyl, meperidine, morphine, tramadol, oxycodone, oxycontin.

Other: modafinil (Provigil, Nuvigil), dronabinol (Marinol), gamma hydroxybutyric acid (Xyrem), barbiturates.

How do they work?

Benzos bind to GABA receptors in the brain, which are involved in anxiety and relaxation.

What types are available and how is it taken?

The benzos differ in how fast they come on and how long their effects last.

DURATION	EXAMPLES
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Short Acting (<5 hr)	Oxazepam (Serax caps or tabs), flurazepam (caps), triazolam (Halcion tabs), alprazolam (Xanax, tabs or slow-release caps*)
Mid-Acting (6-12 hr)	Lorazepam (Ativan tabs, liquid, XR), temazepam (Restoril caps), estazolam (Prosom, tabs)
Long Acting (>12 hr)	Clonazepam (Klonopin tabs, wafers), diazepam (Valium, Dizac; tabs or slow-release caps*), chlordiazepam (Librium tabs, caps), clorazepate (Tranxene, regular or slow-release tabs)

*Do not crush or chew slow-release capsules.

How do I take them for sleep?

Since benzos may cause drowsiness the morning after they are taken, make sure you don't have something important to wake up to the next day. More concerning is the potential to become dependent, or unable to sleep without them (described below). To avoid this, take them only when needed and avoid regular use for more than a month. They should be taken 15-60 minutes before sleep, depending on how fast the benzo you are using comes on.

What side effects can I expect?

Common side effects include drowsiness, dizziness, and discoordination. Most side effects will improve by reducing the dose. There is no weight gain.

Benzos can impair concentration, attention and memory. This is similar to the effects of alcohol: there is poor memory for events that occur after taking them. Rarely, benzos cause agitation and poor judgment (called disinhibition or dissociation). Like the effects of alcohol, people may have less awareness of their actions and do things they regret in this state.

Benzodiazepine overdose and withdrawal

Benzo overdose can happen from taking too much or from taking them with excess alcohol or opioids. Benzos, alcohol, and opioids all cause similar overdose symptoms and can stop breathing.

Signs of Overdose: confusion, slurred speech, severe drowsiness or weakness, difficulty walking, and loss of consciousness.

Signs of Withdrawal: insomnia, anxiety, tremor, irritability, headache, dizziness, depression, increased or abnormal perception, feeling outside your body, paranoia, and seizures. Withdrawal is possible if you have taken them regularly for several months and then stop.

If signs of withdrawal or overdose occur, call us or go to your local emergency room.

Precautions

Driving: benzos cause drowsiness and impair reflexes and coordination. *Make sure you know how you react to them before you drive, use machines, or do anything else that could be dangerous if you are not alert and well-coordinated.*

Pregnancy: Birth defects (especially of the palate) are rare but have been reported in infants exposed to benzos during the first trimester. If used later in the pregnancy, there is a risk of withdrawal and dependence effects in the baby. They are best avoided during delivery, for they can lead to weakness and other problems in a new born. Benzos pose no known risks to the ovaries when taken before pregnancy.

Breast-feeding: They may pass into breast milk and cause weakness, weight loss and difficulty feeding in a new born.

Allergies: Certain benzos may contain lactose, parabens, or soybean oil.

Children: May be more sensitive to the side effects of benzos and require lower doses.

Older adults: Benzos may be removed from the body more slowly in people after age 65, so lower dosages are recommended to prevent the drug from building up. Oxazepam and temazepam are less likely to build up. Dizziness and falls are also a problem when they are used in the elderly.

Medical problem requiring caution with benzos: Liver, kidney or respiratory (lung) disease. Glaucoma, Sleep apnea, Epilepsy, seizures, or serious neurologic illness

Drug, Alcohol, and Grapefruit Interactions

Grapefruit can raise levels of: diazepam (Valium) and alprazolam (Xanax)

Medicines that increase benzo levels: Fluoxetine (Prozac), fluvoxamine (Luvox), nefazodone (Serzone), birth control pills containing estrogen, isoniazid, cimetidine (Tagamet), disulfiram (Antabuse), erythromycin, isoniazid, aprepitant, protease inhibitors.

(This increase usually doesn't happen for lorazepam, oxazepam, and temazepam)

Medicines that lower benzo levels: Tegretol (Carbamazepine), antacids, rifampin, bosentan.

Medicines that can increase their drowsy or sedative effect: Alcohol, antihistamines (e.g. Benadryl), barbiturates, heroin and opiate pain medicines, other medicines with sedative effects (Seroquel, Remeron, Trazodone).

Storage

- Do not store in the bathroom, near the kitchen sink, or in other damp places. Heat, direct light and moisture may cause the medicine to break down.
- Keep out of the reach of children and hidden from people who may steal it. Do not keep outdated medicine or medicine no longer needed.

—Chris Aiken, MD, updated 6/28/2025

Agreement on the Use of Controlled Substances

I understand that my prescriptions for controlled prescriptions are monitored and regulated by state agencies. To prevent problems in my controlled-substance record I agree that:

- **No early refills.** I will not over-use or share the medicine and understand that it cannot be refilled early even if the pills are lost.
- **Only receive and change controlled prescriptions at office visits.** I will keep regular office visits and only receive refills at the office. In rare cases when I am unable to keep an office visit I will provide one week notice for refills of controlled substances to allow time to check the state database. If I think I need to increase or change a controlled prescription, I will schedule an office visit rather than trying to make changes on my own or by telephone.
- **Do not obtain from other MDs.** I will notify my provider before filling prescriptions for the same type of controlled substance they are prescribing (see list below), unless it is part of a hospital stay.
- **Refill limitations.** Controlled scripts and their refills expire six months after they are written.
- **Dangerous interactions.** Benzodiazepines can be lethal when combined with alcohol or opioid medications (see list below).
- **Drug screens and out-of-state pharmacies.** Controlled substances will show up on urine drug screens. Some states may not honor out-of-state prescriptions for controlled substances.

Examples of Controlled Substances

Benzodiazepines: alprazolam (Xanax), chlordiazepoxide (Librium), clonazepam (Klonopin), clobazam (Onfi), clorazepate (Tranxene), diazepam (Valium), estazolam (ProSom), flurazepam (Dalmane), lorazepam (Ativan), midazolam (Versed), oxazepam (Serax), quazepam (Doral), temazepam (Restoril).

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NAME

SIGNATURE

DATE