

Summary of adverse effects of benzodiazepines and Z-drugs



Worsening of mental health & functioning

Impaired alertness & over-sedation including 'hangover effect' next day.

Confusion, cognitive impairment (may not be fully reversible after long term use).

Short term memory impairment.

Delirium.

Impaired perception of hazard; Learning impairment.

Anxiety & depression: both may commence or worsen.

Paradoxical stimulation & disinhibition. Abnormal potentially dangerous sleep related behaviours such as sleepwalking and sleep driving and paradoxical reactions (e.g. hallucinations, rage).

Emerging evidence of dementia.

Motor impairment

Reduction of physical movements as part of psychomotor impairment: can hinder recovery and rehabilitation.

Impaired gait, balance and co-ordination.

Falls and fall-related injuries e.g. fractures: associated with increased mortality, especially in older patients. Risk of falls and death increases with higher doses and longer duration of use.

Psychomotor impairment: daytime dizziness/light-headedness; can lead to motor vehicle accidents post-discharge.

Dependence, tolerance & problematic use

Dependence after 2-4 weeks: withdrawal effects seen in up to 45% of patients ceasing low doses. Approximately one-third of patients taking long term benzodiazepines have difficulty reducing or ceasing them. Withdrawal effects include rebound insomnia, vivid dreams, irritability, myoclonic jerks, paraesthesia, palpitations, tinnitus, headaches, poor concentration, sensory disturbances and seizures. Rebound insomnia and vivid dreams could mistakenly lead to resumption of hypnotics. (Deprescribing plans information available here: www.nswtag.org.au/deprescribing-tools/).

Tolerance to sedative effects: can occur within 2 weeks of continued use. Degree of tolerance varies between patients. Propensity varies between drugs.

Misuse: due to euphoric and sedative effects especially with those with rapid onset of action e.g. diazepam. More likely in those abusing alcohol and other drugs.

Other

Respiratory depression particularly at high doses or in combination with respiratory/CNS depressants.

Pneumonia: Increased risk of pneumonia resulting in hospitalisation or death in dementia patients with BZD use, particularly during first 30 days of BZD use.

Incontinence