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Chronic use of benzodiazepines in the elderly and strategies for its discontinuation

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Background & Aim: Benzodiazepines are drugs frequently used in the elderly. If some authors consider them good anxiolytics and hypnotics, many others point their risks and question whether these overlap to the benefits, particularly in the elderly. This paper aims to point the most effective strategies fighting chronic consumption of benzodiazepines in the elderly population and to propose a scheme for the discontinuation of benzodiazepines in these patiens.

Method: Search in the Medline and EBSCOhost databases and evidence-based medicine sites, review articles, research and clinical guidelines, published between 2005 and 2015, in English, Portuguese and Spanish. The keywords used were 'benzodiazepines and 'withdrawal'

Results: The literature is almost unanimous in stating that it is possible to discontinue the consumption of benzodiazepines in patients with chronic use. The reduction of consumption of benzodiazepines can largely be achieved by simple interventions implemented by the family doctor. There are no recommendations based on evidence regarding the general principles of the process of discontinuation of benzodiazepines. Several schemes are proposed that can be used by the family doctor as a way to avoid withdrawal symptoms and, consequently, the failure of the discontinuance process. We propose to replace the total amount of benzodiazepines in use by Diazepam in their equivalent dose. The dose should be reduced later, slowly and gradually until its discontinuation is successful.

Conclusions: There is strong evidence regarding the possible deleterious effects of chronic use of benzodiazepines. Therefore, until the safety of long term use of these drugs is proven, they must not be prescribed chronically. The family physician should be careful with the chronic prescription of benzodiazepines specially in the older population. Physicians should alarm these patients about the possible harm that are caused by these drugs. Physicians should also know how to initiate a discontinuance scheme successfully without the appearance of the withdrawal symptoms.