

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Benzodiazepines for the Treatment of Adults with Mental Health Conditions or Sleep Disorders: Guidelines

Service Line: Rapid Response Service
Version: 1.0
Publication Date: August 27, 2019
Report Length: 8 Pages

Authors: Yan Li, Nina Frey

Cite As: *Benzodiazepines for the Treatment of Adults with Mental Health Conditions or Sleep Disorders: Guidelines*. Ottawa: CADTH; 2019 August. (CADTH rapid response report: summary of abstracts).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca

Research Question

What are the evidence-based guidelines regarding the use of benzodiazepines and benzodiazepine-related drugs for the treatment of adults with mental health conditions or sleep disorders?

Key Findings

Nine evidence-based guidelines were identified regarding the use of benzodiazepines and benzodiazepine-related drugs for the treatment of adults with mental health conditions or sleep disorders.

Methods

A limited literature search was conducted by an information specialist on key resources including Medline, Embase, PsycINFO, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused Internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concept was Benzodiazepines and related drugs. A search filter was applied to limit retrieval to guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 01, 2014 and August 13, 2019.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Adults with mental health conditions (e.g., anxiety, panic disorder, obsessive compulsive disorder, alcohol withdrawal, substance use disorders) or sleep disorders (e.g., insomnia)
Intervention	Benzodiazepines (e.g., alprazolam, clobazam, diazepam, triazolam) and benzodiazepine-related drugs (i.e., Z-drugs [e.g., zopiclone, zolpidem, zaleplon, eszopiclone])
Comparator	No comparator
Outcomes	Evidence-based guidelines
Study Designs	Evidence-based guidelines

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Normally, health technology assessment reports, systematic reviews, and meta-analyses are presented first; however, in reports where guidelines are primarily sought, the aforementioned evidence types are presented in the appendix.

Nine evidence-based guidelines¹⁻⁹ were identified regarding the use of benzodiazepines and benzodiazepine-related drugs for the treatment of adults with mental health conditions or sleep disorders.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

Table 2 summarizes the relevant recommendations from seven identified guidelines^{2-7,9} for the treatment of mental health condition or sleep disorder in adults. Two of the identified guidelines^{1,8} did not provide recommendations; hence, they were not summarized in the table.

Table 2: Evidence-Based Guidelines for the Use of Benzodiazepines and Benzodiazepine-Related Drugs in the Treatment of Mental Health Conditions or Sleep Disorders in Adults

Indication	Recommendations
Insomnia	<ul style="list-style-type: none"> Short-acting benzodiazepines and Z-drugs are effective for insomnia.⁹ Caution should be used for benzodiazepines and Z-drugs: intermittent use to decrease tolerance/dependence risk,⁹ use the lowest possible dose,⁹ short-term use for not more than 4 weeks.^{7,9} Elderly adults (≥ 65 years): recommend deprescribing (tapering slowly) of benzodiazepines and Z-drugs regardless of duration of use.⁵ Adults aged 18 to 64: recommend deprescribing of benzodiazepines and Z-drugs if used for more than 4 weeks.⁵ Deprescribing recommendations only apply to primary insomnia, or comorbid insomnia where comorbidities are well-controlled.⁵
GAD and panic disorder	<ul style="list-style-type: none"> Benzodiazepines should only be used on a short-term basis in the treatment of GAD during crises² or in severe/treatment-resistant patients.⁹ Benzodiazepines should not be used in the treatment of panic disorders.²
Alcohol-use disorders	<ul style="list-style-type: none"> Consider using benzodiazepines to treat acute alcohol withdrawal symptoms.⁶ Consider using quick-acting benzodiazepines (e.g., lorazepam) to decrease the risk of further seizures associated with alcohol withdrawal.⁶ Benzodiazepines (e.g., diazepam, oxazepam) are the drugs of choice in treating acute alcohol withdrawal (including alcohol withdrawal delirium), but to a maximum of 7 days.⁹
PTSD	<ul style="list-style-type: none"> Benzodiazepines should not be used to prevent PTSD.³
Depression	<ul style="list-style-type: none"> In patients that develop side effects during antidepressant initiation, consider short-term (i.e., no more than 2 weeks) concomitant treatment with a benzodiazepine if anxiety, agitation and/or insomnia are problematic (except in patients with chronic symptoms of anxiety).⁴
Acute mania (bipolar disorder)	<ul style="list-style-type: none"> Consider using a benzodiazepine concomitantly to calm or sedate patients during manic episodes until a mood stabilizer takes effect.⁹

GAD = generalized anxiety disorder; PTSD = post-traumatic stress disorder

Guidelines and Recommendations

1. Deprescribing Benzodiazepine Receptor Agonists for Insomnia in Adults
Am Fam Physician. 2019;99(1):57-58.
<https://www.medscape.com/viewarticle/908281>
2. National Institute for Health and Care Excellence. Generalised anxiety disorder and panic disorder in adults: management (Clinical guideline CG113) 2011, updated 2019;
<https://www.nice.org.uk/guidance/cg113>. Accessed 2019 Aug 27.
See: Drug treatment
3. National Institute for Health and Care Excellence. Post-traumatic stress disorder (NICE guideline NG116) 2018; <https://www.nice.org.uk/guidance/ng116>. Accessed 2019 Aug 27.
See: Drug treatments for adults
4. National Institute for Health and Care Excellence. Depression in adults: recognition and management (Clinical guideline CG90) 2009, updated 2018;
<https://www.nice.org.uk/guidance/cg90>. Accessed 2019 Aug 27.
See: Starting and initial phase of treatment
5. Pottie K, Thompson W, Davies S, et al. Deprescribing benzodiazepine receptor agonists: Evidence-based clinical practice guideline. *Can Fam Physician*. 2018 05;64(5):339-351.
[PubMed: PM29760253](https://pubmed.ncbi.nlm.nih.gov/29760253/)
6. National Institute for Health and Care Excellence. Alcohol-use disorders: diagnosis and management of physical complications (Clinical guideline CG100) 2010, updated 2017;
<https://www.nice.org.uk/guidance/cg100>. Accessed 2019 Aug 27
See: 1.1.3 Treatment for acute alcohol withdrawal
7. Riemann D, Baglioni C, Bassetti C, et al. European guideline for the diagnosis and treatment of insomnia. *J Sleep Res*. 2017 12;26(6):675-700.
[PubMed: PM28875581](https://pubmed.ncbi.nlm.nih.gov/28875581/)
8. Soyka M, Kranzler HR, Hesselbrock V, et al. Guidelines for biological treatment of substance use and related disorders, part 1: Alcoholism, first revision. *World J Biol Psychiatry*. 2017 03;18(2):86-119.
[PubMed: PM28006997](https://pubmed.ncbi.nlm.nih.gov/28006997/)
9. Prescribing drugs of dependence in general practice, Part B -- Benzodiazepines. Melbourne (AU): The Royal Australian College of General Practitioners; 2015:
<https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/Drugs%20of%20dependence/Prescribing-drugs-of-dependence-in-general-practice-Part-B-Benzodiazepines.pdf>. Accessed 2019 Aug 27

Appendix — Further Information

Previous CADTH Reports

10. Smaller Quantity Benzodiazepine Prescribing for the Elderly or Patients with Mental Illness: Clinical Effectiveness and Guidelines (CADTH Rapid response report: reference list). Ottawa (ON): CADTH; 2019: <https://www.cadth.ca/smaller-quantity-benzodiazepine-prescribing-elderly-or-patients-mental-illness-clinical-0>. Accessed 2019 Aug 27
11. Treatment of Older Adults with Insomnia, Agitation, or Delirium with Benzodiazepines: Clinical Effectiveness and Guidelines (CADTH Rapid response report: summary with critical appraisal). Ottawa (ON): CADTH; 2016: <https://www.cadth.ca/treatment-older-adults-insomnia-agitation-or-delirium-benzodiazepines-clinical-effectiveness-and-0>. Accessed 2019 Aug 27
12. Discontinuation Strategies for Patients with Long-term Benzodiazepine Use: A Review of Clinical Evidence and Guidelines (CADTH Rapid response report: summary with critical appraisal). Ottawa (ON): CADTH; 2015: <https://www.cadth.ca/discontinuation-strategies-patients-long-term-benzodiazepine-use>. Accessed 2019 Aug 27
13. Use of Antipsychotics and/or Benzodiazepines as Rapid Tranquilization in In-Patients of Mental Facilities and Emergency Departments: A Review of the Clinical Effectiveness and Guidelines (CADTH Rapid response report: summary with critical appraisal). Ottawa (ON): CADTH; 2015: <https://www.cadth.ca/use-antipsychotics-and-or-benzodiazepines-rapid-tranquilization-patients-mental-facilities-and>. Accessed 2019 Aug 27
14. Discontinuation of Benzodiazepines and Other Sedative-Hypnotic Sleep Medication in Hospitalized Patients: Clinical Evidence and Guidelines. (CADTH Rapid response report: summary of abstracts). Ottawa (ON): CADTH; 2015: <https://www.cadth.ca/discontinuation-benzodiazepines-and-other-sedative-hypnotic-sleep-medication-in-hospitalized-patients>. Accessed 2019 Aug 27
15. Discontinuation Strategies for Patients With Long-Term Z-drug Use: Clinical Evidence and Guidelines. (CADTH Rapid response report: reference list). Ottawa (ON): CADTH; 2015: <https://www.cadth.ca/discontinuation-strategies-patients-long-term-z-drug-use-clinical-evidence-and-guidelines>. Accessed 2019 Aug 27
16. Short- and Long-Term Use of Benzodiazepines in Patients with Generalized Anxiety Disorder: A Review of Guidelines. (CADTH Rapid response report: summary with critical appraisal). Ottawa (ON): CADTH; 2014: <https://www.cadth.ca/short-and-long-term-use-benzodiazepines-patients-generalized-anxiety-disorder-review-guidelines>. Accessed 2019 Aug 27

Guidelines and Recommendations – Benzodiazepines not Specified

17. Hartel-Petri R, Krampe-Scheidler A, Braunwarth WD, et al. Evidence-based Guidelines for the Pharmacologic Management of Methamphetamine Dependence, Relapse Prevention, Chronic Methamphetamine-Related, and Comorbid Psychiatric Disorders in Post-Acute Settings. *Pharmacopsychiatry*. 2017 May;50(3):96-104. [PubMed: PM28445899](https://pubmed.ncbi.nlm.nih.gov/28445899/)

18. Garriga M, Pacchiarotti I, Kasper S, et al. Assessment and management of agitation in psychiatry: Expert consensus. *World J Biol Psychiatry*. 2016;17(2):86-128.
[PubMed: PM26912127](#)

Clinical Practice Guidelines – Non-Systematic Methodology

19. Goodwin GM, Haddad PM, Ferrier IN, et al. Evidence-based guidelines for treating bipolar disorder. 3rd ed. Cambridge (GB): British Association for Psychopharmacology; 2016: https://www.bap.org.uk/pdfs/BAP_Guidelines-Bipolar.pdf Accessed 2019 Aug 27
20. Barnes TRE, the Schizophrenia Consensus Group of the British Association for Psychopharmacology. Evidence-based guidelines for the pharmacological treatment of schizophrenia: recommendations from the British Association for Psychopharmacology. Cambridge (GB): British Association for Psychopharmacology; 2011. https://www.bap.org.uk/pdfs/BAP_Guidelines-Schizophrenia.pdf Accessed 2019 Aug 27
21. Wilson SJ, Nutt DJ, Alford C, et al. British Association for Psychopharmacology consensus statement on evidence-based treatment of insomnia, parasomnias and circadian rhythm disorders. Cambridge (GB): British Association for Psychopharmacology; 2010. https://www.bap.org.uk/pdfs/BAP_Guidelines-Sleep.pdf Accessed 2019 Aug 27
22. Lingford-Hughes AR, Welch S, Peters L, Nutt DJ. BAP updated guidelines: evidence-based guidelines for the pharmacological management of substance abuse, harmful use, addiction and comorbidity: recommendations from BAP. Cambridge (GB): British Association for Psychopharmacology; 2012. https://www.bap.org.uk/pdfs/BAP_Guidelines-Addiction.pdf Accessed 2019 Aug 27

Clinical Practice Guidelines – Unclear Methodology

23. Community Behavioral Health. Clinical Guidelines for the Prescribing and Monitoring of Benzodiazepines and Related Medications. Philadelphia (PA): Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) 2018: <https://dbhids.org/wp-content/uploads/2018/07/Clinical-Guidelines-for-Prescribing-and-Monitoring-Benzodiazepines.pdf>. Accessed 2019 Aug 27
24. Deprescribing guide for benzodiazepines and Z drugs. St. Leonards (AU): NSW Health –Northern Sydney Local Health District, NSLHD 2018: <http://www.nswtag.org.au/wp-content/uploads/2018/06/Deprescribing-guide-for-Benzodiazepines-and-Z-drugs.pdf>. Accessed 2019 Aug 27
25. Medicines Management Program. Guidance on appropriate prescribing of benzodiazepines and z-drugs (BZRA) in the treatment of anxiety and insomnia. Dublin (IE): Health Service Executive; 2018: <https://www.hse.ie/eng/about/who/cspd/ncps/medicines-management/bzra-for-anxiety-insomnia/bzraguidancemmpfeb18.pdf>. Accessed 2019 Aug 27
26. Patel MX, Sethi FN, Barnes TR, et al. Joint BAP NAPICU evidence-based consensus guidelines for the clinical management of acute disturbance: De-escalation and rapid tranquillisation. *J Psychopharmacol*. 2018 Jun;32(6):601-640.
[PubMed: PM29882463](#)

27. Benzodiazepines: Use and Taper. (*Clinical Toolkit*). Edmonton (AB): College of Physicians & Surgeons of Alberta; 2016: <http://www.cpsa.ca/wp-content/uploads/2017/06/Benzodiazepine-Clinical-Toolkit-Use-and-Taper.pdf>. Accessed 2019 Aug 27
28. Committee for Therapeutic Interventions and Evidence Based Practice. Guidance for the use of benzodiazepines in psychiatric practice. (*Practice guideline 5*): The Royal Australian & New Zealand College of Physicians; 2015: https://www.ranzcp.org/files/resources/college_statements/practice_guidelines/ppg5-guidance-for-use-of-benzodiazepines-in-psychi.aspx. Accessed 2019 Aug 27

Additional Resources

29. Canadian Society of Hospital Pharmacies. Six things clinicians and patients should question. Toronto (ON): Choosing Wisely Canada; 2019: <https://choosingwiselycanada.org/wp-content/uploads/2019/02/Hospital-Pharmacy.pdf>. Accessed 2019 Aug 27
30. Canadian Geriatrics Society. Five things physicians and patients should question. Toronto (ON): Choosing Wisely Canada; 2017: <https://choosingwiselycanada.org/wp-content/uploads/2017/02/Geriatrics.pdf>. Accessed 2019 Aug 27