

# Benzodiazepines ineffective in treating anxiety disorders and may increase dementia risk

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Patients taking benzodiazepines to treat psychiatric conditions should consider transitioning to other therapies because of heightened risks for dementia and death, according to clinicians from the American College of Osteopathic Neurologists and Psychiatrists.

Benzodiazepines include branded prescription drugs like Valium, Ativan, Klonopin and Xanax. This class of drug received FDA approval in the 1960s and was believed to be a safer alternative to barbiturates.

Despite new psychiatric protocols, some physicians continue to prescribe benzodiazepines as a primary treatment for insomnia, anxiety, [post-traumatic stress disorder](#), [obsessive compulsive disorder](#) and other ailments. A growing body of research indicates this practice could greatly increase patients' risk of dementia and Alzheimer's disease, according to Helene Alphonso, DO, Director of Osteopathic Medical Education at North Texas University Health Science Center.

"Current research is extremely clear and physicians need to partner with their patients to move them into therapies, like anti-depressants, that are proven to be safer and more effective," said Dr. Alphonso, a board-certified psychiatrist practicing in Fort Worth. "Due to a shortage of [mental health professionals](#) in rural and underserved areas, we see [primary care physicians](#) using this class of drugs to give relief to their patients with psychiatric symptoms. While compassionate, it's important

to understand that a better long-term strategy is needed."

Dr. Alphonso will review current treatment protocols, outpatient benzodiazepine detox strategies and alternative anxiety treatments at OMED 15, to be held October 17-21 in Orlando. OMED is the annual medical education conference of the American Osteopathic Association.

A Canadian review of 9,000 patients found those who had taken a benzodiazepine for three months or less had about the same dementia risk as those who had never taken one. Taking the [drug](#) for three to six months raised the risk of developing Alzheimer's by 32 percent, and taking it for more than six months boosted the risk by 84 percent. Similar results were found by French researchers studying more than 1,000 elderly patients.

The case for limiting the use of benzodiazepines is particularly strong for patients 65 and older, who are more susceptible to falls, injuries, accidental overdose and death when taking the drugs. The American Geriatric Society in 2012 labeled the drugs "inappropriate" for treating insomnia, agitation or delirium because of those risks.

"It's imperative to transition older [patients](#) because we're seeing a very strong correlation between use of [benzodiazepines](#) and development of Alzheimer's disease and other dementias. While correlation certainly isn't causation, there's ample reason to avoid this class of drugs as a first-line therapy," Dr. Alphonso said.

Provided by American Osteopathic Association

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