

Benzodiazepine and related drug prescriptions have increased among young people in Sweden

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The prevalence rate of prescriptions for benzodiazepines and benzodiazepine-related drugs (BZD)—medications used to treat anxiety, insomnia, epilepsy and other neuropsychiatric conditions—increased by

22% between 2006 and 2013 among individuals aged 0-24 years in Sweden, according to a study published this week in *PLOS Medicine*. The study, conducted by Anna Sidorchuk of the Karolinska Institutet, Stockholm, and colleagues, indicates that during these years in Sweden, BZD prescriptions to young people were usually accompanied by a prescription for another psychotropic medication, and were commonly prescribed for longer than 6 months.

BZD are among the most widely used psychotropic medications in the world, and may lead to dependence and adverse effects, in particular among long-term users. To explore usage among young people, which has been poorly characterized, the authors linked nationwide Swedish health and administrative registers on roughly 4 million young people living in Sweden between 2006-2013, among whom 17,500 children (0-11 years), 15,039 adolescents (12-17 years), and 85,200 young adults (18-24 years) were dispensed a BZD prescription at least once.

They found that the prevalence rate of BZD prescription increased from 0.81 per 100 inhabitants in 2006 to 0.99 per 100 inhabitants in 2013. Nearly 65% of the time, the first prescription was issued outside specialized psychiatric services. Most first [prescriptions](#) originated from primary care (41%) and non-psychiatric specialist settings (24%) such as paediatrics and internal medicine. Over 75% of study participants were dispensed other [psychotropic medication](#) concurrently with a BZD, raising concerns about the potential risk of drug interactions. And almost 30% were prescribed a BZD for longer than 6 months, contradicting international and national guidelines that advise against BZD use beyond 2-4 weeks for adults and generally discourage prescribing BZDs for ages below 18 years.

The study used [prescription data](#), and cannot confirm actual BZD usage. However, these data suggest concerning patterns of BZD dispensation to young people in this setting. The authors state, "[t]here is a need for

clinicians, particularly those working in non-psychiatric services, to implement strategies to avoid potentially harmful patterns of prescribing BZDs to [young people](#)."

More information: Sidorchuk A, Isomura K, Molero Y, Hellner C, Lichtenstein P, Chang Z, et al. (2018) Benzodiazepine prescribing for children, adolescents, and young adults from 2006 through 2013: A total population register-linkage study. *PLoS Med* 15(8): e1002635. doi.org/10.1371/journal.pmed.1002635

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