



Anxiety symptoms and sleep disturbances are common among residents in residential aged care. However, benzodiazepines are potentially inappropriate for older persons. Older persons are particularly vulnerable to neurocognitive side effects of benzodiazepines. Chronic benzodiazepine use is associated with cognitive function decline and an increasing risk of dementia.

Benzodiazepine use is common in residential aged care facilities (RACFs), partly because residents in RACFs have a high prevalence of sleep and anxiety disorders. People with dementia have higher rates and increased severity of sleep

severe anxiety.

Benzodiazepines should only be used short-term for 2 to 4 weeks or intermittent use only. The hypnotic efficacy of benzodiazepines appears to reduce within 4 weeks.

Benzodiazepines are associated with modest improvements in time to fall asleep (sleep latency) and longer sleep duration. However, they suppress deep sleep which has a restorative effect. Short-acting as-needed benzodiazepines are associated with lower night-time sleep quality and longer day-time napping compared to long-acting regular benzodiazepines. In most cases the risk of adverse effects such as falls and fractures and cognitive impairment, outweighs any benefit for sleep quality.

Factors associated with long-term use of benzodiazepines include the following:

- female gender
- diagnosis of Alzheimer's disease
- schizophrenia
- bipolar disorder
- depression
- coronary artery disease
- asthma/chronic obstructive pulmonary disease

Dependence can occur due to long-term use. Regular use for more than one month risks development of dependence, particularly at higher doses. The risk increases with the duration of use. The highest rate of dependence is in older people.

People with current or previous alcohol and drug problems are at increased risk of developing benzodiazepine dependence.

Common adverse effects include drowsiness, oversedation, light-headedness, ataxia, slurred speech, blurred vision and increased salivation. Benzodiazepine use is associated with a greater risk for hospitalisations, emergency department visits, outpatient visits, and higher health care costs. Benzodiazepine use is also associated with an increased risk of falls, and memory and cognitive impairment among older adults.

Dependency on benzodiazepines may occur after as little as 2 to 4 weeks of continuous hypnotic use.

There is also emerging evidence that the use of benzodiazepines may increase the risk for developing dementia among older adults.

There is some evidence of an association between past or current benzodiazepine use and the risk of dementia. It appears that the risk of dementia increases with cumulative doses of medication, longer treatment duration, and when long-acting benzodiazepines are used. Current users have a higher risk for dementia than past users.

