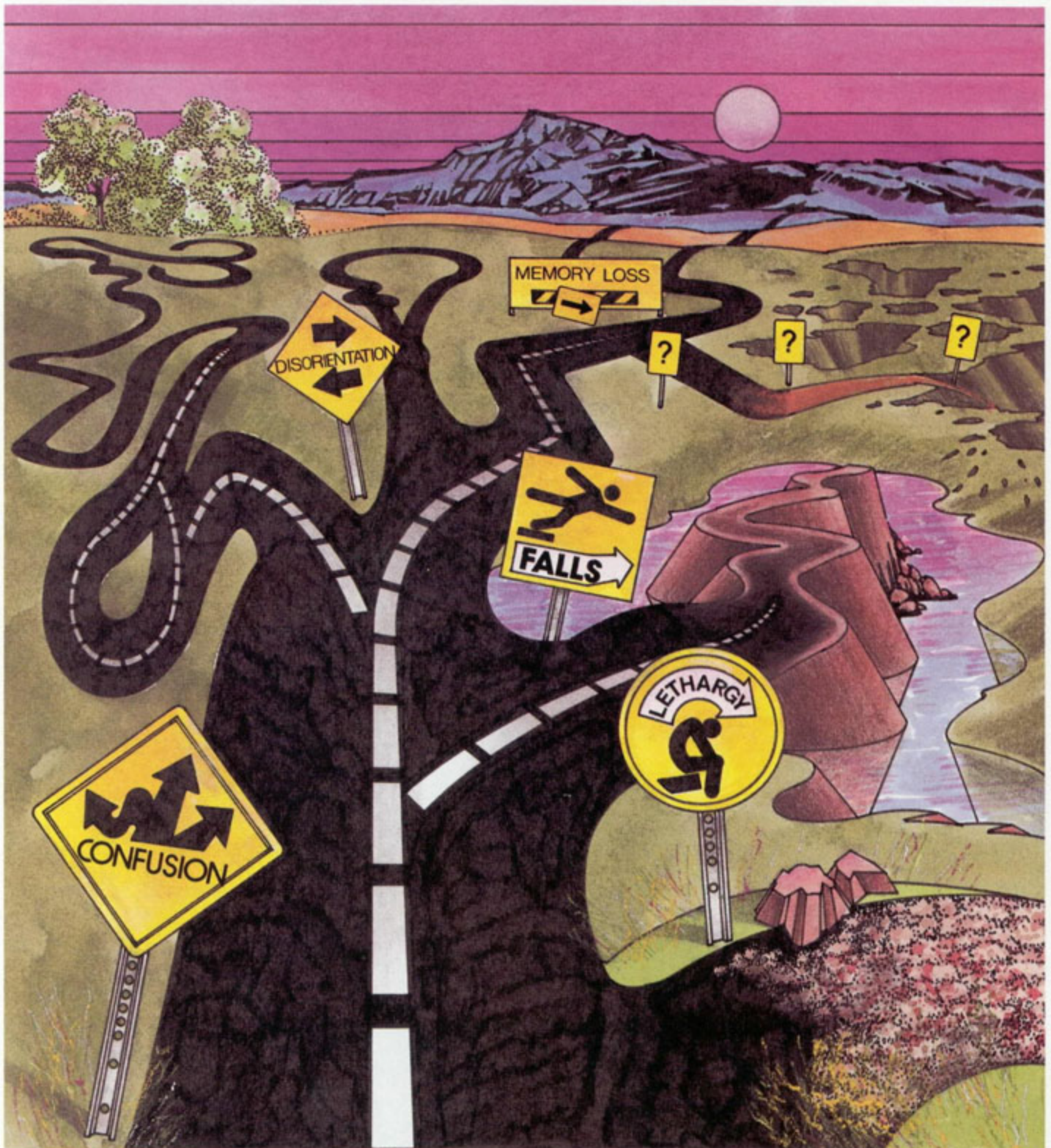


In the elderly, the side-effects of sedatives are all over the map.



THE SIDE-EFFECTS of tranquilizers can be much more frequent and severe in the elderly. Consider non-drug alternatives first. If drugs must be used, the shortest course is usually the safest course. Choose a medication with a brief half-life, and give it for only a few days or weeks to minimize adverse effects.

ANXIETY AND AGING . . .

With a little help, most elderly people can adapt well to the stresses of aging. Especially in the nursing home setting, many anxious old people will often benefit more from comfort and reassurance than from drugs.

OTHER CAUSES

Persistent anxiety may actually signify a medical problem that tranquilizers can't fix, such as hyperthyroidism, respiratory insufficiency, or the side-effects of drugs that are CNS stimulants (e.g., bronchodilators).¹

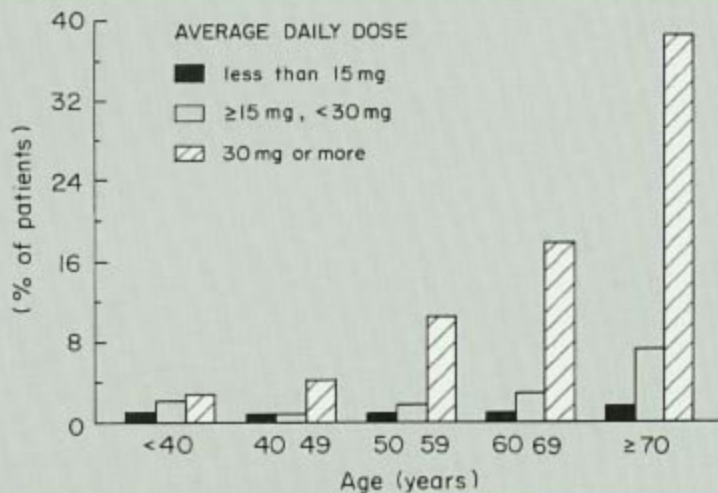
LIMITED BENEFITS, GREATER RISKS

Because of reduced liver and kidney function, the elderly are more likely than younger patients to experience adverse effects from sedative drugs.² In addition, the aged brain is more sensitive even to normal serum levels of psychoactive drugs – another cause of more frequent side-effects. For those reasons, tranquilizers and sedatives can cause impaired coordination, daytime drowsiness, memory loss, and confusion as well as a withdrawal syndrome.^{3,4}

FREQUENCY OF ADVERSE SIDE-EFFECTS WITH BENZODIAZEPINES INCREASES SUBSTANTIALLY WITH DOSE AND AGE

This graph reflects the higher frequency of side-effects from a benzodiazepine, flurazepam (Dalmene), that occurs when it is used in older patients. It also illustrates the reduction in adverse reactions seen with use of lower doses.

Source: Greenblatt DJ, Allen MD, Shader RI. Toxicity of high-dose flurazepam in the elderly. *Clinical Pharmacology and Therapeutics* 1977; 21:355-61.



THE GIFT THAT KEEPS ON GIVING

Some sedative drugs such as diazepam (Valium) and chlordiazepoxide (Librium) have very long half-lives in the elderly, and can continue to accumulate and sedate in such patients.^{3,5,6} For acute or severe episodes of anxiety, support and reassurance may suffice. But if a drug is needed, one of the newer, shorter-acting sedatives such as oxazepam (Serax) or lorazepam (Ativan) are preferable.⁷ Intermittent and p.r.n. use also help avoid dose-related side-effects.⁶ The dose should be 25-50% of that usually given to younger patients.⁷

LONG-TERM USE OFTEN UNFOUNDED

Many patients on long-term tranquilizer therapy don't continue to benefit from it, but they do continue to be at risk for adverse effects. One prospective study found that fully 50% of patients treated with Valium (diazepam) for chronic anxiety could be switched to placebo with no return of their symptoms.⁹ Ideally, the dose should be tapered to zero over a few weeks.

Periods of anxiety do not always require treatment with a tranquilizer; consider interpersonal interaction first. If and when medication is necessary, use

- a short-acting drug
- in the smallest effective dose
- on a P.R.N. or intermittent schedule

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