Use Prescription Medications with Caution, Doctors Advise

By Carol Harrison

People don’t want to part with their sleeping pills and anxiety medications, but Dr. Lee Leer and the Humboldt-Del Norte IPA think older adults may be wise to reconsider.

Recent studies have linked sedative-hypnotic drugs to significantly increased risk of falls, fractures and Alzheimer’s disease.

Sedative-hypnotic drugs include benzodiazepines such as Valium, Ativan and Xanx to reduce anxiety and non-benzodiazepine sleeping medications such as Lunesta, Sonata, and Ambien.

“I’ll still prescribe sedative-hypnotic drugs, but not before I hand people a pamphlet and make them aware of the potential long-term complications,” said Leer, a physician at Eureka Family Practice with an interest in gerontology.

In 2013, the American Geriatric Society put sedative-hypnotics on its Choosing Wisely list of “Five Things Physicians and Patients Should Question.”

Last summer, the CDC and Johns Hopkins University reported a high number of emergency room visits associated with psychiatric medications in general and Ambien in particular.

It looked at visits by age and drug and found the consequences were worse for older people visiting the ER. About a third of those visitors age 65 and older were hospitalized, three times the hospitalization rate for those aged 19-44.

And it found that Ambien use resulted in one in five ER visits among the 65 and older crowd, more than any other medication.

“I had an elderly patient come in with his family. The biggest complaint was he couldn’t sleep the way he would in the past, but that’s not surprising,” Leer said.

Sleep patterns change with age, he said.

“But they wouldn’t have it. They really, really wanted Ambien. So I said, okay. Gave him a low dose and reminded him of the risks of unsteadiness and falling when getting up.”

It didn’t go well when the man had to go to the bathroom in the middle of the night.

“He was essentially drunk,” Leer said. “He slipped, fell and broke his hip in the first week. There’s no question in my mind that Ambien was the culprit.”
Like many providers, Leer has been leery of prescribing sedative-hypnotics.

“But I do it because people want them and historically, physicians have always felt safe prescribing them. They’ve been marketed by pharma as a mild tranquilizer that is safe when taken for long periods of time.”

A well-respected and carefully-designed study accepted August 2014 by *BMJ* raises other concerns. Canadian and French researchers linked benzodiazepine use to a 51 percent increase in the risk of developing Alzheimer’s disease, and the risk increases with ongoing exposure.

Researchers reported no association for less than 91 daily doses, but risk increased 32 percent for 91-180 cumulative daily doses and 84 percent for more than 180 doses.

“Although the long term effectiveness of benzodiazepines remains unproved for insomnia and questionable for anxiety, their use is predominantly chronic in older people,” the study authors noted. “Unwarranted long term use of these drugs should be considered as a public health concern.”

A July 30, 2014 article by Paula Span in the New York Times prompted Leer and Martin Love, chief executive officer of the IPA, to take action. The article mentioned the success Dr. Cara Tannenbaum had in weaning patients off sedative-hypnotics through the pamphlet and its tapering-off program.

At six months, 27 percent of those in Tannenbaum’s study group had discontinued benzodiazepine use compared to 5 percent of the control group.

“That’s a difference in the realm of a quarter of patients revising their medications after reading the brochure, which is very impressive in terms of changing behaviors,” Love said.

The IPA printed 200 copies for its members.

The pamphlet is also available online at http://criugm.qc.ca/images/stories/les_chercheurs/risk_ct.pdf.

*The brochure notes that is no longer recommended to take a sedative-hypnotic drug to treat insomnia or anxiety and that people who take such drugs have a five times the risk of memory and concentration problems, four times the risk of daytime fatigue, two times the risk of falls and fractures of the hip and wrist and two times the risk of having a motor vehicle accident while driving.*

“What I would emphasize to people who have been taking one of these drugs for 10 or 15 years and have never had a problem is that you have never been 65 or 70 and taking these drugs,” Leer said. “The effect will be different, and it won’t be obvious until they get up and stumble.”

“Even if you think that you have no side effects, and even if you take only a small dose, a sedative hypnotic drug worsens your brain performance and slows your reflexes,” the brochure states.

*Area 1 Agency on Aging paid Carol Harrison to write this article.*