

## **AMA Section of Chronic Pain**

### **Position Paper: Benzodiazepines**

Benzodiazepines are a class of drugs that are frequently seen in patients with chronic non cancer pain. They have well established indications including the short term relief of insomnia and the short term relief of the symptoms of anxiety and panic. They can also be quite useful in the management of seizure disorders.

Unfortunately these agents are often used off label and long term for a variety of indications including social stress and adjustment disorders.

This would not be a problem if not for the well documented long term side effects of benzodiazepines including cognitive decline, fatigue, mental cloudiness, recurrent falls increased motor vehicle accidents and even death. This is especially true in the elderly and in individuals on other CNS depressants including alcohol and opioids.

Benzodiazepine diversion for illicit use is also substantial problem in Canada.

Furthermore, anywhere from 25 – 60 percent of all opioid related deaths are associated with the combination of benzodiazepines with opioids.

The AMA Section of Chronic Pain believes that benzodiazepines should be viewed as a group with the same caution as opioids. In particular we believe that benzodiazepines should only be prescribed for the majority of patients for short term management of mental health disorders and with the following caveats:

- 1) A full addiction assessment should be completed on patients prior to the prescribing of benzodiazepines.
- 2) That patients sign a benzodiazepine agreement in which they are informed of the long term side effects of benzodiazepines including their risk for addiction, cognitive decline, recurrent falls, and motor vehicle accidents.
- 3) That patients should not, as a rule, be prescribed long term benzodiazepine use with other CNS depressants including opioids. Patients should also be warned about the risks of using benzodiazepines with alcohol.

- 4) That benzodiazepines should be monitored in a similar fashion to other scheduled drugs such as opioids.
- 5) Consideration should be given to reviewing patient PIN profile prior to the prescribing of benzodiazepines.

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