

Optimal Use of Benzodiazepines for an Initial Prescription

English summary

Une production de l'Institut national
d'excellence en santé
et en services sociaux (INESSS)

SUMMARY

Optimal Use of Benzodiazepines for an Initial Prescription

Introduction

The use of benzodiazepines (BZD) remains high in Quebec, particularly among older adults. In 2022, one in six individuals aged 65 and over covered by the public drug insurance plan (RPAM) received at least one BZD, and the province shows a higher rate of anxiolytic use than the rest of Canada.

Despite their short-term effectiveness for treating acute anxiety episodes, severe insomnia, or alcohol withdrawal symptoms, BZDs carry both short- and long-term risks, including physical and psychological dependence, tolerance, and falls.

In response to growing concerns about chronic use, the MSSS mandated INESSS to develop a clinical tool to support healthcare professionals in promoting safer and more appropriate use of BZDs in cases of insomnia or anxiety symptoms in treatment-naïve patients, emphasizing therapeutic alternatives and reducing the risk of prolonged use.

Methodology

The methodology is based on triangulation of three sources of information:

- 1) Systematic review of clinical practice guidelines (CPGs) and documents containing clinical recommendations published between 2019 and 2025 on the optimal use of BZD or the management of insomnia or anxiety disorders. Identification of guidelines in databases and grey literature was carried out in collaboration with an information specialist. Documents were selected based on predefined criteria, and their quality was evaluated using the AGREE II tool.
- 2) Analysis of contextual factors, including healthcare organization, access to treatments, and drug coverage under the RPAM.
- 3) Integration of experiential knowledge:
 - An advisory committee composed of clinicians from various specialties and areas of expertise (family physicians, pharmacists, nurse practitioners, psychiatrist, geriatrician, researcher) contributed to the development of recommendations.
 - A consultation with users who had taken BZD to relieve insomnia or anxiety symptoms was conducted in the form of focus groups.
 - A narrative review of documents addressing user perspectives, as well as tools aimed at supporting the communication of information to users, was performed.

Key Findings and Recommendations

Focus on first-line treatments for insomnia and anxiety disorders

BZD are not recommended as first-line treatment for insomnia or anxiety disorders. Current guidelines prioritize approaches with stronger evidence of effectiveness and a more favorable safety profile. Among these, cognitive-behavioral interventions play a central role, both for chronic insomnia and for most anxiety disorders.

Although these approaches are clearly recognized as first-line treatments, their accessibility remains limited, which still restricts their use too often. In the case of anxiety disorders, SSRIs and SNRIs are also considered first-line treatments, as they allow for sustained symptom management.

Benzodiazepines as adjunct therapy reserved for acute situations

The use of BZDs should be limited and justified by an urgent need to relieve severe symptoms. They should be used as a complement to first-line treatments and reserved for the following clinical situations:

- **Severe, situational insomnia with an anxiety component**
- **Severe anxiety disorders**

For insomnia, exploring other sedative-hypnotic options is an integral part of the clinical approach. However, in Quebec, several of these alternatives are not covered by the public drug insurance plan.

Clinical assessment at the core of care management

A comprehensive clinical assessment is essential to properly characterize insomnia or anxiety symptoms, establish an accurate diagnosis, and provide appropriate treatment. This assessment includes a global analysis of the individual's condition, lifestyle, and sleep routine to identify causes and precipitating factors.

Differential diagnosis is also important to identify possible contraindications and to tailor management accordingly.

Limiting benzodiazepine use to short durations

Appropriate use of BZD depends both on proper patient selection and on good prescribing practices. Several elements must be carefully assessed, such as dosage, regimen, treatment duration, and planning for discontinuation, including close follow-up.

Treatment durations longer than 4 weeks and automatic renewals should be avoided.

Dialogue with the patient is emphasized and relies on clear, accessible, and needs-adapted information. This discussion should cover the nature of the problem, all therapeutic options (pharmacological and non-pharmacological), their advantages and disadvantages, as well as the patient's values and goals.

BZD use should be regularly reassessed, and the promotion of non-pharmacological approaches should be maintained continuously.

Potential Impact of the Work

The tool developed aims to improve the appropriateness of BZD prescribing by guiding assessment, duration, and follow-up for individuals receiving their first prescription. It will support more informed, patient-centered decision-making while helping reduce the risk of prolonged use.

Challenges and Potential Actions

In Quebec, implementing these recommendations may be more complex due to limited access to first-line treatments, particularly cognitive-behavioral therapy (CBT), despite its recognition as a cornerstone of treatment for anxiety disorders and insomnia. This service gap encourages reliance on BZD despite the risks associated with long-term use.

For insomnia, although other pharmacological options exist, their lack of coverage by the RPAM limits their use. This situation contributes to continued BZD use and may lead to a shift toward other medications sometimes used off-label, or toward substances such as alcohol, cannabis, or drugs. Access to psychosocial services or non-covered medications often depends on the private sector, thereby increasing social inequalities.

Clinician availability is another barrier, as implementing the recommendations requires more time for follow-up, patient dialogue, and promoting non-pharmacological approaches.

To support implementation, several levers have been identified: broader dissemination of the clinical tool, its integration into professional training and continuous quality improvement activities for care and services, development of psychosocial services, and expanded access to and coverage of safer alternatives.

**Institut national
d'excellence en santé
et en services sociaux**

Québec



Siège social

2535, boulevard Laurier, 5^e étage
Québec (Québec) G1V 4M3
418 643-1339

Bureau de Montréal

2021, avenue Union, 12^e étage, bureau 1200
Montréal (Québec) H3A 2S9
514 873-2563

inesss.qc.ca

