



Drug Information Office / Jordan University of Science and Technology

New study finds that Anxiolytic, Hypnotic Medications May Triple Mortality Risk

Prescribing of hypnotic and anxiolytic drugs is common and increasing in places. In 2011-2012 more than 16 million prescriptions for these drugs were written in general practice in England. Benzodiazepines currently account for 62% and Z drugs (zaleplon, zolpidem, and zopiclone) 32% of total prescriptions for hypnotics and anxiolytics in primary care in England.¹

Evidence of adverse effects including increased risk of dementia and other psychomotor impairments (daytime fatigue, ataxia, falls, and road traffic incidents), cancer, pneumonia, and other infections has increased concerns of an association with premature mortality.¹

One study evaluated the effect of the consumption of anxiolytic or hypnotic drugs on total mortality in a general population showed that daily users of anxiolytic or hypnotic drugs have higher crude mortality than non-users.²

A retrospective cohort study of more than 100,000 age- and sex-matched patients showed that those who used anxiolytics and/or hypnotics were 3 times more likely to die prematurely during the 7 -year follow-up period than those who did not use these drugs. In addition, significant dose-response associations were shown for benzodiazepines and the "Z drugs" – zaleplon , zolpidem, and zopiclone.³

For this study, records were examined from the General Practice Research Database for 34 727 patients aged 16 years and older first prescribed anxiolytic or hypnotic drugs, or both, between 1998 and 2001, and 69 418 patients with no prescriptions for such drugs (controls) matched by age, sex, and practice. Patients were followed-up for a mean of 7.6 years (range 0.1-13.4 years).¹

In conclusion, in this large cohort of patients attending UK primary care, anxiolytic and hypnotic drugs were associated with significantly increased risk of mortality over a seven year period .These results add to evidence of an association with mortality, but must be treated with caution.

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References:

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