

# Benzodiazepines in older adults: between clinical benefit and misuse

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## Editorial

The use of benzodiazepines in older adults remains highly prevalent despite longstanding recommendations urging caution. This persistence raises an important question: why do these medications continue to play such a central role when their risks are well recognized?

### Diverse patterns of use

Benzodiazepine use encompasses a range of indications and prescribing patterns. Acute use typically refers to short-term prescriptions, often limited to a few days. This includes management of emergency situations such as agitation, alcohol withdrawal, preoperative sedation, or transient sleep disturbances in hospital settings. Intermittent use, by contrast, involves occasional intake usually a few times per week over periods that may extend up to several months. Continuous use refers to daily administration, often maintained for years. In older populations, short-acting benzodiazepines are generally preferred to reduce drug accumulation. However, long-acting agents are still widely prescribed, increasing the risk of adverse effects due to their prolonged half-life.

### Low dose use and perceived benefits

In clinical practice, older patients frequently favor low doses. The goal is not only to improve sleep or reduce anxiety, but also to preserve morning alertness. For example, small doses of lorazepam are commonly used with this intention. Some patients even report improved cognitive performance upon waking. Experimental studies conducted in young healthy volunteers suggest that low doses of benzodiazepines may enhance certain psychometric performances, which could partly explain their perceived benefits.

### The trap of chronic use

Despite recommendations limiting duration, many older adults transition to long-term use. This often reflects persistent anxiety or insomnia, combined with the development of tolerance, which diminishes perceived efficacy over time and encourages continued use. Chronic users tend to be older individuals, frequently women, who initiated treatment following significant life events such as bereavement. In other cases, prescriptions may arise indirectly in the context of cardiovascular or rheumatologic conditions. A concerning issue is the lack of ongoing medical supervision, with many patients continuing treatment without regular follow-up. After several months, dosages often stabilize, but treatment may persist for years.

### Limited long-term efficacy

Evidence supporting the long-term effectiveness of benzodiazepines in older adults is scarce. Pharmacological tolerance

develops relatively quickly, particularly with agents such as diazepam, often within a few months. Available studies suggest that in chronic insomnia, combining benzodiazepines with non-pharmacological approaches such as behavioral therapies yields better outcomes than medication alone. Without these interventions, initial benefits tend to fade over time, with symptoms returning to baseline.

### Well-documented risks

While long-term benefits remain uncertain, the risks are well established. Physical dependence is a major concern. In addition, older adults are particularly vulnerable to adverse effects, including cognitive impairment, reduced physical performance, and an increased risk of falls. Longitudinal studies have demonstrated an association between prolonged benzodiazepine use and accelerated cognitive decline. Evidence also suggests impaired motor function, especially in older women, particularly when doses exceed recommended levels. These cognitive and physical impairments may partly explain the increased incidence of falls and fractures observed in this population.

### Rethinking prescribing practices

Given these findings, the issue is not whether benzodiazepines should be entirely avoided, but rather how their use should be optimized. Short-term, carefully supervised use remains clinically relevant. However, prolonged prescribing in older adults requires systematic reassessment. Expanding access to non-pharmacological alternatives and improving patient follow-up are essential steps in reducing inappropriate use and associated risks. Ultimately, benzodiazepines remain valuable therapeutic tools, but their use in older adults demands heightened vigilance and a personalized approach.

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### Conflicts of interest

The author declares there is no conflict of interest.