

It has been shown that many patients with chronic pain conditions receive benzodiazepines despite evidence that they provide little benefit in these patients and may, in fact, be detrimental.²⁻⁴ These medications may impair functioning, the improvement of which is the usual goal in the management of chronic pain, and may even exacerbate pain by lowering the pain threshold. In my own experience with the patients with chronic pain whom I treat, who are functioning poorly and taking benzodiazepines, I have found that many refuse to consider withdrawing these medications. This is despite the fact that many of these patients state that they are seeking any relief they can from their pain and would even be willing to consider painful invasive procedures if they might help alleviate their suffering. Yet the one thing many will not consider is discontinuing the benzodiazepine.

Benzodiazepines are useful medications for many patients. However, the belief that there is little misuse of these medications is contradicted by the literature.

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In a recent article¹ on addiction to benzodiazepines, the author reported the absence of data linking this drug class to “significant tissue or organ morbidity” and cited a 1983 article as his first reference.

Although earlier literature may have suggested that benzodiazepines are relatively safe drugs (as compared with the barbiturates), there is now a body of observational research suggesting that safety is an important problem for subgroups such as elderly patients. For example, an association between benzodiazepines and adverse events such as falls, hip fracture, cognitive impairment, and motor vehicle crash has been demonstrated in elderly patients.²⁻¹⁰

I agree with the author's comment that it may be difficult to weigh the benefits and risks of drug therapy and that such analyses involve value judgments. However, to promote informed decision making, clinicians should be aware that certain subgroups of patients, such as elderly users of benzodiazepines, may be exposed to an increased risk of injury.

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Clinical Pearl

Stearic acid, a saturated fatty acid, was associated with a 37% increase in the risk of stroke, and alpha linolenic acid, an unsaturated fatty acid, was associated with a 28% decrease in the risk of stroke. (*Stroke.* 1995;26:778-782.)