

# CLINICAL IMPLICATIONS OF LONG-TERM NEUROLOGICAL CONSEQUENCES FOLLOWING BENZODIAZEPINE EXPOSURE

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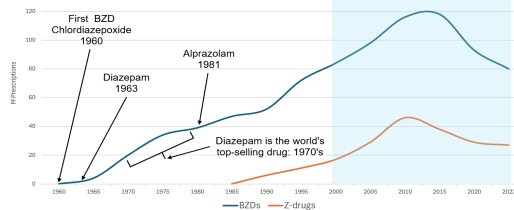
1. University of Colorado School of Medicine 2. Alliance for Benzodiazepine Best Practices 3. Vanderbilt University 4. Yale University 5. Easing Anxiety

## Introduction

Benzodiazepines (BZDs) are widely prescribed for anxiety, insomnia, and other conditions

- Intended for short-term use ( $\leq 2$ –4 weeks)
- Long-term use remains common despite known risks
- Acute withdrawal is well described—but long-term outcomes are not

### Benzodiazepine use has increased over time



## What Is BIND?

Benzodiazepine-Induced Neurological Dysfunction (BIND)

- Defined in 2023
- Encompasses: protracted withdrawal, post-acute withdrawal syndrome (PAWS), persistent withdrawal symptoms

## Key Features:

- 100 possible symptoms
- Physical + psychological domains
- Fluctuating intensity (“waves and windows”)
- Duration: days  $\rightarrow$  years

## Methods –Scoping Review

- Protocol registered with Open Science Foundation
- Followed the PRISMA process for scoping reviews
- Used only original research papers (no reviews, editorials, etc.)
- Sought all peer-reviewed papers where patients:
  - used BZDs for  $\geq 30$  days,
  - discontinued BZDs, and
  - were followed for  $\geq 30$  days post-discontinuation.
- Papers reviewed
  - 11,446 **relevant** (Ovid MEDLINE, Embase and Psych INFO)
  - 308 possibly met criteria and were **full-text reviewed**
  - 46 met criteria and were **extracted**

## Limitations

- Heterogeneity in study design and measurement tools
- Many studies pre-1996  $\rightarrow$  limited modern data
- Inconsistent tracking of long-term outcomes
- Signals were often reported incidentally and were not primary study outcomes in reviewed papers

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## Question

*What happens to patients after long-term benzodiazepine use once they stop?*

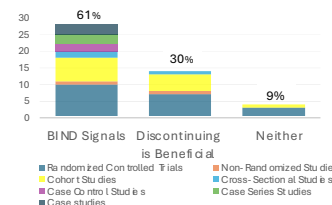
## Key Takeaways

- BZDs are **not benign beyond 2–4 weeks**
- **61% of studies** show persistent symptoms (BIND)
- Symptoms can last **months to years**
- **Make an exit plan before prescribing**

## Results

### Study Characteristics

- 41% randomized controlled trials
- 35% cohort/cross-sectional
- 17% case/series
- Majority published before 1996



### Two Major Outcome Patterns

1. Improvement After Discontinuation (~30%)
  - Reduced symptoms
  - Improved functioning
2. Persistent/Protracted Symptoms (BIND) (~61%)
  - Symptoms lasting  $\geq 4$  weeks post-discontinuation
  - May emerge during taper or after stopping
  - Highly variable in duration and severity



For further details and full references please visit <https://doi.org/10.1371/journal.pone.0330277>

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## Abstract

Benzodiazepine acute withdrawal syndrome is well known, but the long-term neurological consequences of benzodiazepine exposure are much less familiar. A scoping review was conducted of electronic databases for studies that reported on patient outcomes four or more weeks after complete cessation of benzodiazepine use. Forty-six results were retrieved in total, some of which provided signals for protracted symptoms, often reported as incidental findings, and others that showed benzodiazepine discontinuation was beneficial. Some overlap occurred in the outcomes, but these two groups of studies suggest that the benefits of benzodiazepine discontinuation for many patients tended to obscure the more prolonged, severe, and sometimes debilitating symptoms that persisted for months and years in a subpopulation of patients. The prevalence or trajectory of these enduring symptoms could not be determined from these studies. Further elucidation of the potential neurotoxicity of benzodiazepines is needed to better understand protracted symptoms and their treatment. Clinicians, patients, and the healthcare system must be cognizant of the risks of benzodiazepine exposure beyond two to four weeks.

## Clinical Themes

- Acute withdrawal occurs in nearly all studies
- Discontinuation is often difficult
- Some patients resume benzodiazepines
- Outcomes are highly variable
- A subset experiences long-term neurological dysfunction

## Clinical Implications

- If prescribing  $>2$ –4 weeks:
- Monitor for tolerance and symptom rebound
- Screen for neurological symptoms
- Educate patients on risks early

For some patients:

- Manage withdrawal symptoms even during continued use
- Develop and implement tapering strategies

For fewer patients:

- Recognize potential BIND
- Provide long-term support

## Conclusion

- Benzodiazepine effects may extend far beyond discontinuation
- Outcomes are unpredictable and patient-specific
- Evidence suggests a subset develops persistent neurological symptoms
- Safer prescribing requires:
  - Short-term use
  - Early exit planning
  - Awareness of long-term risks

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