Did You Know?

HEALTHDIRECT PHARMACY SERVICES

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August 2020

Anxiolytics

Long Acting:

Anxiolytic	Usual Dose in Elderly -anxiety	Dose Adjustments	Half Life (T1/2) in Elderly	Duration of Oral Admin	How Supplied (PO Formulations)	FDA Approved Indications
Chlordiazepoxide (Librium)	5mg bid-qid	CrCl <10 ml/min: decrease dose by 50%	6.6-28 hours **should avoid if possible d/t long-acting metabolite	N/A	5mg 10mg 25mg	Anxiety Alcohol withdrawal
Clonazepam (Klonopin)	Initial: 0.25mg bid Maintenance: 1mg daily Initiate low doses and observe closely	None	30-40 hours	≤ 12 hours	0.5mg 1mg 2mg	Panic disorder Seizure disorder
Diazepam (Valium)	Initial: 2-2.5mg daily-bid	Decrease maintenance dose by 50% in hepatic impairment	20-60 hours T1/2 of active metabolite 30-100 hours	Variable (dose and frequency dependent), shorter than expected despite long T1/2	2mg 5mg 10mg 1mg/mL soln	Anxiety Acute alcohol withdrawal Seizures Muscle spasms

Short- Intermediate Acting:

Anxiolytic	Usual Dose in Elderly -anxiety	Dose Adjustments	Half Life (T1/2) in Elderly	Duration of Oral Admin	How Supplied (PO Formulations)	FDA Approved Indications
Alprazolam (Xanax)	Immediate release (IR): 0.25 mg bid-tid	None	16.3 hours	5.1 ± 1.7 hours	IR: 0.25mg, 0.5mg, 1mg, 2mg 1mg/mL oral concentrate XR available, but not recommended in the elderly	Anxiety GAD Panic disorder
Lorazepam (Ativan)	Initial: 1-2 mg daily in 2-3 divided doses	None	~14 hours	Up to 8 hours	0.5mg 1mg 2mg 2mg/mL soln	Anxiety Seizures Insomnia d/t anxiety
Oxazepam (Serax)	10 mg tid	Not Not dialyzable	5-15 hours	N/A	10mg 15mg 30mg	Anxiety Alcohol withdrawal

Reminders:

- Beers list: Older adults have increased sensitivity to benzodiazepines and decreased metabolism of long-acting agents; in general, all benzodiazepines increase risk of cognitive impairment, delirium, falls, fractures, and motor vehicle crashes in older adults. If a benzodiazepine must be used, please consider utilizing a shorter-acting agent.
- New Admissions: Many residents are admitted to a SNF/NF already on a psychotropic medication. The medication may have been started in the hospital or the community, which can make it challenging for the IDT to identify the indication for use. However, the attending physician in collaboration with the consultant pharmacist must re-evaluate the use of the psychotropic medication and consider whether or not the medication can be reduced or discontinued upon admission or soon after admission.
- GDR Regulations: Within the first year in which a resident is admitted on a psychotropic medication or after the prescribing practitioner has initiated a psychotropic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated. (CMS-F758)

References:

1. "American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults." Journal of the American Geriatrics Society, 29 Jan. 2019, pp. 1–21., doi:10.1111/jgs.15767.
2 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
3. Clinical Pharmacology. Accessed July 2020.