Letters to the Editor

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Benzodiazepine Use and Hip Fractures in Older Adults

Original Article: Risks Associated with Long-Term Benzodiazepine Use

Issue Date: August 15, 2013

See additional reader comments at: http://www.aafp.org/afp/2013/0815/p224.html

TO THE EDITOR: The authors point out that use of benzodiazepines has been associated with at least a 50% increased risk of hip fracture in older adults. However, a study found that policies that substantially reduced the use of benzodiazepines among older persons in New York state did not decrease the incidence of hip fractures.[1] The association between benzodiazepines is complex and involves factors such as the type of benzodiazepine, prescribed dosage, frequency of use, and underlying patient illnesses. We should not assume that interventions to reduce benzodiazepine use will result in improved clinical outcomes.

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REFERENCES

1. Wagner AK, et al. Effect of New York State regulatory action on benzodiazepine prescribing and hip fracture rates. *Ann Intern Med.* 2007;146(2):96-103.

IN REPLY: We thank Dr. Sheahan for giving us an opportunity to expand on our point that benzodiazepines carry high complication rates with low therapeutic impact. A prospective study of 391,609 patients older than 65 years showed the following relative risks of hip fracture in the three months after starting these drugs: zolpidem (Ambien), 2.55; alprazolam (Xanax), 1.14; lorazepam (Ativan), 1.53; diazepam (Valium), 1.91.[1]

The study referenced by Dr. Sheahan followed a cohort that had at least one benzodiazepine prescription in the previous year, rather than one that maintained use and then stopped.[2] However, an alternative interpretation is that the risk of hip fracture associated with benzodiazepine use is slow to reverse, consistent with our observation that the impairment in cognitive function is slow to reverse. One possible mechanism would be the persistent sensory changes, including the changes in vision and proprioception, that are reported complications of benzodiazepine withdrawal.

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1. Finkle WD, et al. Risk of fractures requiring hospitalization after an initial prescription for zolpidem, alprazolam, lorazepam, or diazepam in older adults. *J Am Geriatr Soc.* 2011;59(10):1883-1890.
2. Wagner AK, et al. Effect of New York State regulatory action on benzodiazepine prescribing and hip fracture rates. *Ann Intern Med.* 2007;146(2):96-103.

Corrections

Error in lesion size. The Photo Quiz "Pigmented Lesion on the Sole in a Child" (July 15, 2013, p. 135) contained an error in the first sentence of the second paragraph (p. 135). The lesion measured 7 mm, rather than 0.7 mm; therefore, the sentence should have read: "Physical examination showed an asymptomatic brown lesion measuring 7 mm (*see accompanying figure*)." The online version of this Photo Quiz has been corrected.

Incorrect suggested testing for bilious vomiting. The article "Evaluation of Nausea and Vomiting in Adults: A Case-Based Approach" (September 15, 2013, p. 371) contained an error in the third row of Table 1 (p. 372). The suggested test for diagnosis of bilious vomiting should have been abdominal radiography or computed tomography, rather than the gastric emptying study, and should have been referenced with reference 4, rather than reference 3. The online version of this article has been corrected. ■