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Benzodiazepines

Benzodiazepines are indicated for the *short-term relief of severe anxiety* but long-term use should be avoided (see [section 4.1](#)). Diazepam, alprazolam, chlordiazepoxide, clobazam, and clorazepate have a sustained action. Shorter-acting compounds such as **lorazepam** and **oxazepam** may be preferred in patients with hepatic impairment but they carry a greater risk of withdrawal symptoms.

In *panic disorders* (with or without agoraphobia) resistant to antidepressant therapy ([section 4.3](#)), a benzodiazepine (lorazepam 3–5 mg daily or clonazepam 1–2 mg daily ([section 4.8.1](#)) [both unlicensed]) may be used; alternatively, a benzodiazepine may be used as short-term adjunctive therapy at the start of antidepressant treatment to prevent the initial worsening of symptoms.

Diazepam or lorazepam are very occasionally administered intravenously for the *control of panic attacks*. This route is the most rapid but the procedure is not without risk ([section 4.8.2](#)) and should be used only when alternative measures have failed. The intramuscular route has no advantage over the oral route.

For guidelines on benzodiazepine withdrawal, see [section 4.1](#).

Sub-sections

[DIAZEPAM](#)

[ALPRAZOLAM](#)

[CHLORDIAZEPOXIDE](#)

[CLORAZEPATE DIPOTASSIUM](#)

[LORAZEPAM](#)

[OXAZEPAM](#)

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