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ABSTRACT 216

TITLE

Use of benzodiazepines and antidepressants and risk of adverse health outcomes in older people

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ABSTRACT

Background: Benzodiazepines and antidepressants are commonly prescribed drugs among older people in Western countries. There is controversy regarding the presence of adverse events in older people using these medications. Adverse events may be difficult to establish from clinical trials as older people are under-represented (trials exclude older people with comorbid conditions) and most clinical trials are short term. Observational studies are well suited to examine the risk of adverse events of benzodiazepines and antidepressants.

Objective: To examine the risk of mental health outcomes (depression, anxiety or suicide ideation/attempt, quality of life) and the use of benzodiazepines after two years.

Methods: Using a prospective cohort design, we studied the presence of depression, anxiety, suicide ideation/attempt and quality of life. We stratified the population between those with and without any previous mental health condition. The associations between benzodiazepine or antidepressant use and mental health outcomes at 2 years was estimated by logistic regression, after adjusting for demographic, lifestyle, social and clinical factors as potential confounders.

Results: A total of 21,702 participants were selected for this study. Of them 1,752 (8.1%) reported using a benzodiazepine at baseline, and 2,633 (12.1%) used an antidepressant. A total of 17,728 participants were followed up to 2 years (82% of the study population). At 2 years of follow up, the use of benzodiazepines or antidepressants was associated with increased risk of the mental clinical outcomes, more pronounced in those with previous history of mental health



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conditions. Two benzodiazepines (diazepam and oxazepam) and 4 antidepressants (sertraline, paroxetine, mirtazapine and venlafaxine) were the medications more strongly associated with the increased risk of these clinical outcomes.

Conclusions: The increased risk of adverse mental health outcomes suggests that benzodiazepines or antidepressants were not able to prevent recurrent episodes (in those with previous history of mental health) or new episodes (in people without history) of deleterious mental health outcomes in this population.