## **Informed Consent for Benzodiazepine Prescription**

Please review the information listed here and initial each item when you have reviewed it with your provider and understand each statement. This document provides important but not all concerns related to benzodiazepine use.

I understand that I am being prescribedin the class of medications known as benzodiazepines (BZs).	(provider to complete), which is
My provider is prescribing a BZ for the following condition(s):	(provider to complete)
My provider has discussed available alternatives to BZs. (promedication options)	vider to list, including non-
BZs are meant for short-term (<2-4 weeks) <sup>1-5</sup> or intermittent unincluding physical dependence. There are no studies showing convirtion benefit <sup>6</sup> .	use due to their long term-risks, ncing evidence of long-term
FDA-approved indications for BZs include short-term relief of seizure conditions <sup>9,10</sup> , acute alcohol withdrawal <sup>11</sup> , procedural anesthe (which is questioned <sup>15-17</sup> ). All other indications are considered "off-lab	esia <sup>12</sup> , and muscle spasms <sup>13,14</sup>
BZs have a "boxed" warning (the FDA's strongest warning) for opioids <sup>18</sup> , and the risks of abuse, addiction, physical dependence, an	
Common side effects <sup>5,6</sup> of BZ use include drowsiness <sup>20,21</sup> , diz confusion <sup>24</sup> , muscle weakness <sup>24</sup> , and depression <sup>25</sup> . Serious risks incl car accidents <sup>30</sup> , breathing problems <sup>31</sup> (especially in those with underl suicidal <sup>34,35</sup> / violent thoughts <sup>36,37</sup> , overdose / overdose death <sup>38-40</sup> (especially in those with underl suicidal <sup>34,35</sup> / violent thoughts <sup>36,37</sup> , overdose / overdose death <sup>38-40</sup> (especially in those with underl suicidal <sup>34,35</sup> / violent thoughts <sup>36,37</sup> , overdose / overdose death <sup>38-40</sup> (especially in those with underly opioids <sup>41</sup> or alcohol <sup>42</sup> ), and death unrelated to overdose <sup>43</sup> . Long term include memory loss <sup>22,44-48</sup> , osteoporosis <sup>24</sup> , tolerance <sup>49,50</sup> , physical desymptoms <sup>5,6</sup> , addiction <sup>6,52</sup> , increased healthcare costs <sup>25</sup> , reduced quarthe original symptoms that were being treated <sup>55-57</sup> . For an extended limedication guide at <a href="https://www.fda.gov/drugs/drug-safety-andavailaseources&lt;sup&gt;5,6&lt;/sup&gt;">https://www.fda.gov/drugs/drug-safety-andavailaseources<sup>5,6</sup></a> .	lude injuries/falls/broken bones <sup>26-29</sup> , lying lung problems <sup>32,33</sup> ), pecially when combined with (>2-4 weeks) risks of BZ use ependence <sup>5,6,51</sup> , withdrawal ality of life <sup>53,54</sup> , and worsening of ist of adverse effects, see the FDA
When I take these medications regularly, I may develop tolera have the same effect). I may also develop tolerance withdrawal <sup>6,58,59</sup> even though the dose has not been lowered). Symptoms of tolerance mistaken for worsening of my original problem or a new medical condition.	(withdrawal symptoms that happen e or tolerance withdrawal may be
When I take BZs regularly, physical dependence can develop when taken exactly as prescribed <sup>63</sup> . This means my body needs the withdrawal symptoms if the medication is stopped or the dose is redu	drug to function, and I will have
Interdose withdrawal (withdrawal symptoms between doses) acting BZs (e.g. Xanax, Ativan) <sup>5,6,58,59</sup> . This may be corrected by swit Valium) <sup>5,6,64</sup> .	
I understand that BZs should never be stopped abruptly <sup>5,6,65,6</sup> withdrawal symptoms ( <i>e.g.</i> , psychosis <sup>67</sup> , seizures <sup>61,68</sup> , and death <sup>68,69</sup> ) injury syndrome <sup>6,47,70</sup> I understand that to stop using BZs, I will have to slowly reducabled "tapering" <sup>5,6,66,71,72</sup> . A BZ taper can last anywhere from months	<ul> <li>It can also increase the risk of BZ</li> <li>ce the dose of the medication,</li> </ul>

tailored to the individual <sup>5,6,73</sup> . BZs are not available in of to be compounded or divided in order to make small resevere and disabling, with symptoms lasting years in smonth) <sup>5,6,73</sup> .	eductions <sup>6,74</sup> . BZ withdrawal can be extremely
Symptoms of BZ withdrawal <sup>5,6,73</sup> include (but an fast heart rate, high blood pressure, agitation, perception severe muscle spasm and pain, involuntary twitching/r of thinking ability, loss of ability to do everyday tasks, weight gain or loss, hypersensitivity to light and sound (delayed emptying of the stomach, food sensitivities, do tinnitus (ringing in the ears), head pressure/pain, blood and other hormone problems. For an extended list of shttps://www.benzoinfo.com/benzodiazepine-withdrawa	ual disturbances, blurry vision and floaters, movements, nerve pain, memory problems, loss extreme fatigue, muscle atrophy and weakness, suicidal thoughts, gastrointestinal problems liarrhea, constipation, and abdominal pain), disugar disturbances, disrupted menstrual cycle symptoms see:
BZ use can cause changes in the nervous syst protracted withdrawal). This occurs in 10-15% or more Symptoms may last years, and in some cases damage	
I understand the above listed BZ adverse effect exactly as prescribed by my provider <sup>63</sup> , and can developersonality" <sup>6,76,77</sup> .	
For Women: Taking BZs while pregnant carries newborn-including breathing and breastfeeding proble syndrome <sup>79,80</sup> .	s a risk of miscarriage <sup>78</sup> and can cause risk to the ms, flaccid muscles, and withdrawal
For Elderly: Patients over age 65 have an espeand problems with thinking and memory, partly due to	ecially high risk of side effects like falls, fractures, slower metabolism of the drug from aging <sup>6,81-86</sup> .
I understand I should not combine this medicate Lunesta), other BZs, opioids, or any other drug that cate overdose and death due to combined effects on breath medications are added to my regimen.	uses sedation. Doing so can put me at risk of
Patient Name:	Patient DOB://
Patient Signature:	Date://
Provider Signature:	Date://
Center for Prescription Drug Abuse Prevention  SKAGGS SCHOOL OF PHARMACY AND PHARMACEUTICAL SCIENCES UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS	COLORADO CONSORTIUM for Prescription Drug Abuse Prevention
T S The Schreiber Research Group	easing anxiety

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