

What They Don't Tell You About Benzodiazepines and Anxiety

Analysis by [A Midwestern Doctor](#)

October 08, 2026

STORY AT-A-GLANCE

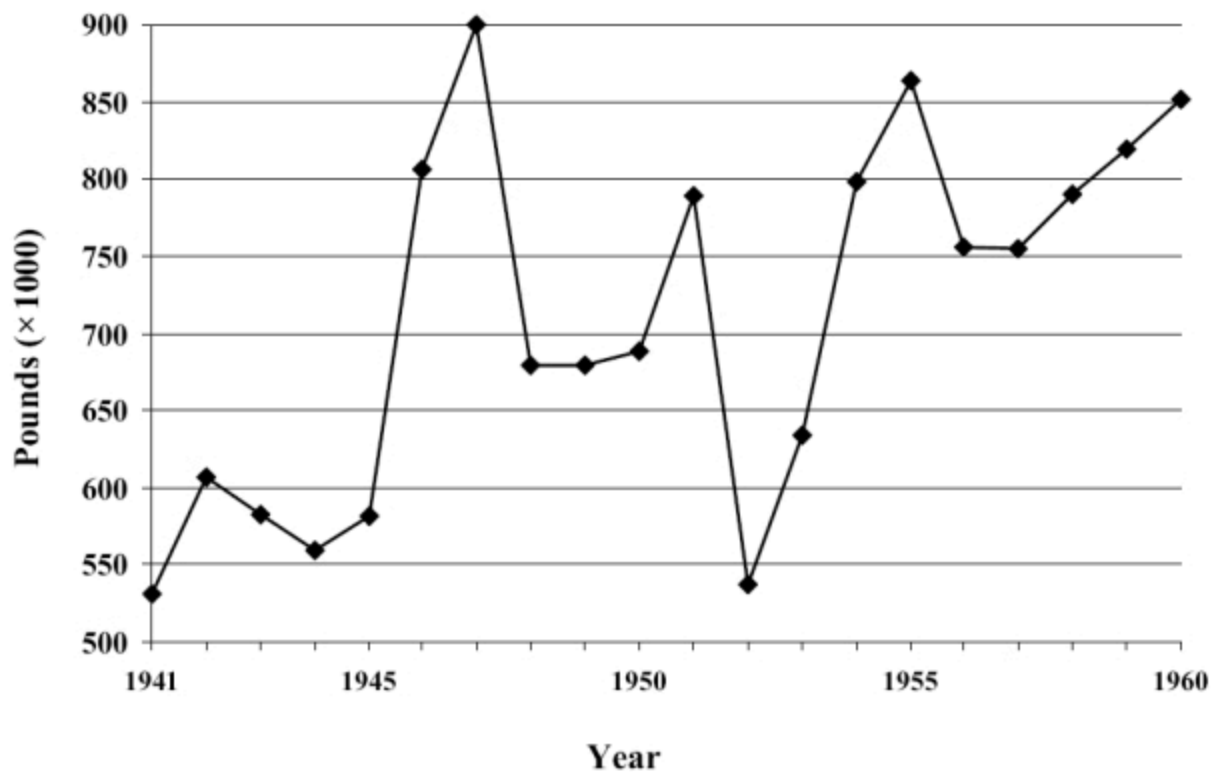
- › Benzodiazepines (benzos), the go-to treatment for anxiety, cause several issues, especially for the elderly, like cognitive impairment, lightheadedness, poor coordination, and fatigue, all of which increase the risk of accidents and falls
- › When used for the correct type of anxiety and combined with other therapeutic interventions, benzodiazepines can greatly help anxiety
- › Unfortunately, the fast-paced, insurance-driven healthcare system often leads to rushed 15-minute appointments, preventing doctors from properly evaluating whether benzodiazepines are right for a patient
- › As a result, many people who should not be on benzodiazepines end up being put on them for years, if not decades, without proper oversight or treatment of their underlying illness
- › One of the biggest problems with benzodiazepines is how quickly they create a physical dependence, leading to widespread addiction. They can also harm fetuses, worsen symptoms like insomnia and anxiety, and, in the worst cases, lead to deadly overdoses, especially when combined with opioids

Editor's Note: This article is a reprint. It was originally published March 21, 2025.

The first barbiturate used for medical purposes, barbital, was discovered in 1903,¹ and once recognized as an effective sedative, was quickly marketed (as Veronal). Following Veronal's success, various modifications were explored, and in 1912, phenobarbital was discovered and marketed to the world (as Luminal) and rapidly adopted by the medical system (as they provided a means to treat anxiety, insomnia, epilepsy, and mania and sedate patients for anesthesia).^{2,3}

Note: Barbiturates were also sometimes used to treat tremors, reduce pain, and for narcoanalysis (a form of hypnotic psychotherapy).

As such, barbiturate use exploded in the United States.⁴



Unfortunately, from the start, it was clear the drugs had significant issues such as being highly addictive, impairing cognition or respiration, and repeatedly causing fatal overdoses (e.g., of Marilyn Monroe⁵ — arguably the most famous actress in history), so increasing concerns developed over its long-term use for conditions like anxiety.

After years of searching for a "safer" alternative, a Roche researcher finally discovered the first benzodiazepine (Librium), and recognizing its enormous potential market, Roche funded one of the largest clinical trials in history.⁶

Out of the 20,000 patients Roche tested, only 1,163 patients (those who did not show signs of addiction or tolerance) were selected to be presented to the FDA. As you might expect, these dramatic "results" quickly won a 1960 FDA approval, and before long, the more dangerous barbiturates (which were easier to accidentally overdose on) were displaced.

Roche, in turn, claimed Librium was an effective treatment for all types of anxiety and that it could be used as a muscle relaxant, for seizures, sedation, depression, and alcohol withdrawals. As it happened in 1960, Max Hamilton developed a scale to measure depression (and another to measure anxiety), which to this day are frequently used to evaluate those disorders.⁷

Since that scale transformed anxiety into an "objective" disorder with a scientific basis, Roche immediately distributed it to tens of thousands of doctors so they could diagnose and then "treat" anxiety. Roche also hired Arthur Sackler to launch a costly campaign promoting Librium, which included:

- Getting newspapers to publish favorable stories, portraying Librium as a groundbreaking drug.
- Distributing those stories in magazines in doctor's offices to bypass advertising rules.
- Targeting women's magazines, as Sackler believed women would be a larger market.
- Convincing doctors, especially general practitioners, that Librium was "safe" and that anxiety needed treatment.

PREDICTABILITY. A CONSISTENT PATTERN OF PATIENT RESPONSE.

Since its discovery at Roche Laboratories, Librium has been the subject of ongoing pharmacological and clinical investigation. By us and by hundreds of investigators around the world.

The published record on Librium is enormous. So large, in fact, we had to put it into a computer retrieval system.

It's a record that reveals a highly predictable pattern of response for Librium. And a record that has probably been confirmed many times by your own experience.

The record also shows that Librium is effective in reducing anxiety within a wide safety margin. That Librium is seldom associated with serious side effects. That Librium infrequently interferes with mental acuity. However, as with all CNS-acting drugs, patients should be cautioned against hazardous activities requiring complete mental alertness.

Most side effects have been found to be dose related and thus readily controllable. Adverse reactions involving the respiratory and cardiovascular systems have rarely been reported.

And Librium is used concomitantly with many primary medications. Among these are cardiac glycosides, anti-hypertensive agents, anticholinergics, diuretics and antacids.

Librium. By now you know what to expect.



LIBRIUM 
chlordiazepoxide HCl / Roche
THE ANXIETY-SPECIFIC



Please see summary of product information on opposite page.

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In its first month Physicians wrote 1.5 million Librium prescriptions.⁸ It was prescribed for anxiety, phobias, and stress-related conditions like high blood pressure, ulcers, and headaches. Even John Kennedy used it for his back pain. By the late 1970s, benzodiazepines were world's the most prescribed drugs, but by the 1980s, concerns about abuse and dependence finally led to stricter regulations and guidelines.

Note: In the same way Librium was marketed as being "non-addictive," Sackler's descendants did the same with the **synthetic opioids**.

The Risks of Benzodiazepines

In addition to having significant withdrawal issues (as they down-regulate the brain's inhibitory and sedating capacity), Benzodiazepines in turn, have a few other major issues:

- First, while specific benzodiazepines **can be an appropriate treatments for certain types of anxiety**, they frequently make the condition worse (e.g., generalized anxiety).

This is particularly important with insomnia, as benzodiazepines (and the related z-drugs like Ambien⁹) do not put you to sleep — **rather they are sedatives that sedate (shut down) restorative sleep**. As such, patients on sleep pills often suffer the same complications seen with chronic sleep deprivation.

In fact, studies have found sleeping pill users are **two to five** times as likely to die as non-users,^{10,11} and one estimate concluded that in 2010, prescription sleeping pills "may have been associated with 320,000 to 507,000 excess deaths within the USA alone."¹²

Note: *I only know of one available sleeping pill¹³ that **does not block restorative sleep** (along with a far more effective sleep aid **the FDA waged an unconscionable war against to keep off the market**).*

- Second, they frequently create a variety of severe side effects such as:

Sedation, drowsiness, muscle weakness, fatigue, and loss of motor coordination (e.g., studies have found benzodiazepines make you more likely to have an accident than alcohol, and commercial drivers are prohibited from taking benzodiazepines^{14,15,16}).

Dizziness or lightheadedness (e.g., a study of 2,510 nursing home residents found they increased the risk of falls by 44%¹⁷).

Causing visual disturbances such as blurred or double vision (e.g., one study found 63.3% of long-term benzodiazepine users reported visual issues¹⁸).

Confusion, disorientation, and impairment of cognitive functioning, processing speed, short-term memory, or forming new memories^{19,20} (e.g., one study²¹ found 20.7% of long-term benzodiazepine users exhibited significant cognitive

impairment across many domains).

Note: Many benzodiazepine users I've spoken to have shared that their perception of reality changes and time flashes by so fast. They also shared that it is often quite difficult for them to remember what had happened while they were using these drugs (known as anterograde amnesia – in fact by 1972 it was known that regular diazepam doses reduced recognition memory in 90% of women²²).

Increasing the risk of dementia by 51%.^{23,24}

Note: Many of these cognitive side effects are likely due to benzodiazepines blocking restorative sleep (as they mirror those found after sleep deprivation). Since sleep is critical for effective learning (discussed [here](#)), I frequently find anxious students need to stop using a benzodiazepine while studying to succeed academically.

Respiratory depression, which can be lethal, especially when combined with other respiratory depressants (e.g., opioids).

Causing many of the conditions they are supposed to treat (e.g., agitation and aggression), especially after the drugs are stopped.²⁵ For example:

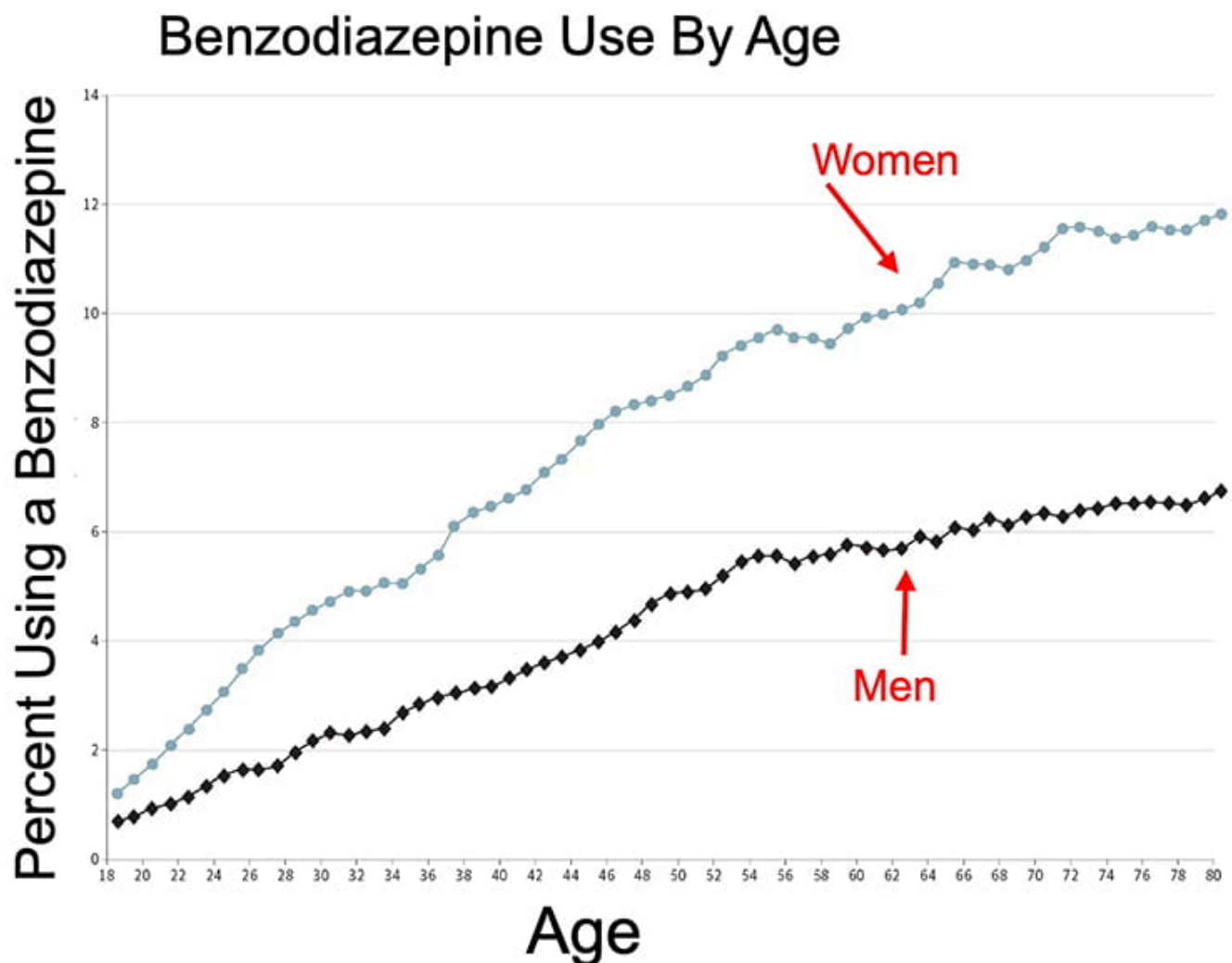
Additionally, many of these symptoms often last long after the benzodiazepine is discontinued.

- Third, certain groups are particularly at risk of these complications but nonetheless frequently take these drugs.

For instance, nearly 1.9% of pregnant women worldwide report using benzodiazepines despite risks of complications like early delivery, low birth weight, congenital malformations, floppy infant syndrome, and withdrawal symptoms^{26,27,28} (e.g., one study found a 41% increased risk of premature birth,²⁹ another found a

69% increase in miscarriages,³⁰ while another found a 145% increase in C-sections, a 241% increase in low birth weights, and a 185% increase in newborns requiring ventilatory support³¹).

Likewise, the elderly are particularly vulnerable to cognitive impairment and falls benzodiazepines cause — particularly since they often have impaired metabolism of the drugs (to the point in 2012 the American Geriatrics Society recommended against giving them to older patients³²), yet benzodiazepine use steadily increases with age.³³



- Finally, they have a high risk of causing overdoses — which is particularly problematic since they are also highly addictive and overdoses keep increasing (e.g., in 2021, there were around 12,499 deaths involving benzodiazepine — a 917% increase over 22 years³⁴).

Benzodiazepine Addiction

As benzodiazepines [gradually down-regulate the brain's inhibitory system](#), once they wear off, the symptoms the drugs addressed not only come back but often do so in a manner far more severe than they had been before initiating the benzodiazepines. Many of these symptoms mirror what is seen in alcohol withdrawals (as alcohol targets the same inhibitory system) and illustrate why benzodiazepines are so challenging to quit.

- **Common symptoms** — Anxiety, insomnia, irritability, tremors, muscle stiffness and pain, sweating, nausea and vomiting, headaches, panic attacks, dizziness, heart palpitations
- **Psychological symptoms** — Confusion, memory problems, depression, hallucinations, delusions, paranoia
- **Sensory symptoms** — Tinnitus, burning sensations, derealization/depersonalization
- **Physical symptoms** — Seizures, muscle twitches, loss of appetite and weight loss, diarrhea
- **Other symptoms** — Dry mouth and metallic taste, difficulty swallowing, flushing and skin rashes

Note: 10% to 15% of users experience post-acute withdrawal symptoms^{35,36} (PAWS) such as anxiety, insomnia, depression, cognitive impairment, and mood swings that can last for several months to years (typically around 1 to 2 years³⁷ but in some cases 5 to 10 years³⁸).

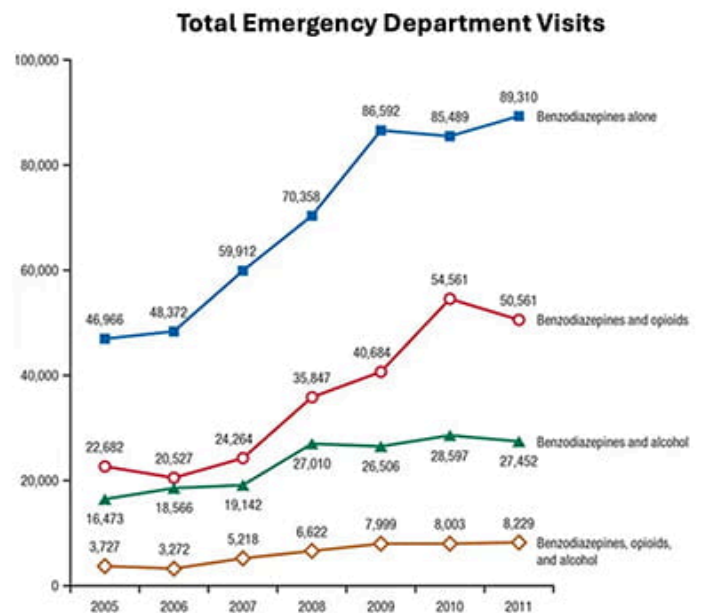
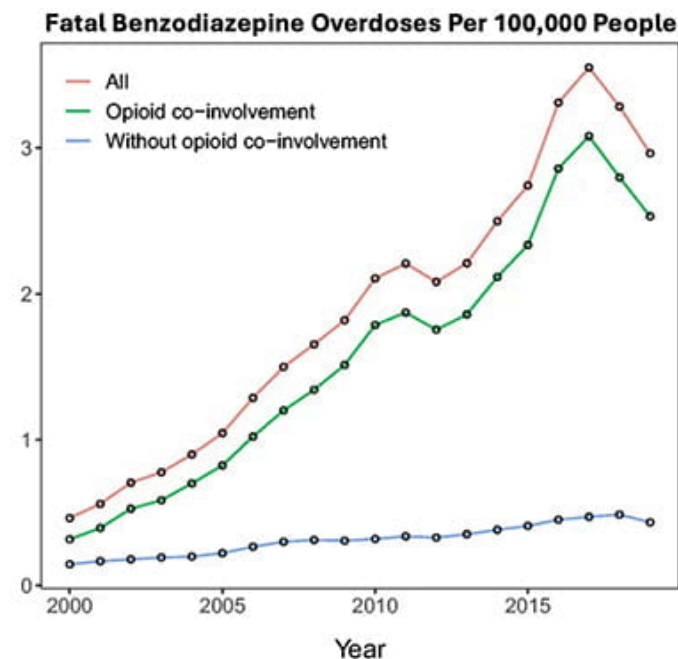
Tragically, existing estimates find roughly half of benzodiazepine users experience withdrawal symptoms when they either stop the drug or simply decrease the dose,³⁹ while 20% to 30% experience rebound symptoms⁴⁰ (where the symptom is worse than it was before the benzodiazepine), and around 10% experience withdrawals that are quite distressing (e.g., they are 40% more likely to become suicidal⁴¹).

Sometimes withdrawals can be quite severe (e.g., lethal seizures occurring), and when tracked, those who discontinued tended to be 60% more likely to die in the next year⁴² (killing 2.1% to 2.4% of them).

Note: An extensive survey determined 5.3 million Americans "misuse" benzodiazepine⁴³ either by using a dose differing from what was prescribed (26.1%) or simply by obtaining it illegally (73.9%), which makes them much more vulnerable to suddenly entering withdrawals once their supply runs out.

Remarkably, all of this has been well-known for decades. Consider for instance, a 1979 Senate hearing, where Senator Kennedy highlighted that Valium and Librium were given out like candy but had produced "a nightmare of dependence" for many people.⁴⁴

Despite this, the use of benzodiazepines has continued to increase (e.g., in 1996, 4.1% of adults had a benzodiazepine prescription,⁴⁵ whereas in 2018, 12.6% reported benzodiazepine use in the past year⁴⁶). In tandem, ER admissions,⁴⁷ hospitalizations, and lethal overdoses for these drugs have continually increased.⁴⁸



Note: Famous benzodiazepine deaths include Michael Jackson,⁴⁹ Heath Ledger,⁵⁰ Tom Petty,⁵¹ and Prince.⁵²

Inappropriate Benzodiazepine Prescribing

Benzodiazepines can benefit patients if:

- They are used for a short-term period, or only occasionally as needed.
- Care is taken to prevent dependence and monitor for side effects.
- They are used at low doses (whereas in practice excessive doses are often used to counteract tolerance developing to them – which makes it very hard to stop the drugs).
- The patient has a type of anxiety **in which benzodiazepines have shown benefit**.
- They are used as a support for other therapies that treat anxiety (e.g., effective psychotherapy⁵³) rather than as the primary therapy.

Note: *We find initiating the appropriate psychotherapy prior to benzodiazepines dramatically improves therapeutic outcomes.*

Unfortunately, due to the time constraints doctors are forced to practice under, and a lack of available psychotherapists, much of the above is skipped leading to significant harm. Worse still, patients are typically not warned by their prescribing doctors as to how addictive the benzodiazepines can be or that:

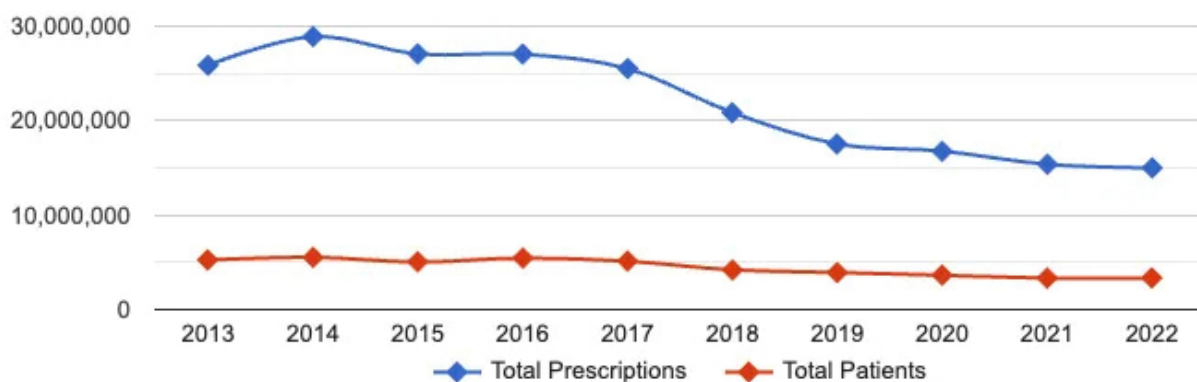
- Using benzodiazepines for as little as 3 to 6 weeks can create a physical dependence that can give way to a permanent addiction.⁵⁴
- Missing one dose can create dangerous withdrawal symptoms (**as can buying poorly produced generic formulations**).
- That it often takes years of daily methodical work to wean off a benzodiazepine (and if the process is done even a little bit too quickly, it can create a backlash which makes it much harder to quit them).

The Dangers of Xanax

Certain benzodiazepines, particularly Xanax (due to it rapidly clearing from the system and producing a temporary euphoria), have a much higher risk of addiction.

Note: *Individuals commonly mistake the euphoric effect of a drug with its therapeutic effect. As such, when taking psychiatric medications, the goal of a patient should be to "feel fine" not to "feel good."*

Sadly, these are still not appreciated by the medical field, and it remains one of the most commonly prescribed benzodiazepines.⁵⁵



For context, Xanax used a similar playbook to Librium, with its developer (Upjohn which was later acquired by Pfizer) popularizing "panic disorders" (to the point they came to be known as the Upjohn illness) and marketing Xanax as the treatment for this "epidemic" sweeping the nation — which before long created a blockbuster drug and one of the most prescribed medications in psychiatry.⁵⁶

Note: *The other benzodiazepine that frequently creates issues is Valium, as its metabolite is also physiologically active, so over time, it will build up inside the body (which while typically problematic, can be quite helpful in epilepsy since there is a need to prevent the seizures constantly).*

Withdrawing from Benzodiazepines

Withdrawing from benzodiazepines is immensely challenging as it requires going at a very slow and steady pace that cannot be rushed (e.g., significant and sometimes permanent harm results from quitting them too quickly – especially if you suddenly completely stop them). Since that pace often requires decreasing the current dose by 10% (or less), each month, the withdrawal process frequently takes years. Worse still:

- Anytime concerning withdrawal symptoms occur, the previous dose must be reinstated if one ever wishes to successfully taper off the benzodiazepine.
- Due to the cognitive impairment that benzodiazepines can cause, when patients withdraw from them, cognitive changes can occur which often are unrecognized by the user (known as spellbinding⁵⁷) – and can cause them not to recognize their initial withdrawal symptoms.
- If an addiction already exists, it can be even more challenging to hold to the plan you have in place to stop using them gradually.
- Xanax is particularly difficult to withdraw from, to the point, it often must first be substituted with another benzodiazepine.

Because of these (e.g., spellbinding), before stopping, it is critical to find support, ideally from a physician with experience in helping patients withdraw from benzodiazepine, but also from a supportive friend or family member. Likewise, prior to attempting any type of taper, I highly advise becoming familiar with the resources on benzodiazepine withdrawal from one of the online communities that was created to support people stuck in that challenging situation.

Note: Due to how prevalent benzodiazepine addiction is, a large industry has emerged to help detoxify individuals with dependencies.

In some cases, these centers (which can sometimes cost \$1000.00 per day) can be helpful (e.g., if the addiction is strong enough that the individual lacks the control to stop on their own and does not have a robust support system in place to help them), but in other cases can often be quite harmful (e.g., we have seen bad outcomes with the rapid detoxification protocols some places offer).

In most cases, I believe a slow home tapering program (done in collaboration with a supportive psychiatrist) is the best way to approach the problem.

Conclusion

Frequently in medicine, drugs will be discovered that have value in certain circumstances but not others. Unfortunately, since the pharmaceutical industry revolves around maximizing sales, we often see drugs being pushed on large numbers of people where their harms clearly outweigh their benefits.

In many cases, this is done on such a scale that it impacts the entire society (e.g., consider the profound costs of the current opioid crisis or the fact it's been proven many of the drugs we place our elders on are so harmful that simply stopping them reduces the likelihood of dying by 53%⁵⁸).

This pattern is particularly insidious with psychiatric drugs, as the diagnostic criteria is so subjective, large swathes of the population experiencing completely normal (and temporary) unhappy emotions can be pathologized and quickly convinced those emotions are unacceptable and must be "treated."

Worse still, the drugs that alter the chemistry of one's brain tend to be the most addictive, and as such a single prescription can often become a lifelong one that frequently requires more and more drugs to treat the imbalances created by the existing prescriptions.

For instance, if we consider the other large psychiatric market (depression) which is treated with SSRI antidepressants, almost all the same issues I described throughout this article can also be found **with the highly addictive, overprescribed, and brain damaging SSRIs.**

In this toxic dynamic, we have a tragic situation where each party we expected to protect us (e.g., the courts, drug regulators, or our doctors we trust) in one way or another has been co-opted by the immense money behind the products.

As such, I believe it is critical for each of us to understand both the risks and benefits of these drugs, not only so that we can protect ourselves, but also so that our doctors can become aware of these issues and drugs as powerful as benzodiazepines (the "nuclear option" for anxiety) are only used in instances where they will ultimately benefit the patient.

Fortunately, due to the recent seismic political shifts around us and the widespread loss of trust the medical system relied on for generations (e.g., at the start of COVID 71.5% of American adults trusted doctors and hospitals, but now only 40.1% do⁵⁹), a window now exists to reinvent this destructive paradigm, and I am immensely grateful that so many of us have found the voice to make this possible.

Author's Note: *This is an abridged version of [a longer article](#) that discusses the above points (particularly the causes and treatments for anxiety) in much more detail and discusses how to safely withdraw from benzodiazepines.*

That article and its additional references can be read [here](#). Additionally, a companion article about the dangers of SSRI antidepressants and how to withdraw from them (along with the parallels between naturally treating depression and anxiety) can be read [here](#).

A Note from Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician from the Midwest and a longtime reader of Mercola.com. I appreciate AMD's exceptional insight on a wide range of topics and am grateful to share it. I also respect AMD's desire to remain anonymous since AMD is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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Take today's quiz to see how much you've learned from [yesterday's Mercola.com article](#).

How can probiotics help you manage neurodegenerative diseases like Alzheimer's or Parkinson's?

By enhancing your physical fitness stamina to improve brain activity

By serving as a noninvasive treatment to slow or reverse cognitive decline

By allowing you to increase your daily sugar intake to support brain health

By boosting your energy through faster digestion, improving brain function

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