

# Lorazepam

Lorazepam, sold under the brand name Ativan among others, is a benzodiazepine medication.

It is used to treat anxiety disorders, trouble sleeping, active seizures including status epilepticus, for surgery to interfere with memory formation, sedate those who are being mechanically ventilated, alcohol withdrawal, and chemotherapy induced nausea and vomiting.

While it can be used for severe agitation, midazolam is usually preferred. It is also used, along with other treatments, for acute coronary syndrome due to cocaine use. It can be given by mouth or as an injection into a muscle or vein. When given by injection onset of effects is between one and thirty minutes and effects last for up to a day.

Common side effects include weakness, sleepiness, low blood pressure, and a decreased effort to breathe. When given intravenously the person should be closely monitored. Among those who are depressed there may be an increased risk of suicide. With long term use larger doses may be required for the same effect. Physical dependence and psychological dependence may also occur. If stopped suddenly after long term use benzodiazepine withdrawal syndrome may occur.

Older people more often develop adverse effects.

In this age group lorazepam is associated with falls and hip fractures.

Due to these concerns, lorazepam use is generally only recommended for up to two to four weeks.

Lorazepam was initially patented in 1963 and went on sale in the United States in 1977.

It is on the World Health Organization's List of Essential Medicines, the most important medications needed in a basic health system.

It is available as a generic medication.

The wholesale cost in the developing world of a typical dose by mouth is between \$0.02 and \$0.16 (USD) as of 2014.

In the United States as of 2015 a typical month supply is less than \$25 (USD).

In the United States in 2011, 28 million prescriptions for lorazepam were filled making it the second most prescribed benzodiazepine after alprazolam.

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Some guidelines or expert consensus indicate that intravenous (IV) lorazepam (LZP) is preferable to IV [diazepam](#) (DZP) for initial treatment of convulsive status epilepticus (SE). Brigo et al., aimed to critically assess all the available data on efficacy and tolerability of IV LZP compared with IV DZP as first-line treatment of convulsive SE.

Systematic search of the literature (MEDLINE, CENTRAL, EMBASE, ClinicalTrials.gov) to identify randomized controlled trials (RCTs) comparing IV LZP versus IV DZP used as first-line treatment for convulsive SE (generalized or focal). Inverse variance, Mantel-Haenszel meta-analysis to obtain risk ratio (RR) with 95% confidence intervals (CI) of following outcomes: seizure cessation after drug administration; continuation of SE requiring a different drug; seizure cessation after a single dose of

medication; need for ventilator support; clinically relevant hypotension.

Five RCTs were included, with a total of 656 patients, 320 randomly allocated to IV LZP and 336 to IV DZP. No statistically significant differences were found between IV LZP and IV DZP for clinical seizure cessation (RR 1.09; 95% CI 1.00 to 1.20), continuation of SE requiring a different drug (RR 0.76; 95% CI 0.57 to 1.02), seizure cessation after a single dose of medication (RR 0.96; 95% CI 0.85 to 1.08), need for ventilator support RR 0.93; 95% CI 0.61 to 1.43, and clinically relevant hypotension.

Despite its favorable pharmacokinetic profile, a systematic appraisal of the literature does not provide evidence to strongly support the preferential use of IV LZP as first-line treatment of convulsive SE over IV DZP <sup>1)</sup>.

<sup>1)</sup>

Brigo F, Bragazzi NL, Bacigaluppi S, Nardone R, Trinka E. Is intravenous lorazepam really more effective and safe than intravenous diazepam as first-line treatment for convulsive status epilepticus? A systematic review with meta-analysis of randomized controlled trials. *Epilepsy Behav.* 2016 Oct 9;64(Pt A):29-36. doi: 10.1016/j.yebeh.2016.09.020. Review. PubMed PMID: 27732915.

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