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NEW AGENTS FOR THE BENZODIAZEPINE WITHDRAWAL SYNDROME

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Objectives: Benzodiazepines are widely used drugs. However, their chronic use has revealed that they can lead to dependence. The objective of this study is to review the different pharmacological strategies used in the management of benzodiazepine dependence and new trends in pharmacological interventions.

Method: We searched in MEDLINE and in the Cochrane Database System Review, selecting studies from 1980 until the present, in which a pharmacological intervention was made for benzodiazepine detoxification in mono-dependence cases.

Results: There is a consensus about gradual rather than abrupt tapering benzodiazepines in benzodiazepine discontinuation. Other extended traditional strategy has been switching from short half-life to long half-life benzodiazepines before gradual taper. A great variety of agents have been used as adjuvant medication in Benzodiazepine Withdrawal Syndrome (BWS) with varying degrees of success. In the last years research has focus in the use of anticonvulsant drugs. Both carbamazepine and valproate, have demonstrated to be beneficial in benzodiazepine discontinuation. Also, preliminary data suggest that new anticonvulsant agents (gabapentin, pregabalin, oxcarbazepine and topiramate) could be helpful.

Discussion: Although multiple drugs have been investigated for pharmacological management of BWS, only few have demonstrated significant efficacy. Anticonvulsant drugs are one of them. Both, carbamazepine and valproate, have shown benefits in reducing withdrawal severity. The available data currently support the use of new anticonvulsant (gabapentin, pregabalin, oxcarbazepine and topiramate), in the treatment of different drug-dependences such as alcohol, cocaine and opiate dependence. Moreover, there is a growing trend in the literature toward the use of these agents in benzodiazepine mono-dependence.