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WE STILL NEED BENZODIAZEPINES IN THE TREATMENT OF MENTAL DISORDERS: THE CASE AGAINST(INVITED DEBATE)

M. Lader
Institute of Psychiatry, King's College London, London, UK

Benzodiazepines have anxiolytic, hypnotic, muscle-relaxant and anticonvulsant properties. They also lessen agitation in the psychotic patient. They are much safer than previously available drugs such as the barbiturates. All sedative drugs have characteristic pharmacodynamic effects, causing sedation, psychomotor slowing and memory impairment.

The widespread use of benzodiazepines long-term is problematic. Even though some tolerance develops, long-term users are impaired in cognitive and psychomotor function compared to non-users. Tapering the drugs, even after several years of use, results in improvement in functioning. Newer anxiolytics such as SSRIs and pregabalin cause less impairment. Benzodiazepines are associated with dependence on prescribed doses with a clear-defined withdrawal syndrome lasting a few weeks; this is evident in 20-30% patients on benzodiazepines, and is severe in 10%. Benzodiazepines should never be withdrawn abruptly because fits paranoid or confusional psychoses may ensue. Secondary abuse of all sedative drugs is common and contributes to specific drug-related harms in abusers.

Few longterm studies have been performed so the longterm risk/benefit ratio is imprecise. The paucity of “gold standard” clinical trials means that the benzodiazepines seem no more effective than placebo in the longterm as anxiety-- and insomnia-reducing agents.

Alternative medications for the Anxiety Disorders have been developed and evaluated, principally SSRIs and pregabalin. Similarly, newer drugs are available for treating Sleep Disorders. Longterm use can be avoided by using non-pharmacological or non-dependence inducing medications. The fundamental problem which precludes routine longterm use is that it is impossible to identify those users who will develop dependence beyond 1-3 months prescription.

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