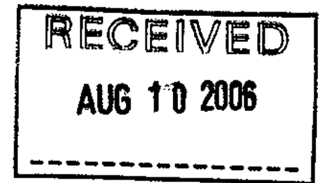
LORNE B. WARNEKE*
B.Sc., M.D., F.R.C.P.(C)

(780) 450-9450

—PSYCHIATRY—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CEDARS PROFESSIONAL PARK, 2915 - 66 STREET
EDMONTON, ALBERTA T6K 4C1 FAX (780) 461-6190

Letter to the Editor
The Messenger

August 1st, 2006

Dear Sir,

Re: Problematic opioid and benzodiazepine use

I have some concerns regarding the article that appeared in the June, 2006 issue of The Messenger. Although no doubt well intended, the headline and the article itself serves to perpetuate the myth that benzodiazepines are like the opioids and are dangerous and very addictive. This is certainly not true.

There is no doubt that certain subsets of the population overuse or abuse benzodiazepines. Usually this is in the context of poly drug abuse and the benzodiazepines are often used to deal with the withdrawal effects of other more potent drugs that are very addictive. When such individuals require psychiatric treatment, the benzodiazepines are the least of their problem. Some individuals appear to be abusing benzodiazepines because they are using the prescribed drugs of a friend or family member, or rarely getting them from a street source, in an attempt to self treat an anxiety or mood disorder that has not been diagnosed and medically treated. Forty percent or more of individuals who suffer from an anxiety disorder never receive treatment. This is due to factors such as stigma, lack of access to treatment, inadequate resources and so on.

For some of the benzodiazepines that have a relatively short half life, there can be a withdrawal or abstinence syndrome if the drug is suddenly stopped. (1) However, any number of drugs, if stopped suddenly, can lead to an abstinence syndrome or rebound symptoms. This is certainly true of some of the SSRI antidepressants (paroxetine for example), however this class of drugs would not be labeled as being addicting.

When benzodiazepines are used for an anxiety disorder (GAD, social anxiety disorder, panic disorder, PTSD etc) or for anxiety that is part of OCD or major depression, there is seldom if ever, any evidence of dose escalation or drug dependency in the sense of addictive behaviors. (2, 3) In over thirty years of psychiatric practice, I have never had a patient who became 'addicted' to benzodiazepines. The occasional patient may 'escalate' the dose only because the dose initially prescribed was inadequate to control their symptoms of anxiety. Most of the time, a patient will either decrease the dose or stop the medication after a period of time. For those who do not, it must be remembered that anxiety disorders are usually chronic in nature.

Benzodiazepines, in non psychiatric populations, are actual adversive because of tiredness or mental dullness that is induced. (4,5) Studies done in Finland and New York State demonstrated that if the prescribing of benzodiazepines are reduced because of constrictions placed on the prescribing of this class of drugs, the use of other drugs such as barbiturates, meprobamate, phenothiazines, increase as does the consumption of alcohol. (6 ,7, 8) The result is that the same percentage of the population taking something for their anxiety remains the same.

The American Psychiatric Association, in response to a concern that benzodiazepines, if anything, were not being prescribed enough, established a task force to review this. A report was published in 1990 and the conclusions were that the abuse potential of benzodiazepines was very low, there was no evidence of an 'epidemic' of abuse and that the pattern of prescribing by the majority of physicians was appropriate. (9) The Task Force reported that only 1.6% of Americans took a benzodiazepine for longer than a year, a figure that was contrasted to the prevalence rates for anxiety disorders which is 10-15%. The figure of 1.6% was further contrasted to 73% of the population who used alcohol, 36% who smoked, 6.3% who used cocaine and so on.

Studies in non psychiatric populations have demonstrated that taking a benzodiazepine is aversive, which is true in animal studies as well. An article in the New England Journal of Medicine(1993) reported that 'because of population bias against the benzodiazepines, many patients and physicians prefer to use other forms of therapy, even though the benzodiazepines are safe and effective, and in the absence of data to support the supposed superiority of other treatments. (9)

Another myth is that benzodiazepines should not be prescribed to individuals with a past history of addiction, particularly to alcohol. A recent study demonstrated that there was little evidence to support this, and that the use of benzodiazepines in such situations did not induce a relapse. (10)

Stephen Stahl, a well known expert in psychopharmacology, recently stated that the use of gaba-ergic medications such as the benzodiazepines for the treatment

of anxiety disorders was a very accepted treatment usually done in conjunction with one of the SSRIs. (11)

Benzodiazepines work on the BZ-GABA receptor complex, serving as a braking system in the central nervous system. This receptor first appeared in the bony fish over 200 million years ago. Serendipity allowed man to discover this receptor and to develop a class of medication to work specifically at this site. (12, 13)

Like any medication, particularly those that work on the CNS to diminish painful psychic symptoms such as anxiety need to be prescribed and monitored carefully. However the myth that benzodiazepines are addicting serves only to deter physicians from prescribing this class of medications to patients suffering from pathological anxiety. The anxiety disorders are common, usually begin early in life and are chronic. Anxiety is also a symptom that is part of other disorders both psychiatric and medical. Chronic anxiety is a state of chronic stress. Research has shown that over time such conditions, untreated, can lead to changes in the hippocampus with neuronal fallout and atrophy. Effective treatment can reverse such changes and prevent further damage. (14)

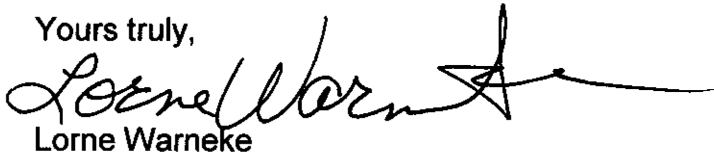
In the past many well respected psychiatrists who are experts in the field of psychopharmacology, have spoken out against the negative attitude held by the medical profession as well as the public at large towards the benzodiazepines. The consequence of this negative attitude has been that patients who could have benefited from these drugs were deprived of an effective treatment.

For a more complete review of the use of benzodiazepines in medicine and psychiatry, several selected references have been listed. (15-27)

I hope the information in this letter is helpful.

Thankyou.

Yours truly,



Lorne Warneke

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