Are Benzos Always Bad?

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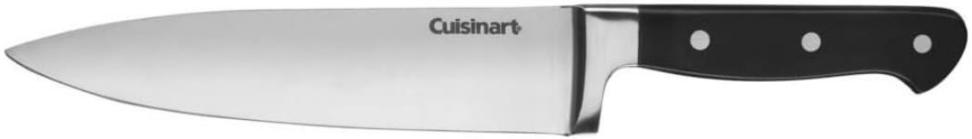
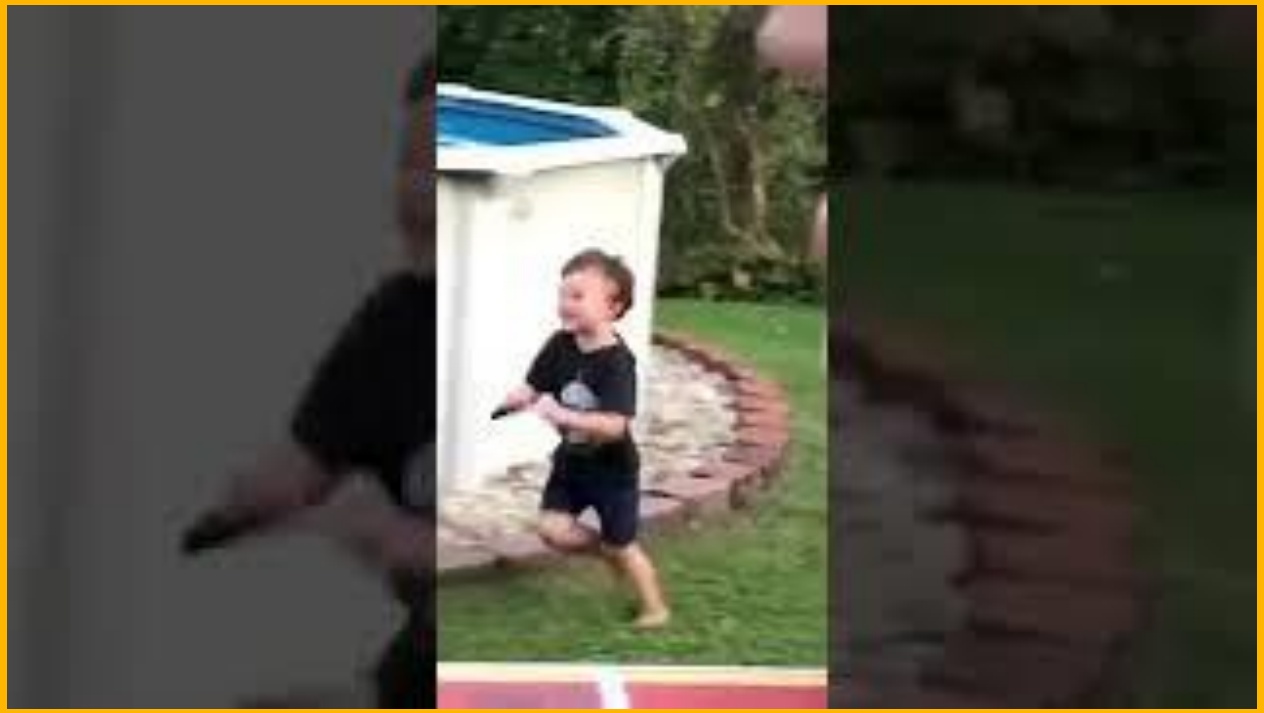
Good or Bad?



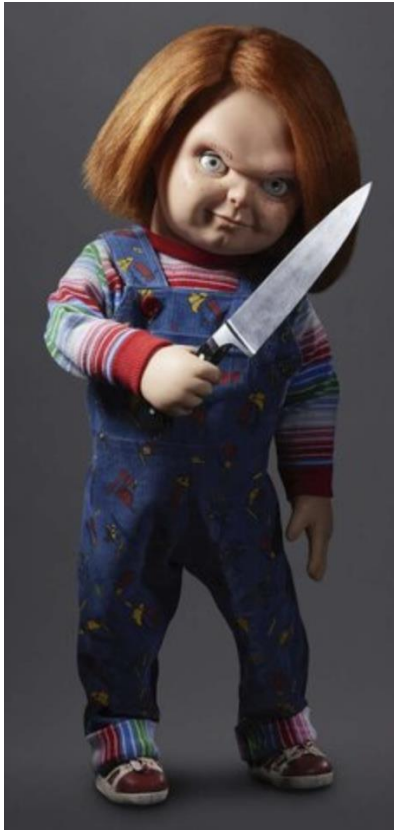
Good or Bad?



“Let me see what you have.” **“A KNIFE!”** **“NO!!!!”**

“Oh my god, why does he have a knife?!?!”

VERY BAD!!!



Case Studies

Good or Bad Rx?

Good or Bad Rx

1

Case 1.

Epival 1500 mg PO Daily

Clonazepam 0.5 mg PO QHS

Quetiapine 600 mg PO QHS

Lorazepam 2 mg PO BID

Zopiclone 15 mg PO QHS

Methadone 102 mg PO Daily

Good or Bad Rx

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Case 2.

Suboxone 18 mg SL daily

Lorazepam 1mg PO TID

Zopiclone 7.5 mg PO QHS PRN

Vyvanse 80 mg PO QAM

*…meta-analysis has showed that implementation of brief interventions regarding **effective** and **efficient** strategies for **BDZ management** were particularly useful in clinical practice.*

Neuropsychiatric Disease and Treatment 2015:11 1885–1909

Benzos: The Bad & The Ugly

- Potential for **abuse**, **misuse**, and **illegal diversion**
- Risk of **physiologic dependence** & **impaired cognitive function** with **long-term use**
- Adverse side-effects
- **Need for training intervention to minimize risks!**

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https://doi.org/10.2147/NDT.S83130

Depression - Combination Therapy

A meta-analysis of all combination therapy trials showed

- **<u>Pts on combination therapy were;</u>**
  - ***More likely*** to respond than those receiving **antidepressants only** at 1, 2, and 4 weeks
  - ***Less likely*** to drop out than those receiving **antidepressants only**
- These differences were no longer significant at 6 and 8 weeks.

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Combination Therapy, Cont.

- Benefits of **antidepressants** appear after only a few weeks of treatment
  - **BDZs** may be helpful for the initial treatment of symptoms, such as **restlessness** and **sleeplessness**
- **BDZs** may also improve **adherence to treatment**
  - **BDZs** may reduce some side effects of **antidepressants**, especially at the start of treatment

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Benzos & MDD

- Several potential risks with long-term use of **BDZs** in pts with **MDD**
  - Relatively high potential for **abuse**
  - **Tolerance**
  - Side effects, including:
    - Falls, **cognitive impairment**, & **paradoxical activation**
- **BDZs** may be particularly indicated in pts whose **depressive** symptoms are accompanied by **anxiety**.

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Guidelines: Benzos & MDD

Canadian Network for Mood and Anxiety Treatments and the **APA** guidelines for treatment of **MDD** advise limiting use of **BDZs** in pts with primary **MDD** to patients:

- With pronounced **anxiety** or persistent **insomnia**
- Not adequately relieved by **SSRIs** or **serotonin-norepinephrine reuptake inhibitors**

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Benzos & Bipolar Disorder

Canadian Network for Mood and Anxiety Treatments and the **International Society for Bipolar Disorders** guidelines for treatment of **Bipolar Disorder:**

- Advocate for **adjunctive** use of **BDZs** in patients refusing oral meds for **agitation**
  - **NOT as monotherapy!**

APA Guidelines suggest:

- **Short-term adjunctive use** in manic/mixed episodes, agitation, & catatonia

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Benzos & Bipolar Disorder

National Institute for Health and Clinical Excellence (NICE) guidelines:

- Recommend considering addition of **short-term BDZs** (eg. **lorazepam**) for **behavioral disturbances** or **agitation**.

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Benzos & Borderline PD

- Clinical & experimental data on the role of **BDZs** in the treatment of **BPD** are ***scarce*** and ***inadequate***.

APA Guidelines:

- Suggest use of **BDZs** (particularly **clonazepam**) in treatment of **"affect dysregulation"**
  - In the presence of **anxiety** symptoms that either fail to respond or only partially respond to **antidepressants**.
- **Use of BDZs not generally recommended!**
  - Potential for greater **impulsivity** or **disinhibition**, **misuse** or development of **dependence**

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Benzos, OCD, & SSRIs

- Can treat **anxiety** & **stress** in patients with **OCD**
  - ***Without*** reducing frequency or duration of **obsessions** or **compulsions**
- May be used to counterbalance early activation of **SSRIs**
  - **Use *cautiously* for short periods *only!***

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BDZs & Trauma

- Patients with acute stress disorder showed **higher PTSD rates** for subjects treated with BDZs
  - BDZs may not only be ineffective, but may also be potentially damaging
- RCT shows potential for **Lorazepam** as a candidate **anti-intrusion drug**.
- Comorbid **anxiety disorder** & specific **PTSD** symptoms may account for cautious use of **BDZs**!
  - Despite guidelines not supporting it.

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Benzos & GAD

- Need to reappraise use of **BDZs** to treat **GAD** without comorbid **SUD**
  - **Are BDZs** as a **first-line** pharmacotherapy for **panic disorder** and **GAD**
- Choice between **BDZs** & **antidepressants** for **long-term treatment**
  - Choice based on patient preference and physician's discretion

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Evidence-Based Treatment Summary

- Good evidence for the efficacy of **BDZs** in the **acute** treatment of **panic disorder**, **GAD**
- To a lesser degree, treatment of **Social Anxiety Disorder**
- Poor evidence regarding efficacy of treatment for **OCD**
- Considered **ineffective**, if not ***deleterious***, in treating **PTSD**

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Benzos & Sleep Disorders

- Positive **risk-benefit** ratio in **short-term treatment** of **sleep disorders**
  - Uncertain for **long-term treatment**
- Unresolved controversy whether **short-term** benefits outweigh possible **risk of dependence**.

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Comorbid SUD

- People with severe mental illness have **high rates** of **comorbid substance use**
  - **“Dual Diagnosis”**
- Higher potential of abuse of alcohol and/or **BDZs**
- **Dose**, **route**, **coadministration**, **context**, & **expectations** associated with **substance dependence**
- Limited research evidence based on **BDZs** in patients with co-occurring **SUD**

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Comorbid SUD Cont.

- Specific guidelines regarding assessment & treatment of **BDZ misuse** in people with **dual diagnosis** are scant.

Use caution when prescribing **BDZs** to people with **severe mental illness** and co-occurring **substance use disorder.**

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Benzos & Elderly Patients

BDZs should be avoided for treatment of:

- **Insomnia**
- **Agitation**
- **Delirium**

Some BDZs may be appropriate for treatment of:

- Severe **GAD**
- **Sleep disorders**
- Ethanol withdrawal
- **Seizures**
- Perianesthesia procedures
- End-of-life care

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Consultation-liaison Psychiatry

- Many pts in non-specialized settings of care regularly take **BDZs**
- May offer an opportunity to reduce impact of excessive use/abuse of **BDZs** in the general population
- BDZs are effective, safe, and reliable
  - Antidote available
  - Frequently used in the emergency management of **all-cause agitation** and when a detailed medical definition is not possible

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Consultation-liaison Psychiatry

- Manageability of **BDZs** gives clinicians the opportunity to treat medically ill patients with **complex multidrug schedules**
- Experts should advise about medical situations that:
  - **Contraindicate** use of **BDZs**
    - Severe respiratory insufficiency, myasthenia gravis
  - Require special caution
    - Liver and kidney disorders, elderly patients

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Consultation-liaison Psychiatry

- **Delirium tremens** frequent in general hospital settings
  - **BDZs** are the first-line treatment, **BUT delirium tremens** may be caused by **BDZ** withdrawal in patients with **chronic abuse.**
- **Benzo withdrawal as a presentation of anxiety / insomnia**

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Harm Reduction

- **Harm reduction** refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws.
- **Harm reduction** is grounded in justice and human rights.
  - Focuses on positive change & on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support.

Benzo Risk Mitigation Strategies

- Reserve for moderate to severe illness where evidence exists
- Trial of safer alternatives where possible
- Consider risks and benefits of short-acting vs long acting
- Extra caution where alertness required
  - Driving
  - Child Care
  - Occupational risks
- Try to limit to short term
- Restrict Supply - eg PRN medication
- Restrict dispensing frequency
- Ongoing clinical monitoring and biological monitoring
- Try to taper or discontinue if possible

Benzos and Stigma

- Evidence exists that they are useful therapeutics in the correct settings and contexts
- Carry risks that can be managed
- Is this different than?

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Warfarin

Prednisone

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Revisited

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Any questions?

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