Benzodiazepines and Dependence

The College statement on the above topic was published in the March *Bulletin*, and draft versions had been leaked to interested parties. The statement from the Committee on Safety of Medicines (Number 21, *Current Problems*, January 1988), that follows shows a resemblance to our report, which I think should be taken as a compliment.

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There has been concern for many years regarding benzodiazepine dependence (*British Medical Journal*, 1980, **280**, 910–912). Such dependence is becoming increasingly worrying.

Withdrawal symptoms include anxiety, tremor, confusion, insomnia, perceptual disorders, fits, depression, gastrointestinal and other somatic symptoms. These may sometimes be difficult to distinguish from the symptoms of the original illness.

It is important to note that withdrawal symptoms can occur with benzodiazepines following therapeutic doses given for SHORT periods of time.

Withdrawal effects usually appear shortly after stopping a benzodiazepine with a short half life, or up to several days after stopping one with a long half life. Symptoms may continue for weeks or months. No epidemiological evidence is available to suggest that one benzodiazepine is more responsible for the development of dependency or withdrawal symptoms than another.

The Committee on Safety of Medicines recommends that the use of benzodiazepines should be limited in the following ways:

Uses

As anxiolytics

1. Benzodiazepines are indicated for the short-term relief (two to four weeks only) of anxiety that is severe, disabling or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness.
2. The use of benzodiazepines to treat short-term 'mild' anxiety is inappropriate and unsuitable.

As hypnotics

3. Benzodiazepines should be used to treat insomnia only when it is severe, disabling or subjecting the individual to extreme distress.

Dose

1. The lowest dose which can control the symptoms should be used. It should not be continued beyond four weeks.
2. Long-term chronic use is not recommended.
3. Treatment should always be tapered off gradually.
4. Patients who have taken benzodiazepines for a long time may require a longer period during which doses are reduced.
5. When a benzodiazepine is used as a hypnotic, treatment should, if possible be intermittent.

Precautions

1. Benzodiazepines should not be used alone to treat depression or anxiety associated with depression. Suicide may be precipitated in such patients.
2. They should not be used for phobic or obsessional states.
3. They should not be used for the treatment of chronic psychosis.
4. In cases of loss or bereavement psychological adjustment may be inhibited by benzodiazepines.
5. Disinhibiting effects may be manifested in various ways. Suicide may be precipitated in patients who are depressed, and aggressive behaviour towards self and others may be precipitated. Extreme caution should therefore be used in prescribing benzodiazepines in patients with personality disorders.

Spring Holiday

The College will be closed from 7.00 p.m. on Thursday, 26 May until 8.00 a.m. Tuesday, 31 May 1988.

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