



Twelve Things I Hate about Benzodiazepines

In each issue of *MDNG*, we will showcase a post by one of the HCPLive.com bloggers. This month, we have selected a post from *The World Beneath*, written by Jeffrey Junig, MD, PhD.

I recently saw a patient who was seeking treatment for addiction to pain medications. When I asked about other psychiatric symptoms, she said that she takes benzodiazepines (benzos) for anxiety and panic attacks, and Adderall for ADHD. I explained to her that benzos are dangerous for addicts and are intended for short-term use. I also explained that it makes no sense to take them with amphetamines because benzos cause deficient attention. Worry consists of too much attention to a problem or a fear, and benzos prevent the brain from attending, attaching, and remembering. Stimulants cause wakefulness, attention, tight muscles, and anxiety. Benzodiazepines cause drowsiness, relaxation, and the inability to remember what you were supposed to worry about. Another prospective patient complained that she has constant severe anxiety attacks, triggered by "any little dilemma," and that she cannot find a physician who will treat her with anything "to calm her down." She is a single mother and is worried that she is so "scattered and anxious and upset all the time" that it is affecting her ability to be a good parent.

Although I think there are appropriate uses for benzodiazepines for short-term conditions, when given long-term, they can cause problems, which is why I can think of 12 reasons to avoid prescribing benzos for "anxiety."

1 When I ask a patient to describe his or her symptoms without using the word *anxiety*, I often find that the patient is bored, restless, angry, depressed, overwhelmed, or appropriately frightened. Consider the single mother mentioned above who is feeling overwhelmed, angry, tired, afraid, hopeless, depressed—feelings that when added together become anxiety. Should she be given a medication that will make her sleepier, more forgetful, more scattered, and more disinhibited?

2 Patients often escalate their dose, no matter how many times they promise that they won't. Dose escalation is not the patient's fault—it is simply what benzos do. Once a pattern of dose escalation begins, it is difficult to control; patients will call after two weeks, reporting that they are out of meds, and the doctor will feel pressured to issue a refill to prevent withdrawal.

3 Benzos turn manageable anxiety into an anxiety disorder. Patients get a calming effect from the medication, but as the medication wears off, the anxiety returns, including extra anxiety from a rebound effect—a miniature form of withdrawal.

4 Addicts don't take sedative medications to achieve the absence of anxiety; they do so to feel relaxed. There is a difference between the two states: one is feeling normal without feeling excessive worry or panic; the other is feeling something

other than feeling normal. This is simply a consequence of the conditioning process during addiction. Addicts are not aware that they are seeking a fuzziness that non-addicts often find to be uncomfortable.

5 Benzos direct the person's attention inward. A goal in treatment is to get the addict out of his or her own head to experience life on life's terms. Benzodiazepines promote the opposite effect, encouraging the addict to focus on internal feelings and sensations.

6 Addicts with one favored class of drugs, for example opiates, will often move to a different substance when the first drug of choice is removed. This phenomenon is called "cross addiction."

7 In addicts, benzos help preserve the mistaken belief that the person cannot function without taking something.

8 Benzos impair driving and motor skills, and make a person appear intoxicated by causing slurred speech, forgetfulness, and sometimes loopy behavior, risking the person's job and having other unforeseen consequences.

9 Benzos have been linked to fetal anomalies and early miscarriage.

10 Benzos destroy sleep in the long run through tolerance and rebound effects. If the patient takes the benzo during the day, he or she will be trying to sleep just as the sedation is wearing off. The alternative is to take the medication at bedtime, defeating the goal of finding relief for daytime anxiety. If the person takes benzos both day and night, tolerance quickly increases.

11 The need to taper off benzodiazepines and the risk of seizures and worse during withdrawal.

12 Benzodiazepines may calm a truly anxious patient, but they do not generally increase the patient's function.

I do prescribe benzodiazepines, usually for the short-term or while recommending they be taken no more than every other day. Some patients do fine with them, but for others, benzos are a Pandora's box that should never be opened. *md*

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