

Benzodiazepines for Generalized Anxiety Disorder: A Review

Context

Generalized anxiety disorder (GAD) is a chronic and disabling disorder characterized by excessive anxiety and uncontrollable worry about everyday life. For a definitive diagnosis, patients will also have at least three of the following symptoms: restlessness, difficulty concentrating, sleep disturbances, irritability, muscle tension, and becoming easily fatigued. More common in women, the lifetime prevalence of GAD is estimated to be as high as 6.6%. GAD is often seen together with other conditions such as panic disorder, phobias, obsessive compulsive disorder, depression, and health anxiety. Medication is the primary treatment modality for GAD and may be accompanied by psychological treatment such as cognitive behavioural therapy.

Technology

Selective serotonin reuptake inhibitors (SSRIs) or selective norepinephrine and noradrenaline reuptake inhibitors (SNRIs) are first-line drugs for the treatment of GAD. While effective, they can produce adverse events and have a slower onset of action during which anxiety may increase. Benzodiazepines (BZDs) are a class of drugs commonly used to treat anxiety disorders that work to decrease nerve activity in the brain. Although they work quickly to treat anxiety in the short-term, they may result in adverse events, dependency, and substance abuse over the long-term.

Issue

A review of systematic reviews and evidence-based clinical practice guidelines on the short- and long-term use of BZDs in patients with GAD will help to inform decisions about GAD therapy.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Key Messages

Short-term BZDs for GAD is recommended:

- for patients taking antidepressants but not yet responding
- for patients in acute crisis
- for patients whose anxiety has increased.

Long-term BZD use in GAD is not recommended unless:

- patients cannot tolerate or do not respond to first-line pharmacotherapies.

The maximum daily dose for long-term BZD therapy in GAD is uncertain.

Caution is advised for the elderly, children, and for pregnant or breastfeeding woman.

Results

The literature search identified 316 citations, 10 of which were deemed potentially relevant. An additional 6 articles were identified from other sources. Of these 16 reports, 6 met the criteria for inclusion in this review: 2 systematic reviews and 4 evidence-based guidelines.

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