Toward Rational Use of Benzodiazepines in Posttraumatic Stress Disorder

To the Editor: A recent study in the Journal by Lund et al has provided important data: benzodiazepines are still prescribed to 30.6% of an American veteran posttraumatic stress disorder (PTSD) population, although from 1999 to 2009 there was a 17% decline. In a comment, Capenart encourages this trend, assuming that this decline may reflect greater use of evidence-based therapies. Indeed, expert consensus guidelines recommend against the use of benzodiazepines in PTSD, even though there is only 1 randomized controlled trial (RCT) that did not find a significant advantage of benzodiazepines over placebo. Furthermore, PTSD is highly comorbid with substance disorders and therefore prone to detrimental addiction effects, and benzodiazepine-induced anterograde amnesia has been proposed to interfere negatively with exposure-based psychotherapies. Substantial ambivalence exists regarding the proper use of benzodiazepines in PTSD, as illustrated by a prescription frequency variation of 14.7%–56.8% among 137 facilities in the United States. Moreover, the preponderance of clinical research on selective serotonin reuptake inhibitors (SSRIs) in PTSD has made some wonder why benzodiazepines are prescribed at all.

Still, preclinical evidence has offered promising potential. In particular, data from studies on the reconsolidation phase of memory, which is activated by reexposure to conditioned stimuli, show that specific traumatic memory is fragile and prone to disruption, as which is activated by reexposure to conditioned stimuli, show that finding the optimal memory reactivation length may become alternative strategies, is not an option. Future research is warranted; against current benzodiazepine use in PTSD, without providing good news and why we’re not done yet. J Clin Psychiatry. 2012;73(3):307–309.

References

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