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Benzodiazepines Do Not Cause Suicide or Suicide Attempts

To the Editor: It is unfortunate that a recent literature review published in the *Primary Care Companion for CNS Disorders* concluded that “benzodiazepines appear to cause an overall increase in the risk of attempting or completing suicide.”^{1(p1)} As the authors of a study² that found no such relationship, which was cited in the review, we feel it is important to point out to your readers the serious flaws in the author’s methodology, which led him to unwarranted conclusions. The majority of the studies cited in the literature review were unable to control for confounding variables including severity of anxiety, severity of depression, or that benzodiazepines are more likely to be prescribed to patients who are already at an increased risk for suicide because of their anxiety disorder.^{3–5} Of the 17 studies included in the review,¹ only 2 were placebo controlled. The first,⁶ in healthy volunteers, was not a study of attempted or completed suicide. The second,⁷ which the author states is “the most striking illustration”^{1(p1)} that benzodiazepines are associated with an increased risk of suicide was a small 16-patient study of patients suffering from severe borderline personality disorder, which reported higher rates of disinhibition, not suicide. Furthermore, Gardner and Cowdry⁷ pointed out in their article that “since there was no standardized benzodiazepine comparison group, it is impossible to determine whether the incidence of disinhibition was higher for patients taking alprazolam”^(p99) and that higher than usual doses of alprazolam were used.

In his review, Dr Dodds failed to include or cite several important published literature reviews^{8,9} that do not substantiate the argument that benzodiazepines are associated with rage attacks, physical assault, self-destructive behavior, or depression.

Studies such as ours² and others,¹⁰ which allowed for the assessment of behavioral disturbances in a high-risk population under 24-hour observation, found no increased risk of suicide or suicide attempts in patients taking benzodiazepines. A third study¹¹ done in 47 psychiatric hospitals in Germany, which Dr Dodds mistakenly used to support his opinion that benzodiazepines are associated with an increased risk of suicide or suicide attempts, also did not conclude that there was an increased risk of suicide or suicide attempts in patients taking benzodiazepines.

The invocation by Dr Dodds of the Bradford-Hill criteria for causation¹² is inappropriate because no statistically significant association of benzodiazepines with an increased risk of suicide or suicide attempts was reported by Dr Dodds. No meta-analysis was done. If no statistically significant positive association is found, it cannot be said that exposure to the drug is associated in any way with the outcome, much less that cause and effect has been established. The analysis of potential causality would be over; there is no causality.¹³

In conclusion, benzodiazepines play an important role in decreasing symptoms of anxiety, which in turn reduces the risk of suicide.¹⁴ The totality of the reliable scientific evidence does not support the conclusion that benzodiazepines are associated with, let alone causally associated with, an increased risk of suicide or suicide attempts.

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