

Benzodiazepines

Benzodiazepines are sedative medicines used mainly for anxiety and insomnia. In recent years concerns have been raised about their use for the following reasons:

1. Accidental overdose. The rate of death from accidental overdose with sedatives (mainly pain medicines and benzos) has exceeded the rate of death from automobile accidents in adults¹. These deaths are accidental, and are not suicide; they may happen because the medications impair memory so people take more than intended.
2. Addiction potential. People can develop tolerance or addiction to benzos, especially if they are taken daily for more than three months. Addiction means that people overuse the medication to get a rewarding effect from it. Tolerance means that the medicine can stop working and withdrawal problems (including seizures) can occur if it's stopped suddenly.
3. Lack of therapeutic value. Most research suggests that anxiety disorders are worse in the long term if benzos are used, even though they reduce anxiety in the short term.

The Controlled Substance Database

To prevent these problems, the state of North Carolina developed a controlled-substance database. Whenever you fill a prescription for a controlled substance, the system records the date, amount, pharmacy and prescriber.

Physicians and pharmacists check this database, and we are not allowed to prescribe early refills for these medicines. If there are irregularities in your database, physicians may not be able to prescribe controlled substances for you. Examples of things that would be problematic include:

- Calling for early refills of controlled substances
- Obtaining the same class of controlled substances from multiple physicians (classes are "Benzos and sleep meds", "Pain meds" and "Stimulants")
- Using multiple pharmacies or changing pharmacies frequently
- Allowing other people to use your medication or fill prescription in your name (this is also illegal)

With all these problems you may wonder why benzos are prescribed. The reason is that anxiety disorders are very impairing: they are among the ten most common causes of disability. Benzos best used short term or taken very rarely on an as-needed basis.

Other Hope for Anxiety

Unfortunately psychiatric medications are not as effective for anxiety as they are for other conditions. The good news is that therapy usually works better than medicine for anxiety. Cognitive-behavioral therapy (CBT) causes physical changes in the brain which help people manage anxiety better for years to come. The benefits of CBT are even greater when people avoid benzos while they are learning the therapy, and there is a specialized form of CBT we offer which helps people come off benzodiazepines.

How to Reduce Risks with Benzos

1. Take as little as possible. Unlike other psychiatric medications, benzos are not good for the brain. They are best used only in emergencies after other means of reducing anxiety have been exhausted.
2. Avoid taking benzos with alcohol or other sedative medications such as ambien, lunesta, sonata, and opioid pain medications. When combined, these can cause death through respiratory depression. Alcohol and benzos act on the same receptors in the brain.
3. Use extra caution when operating cars or machinery. Benzos increase the risk of falls and impair motor skills and reaction time. You could be charged with driving under the influence (DUI) if you have an accident or traffic violation after taking them.
4. If you are taking benzos long-term, work with your doctor to treat the underlying cause of the anxiety so that you can lower your dosage. Start a behavior therapy program that targets anxiety (see www.anxieties.com). We offer several therapies at the Mood Treatment Center which are tailored for specific anxiety disorders.

Agreement on the Use of Controlled Substances (keep this copy for your records)

I understand that my use of controlled prescriptions is monitored and regulated by state agencies. While I am in treatment at the Mood Treatment Center I will strive to prevent problems in my controlled-substance record. Specifically I agree that:

1. I will not request early refills of controlled substances.
2. I will keep regular office visits and receive refills at the office rather than by phone or through automated pharmacy refill systems.
3. In rare cases when I am unable to keep an office visit I will provide one week notice for refills of controlled substances to allow time to check the state database.
4. If I think I need to change the dosage or type of controlled substance I am taking, I will schedule an office visit rather than trying to make changes on my own or by telephone.
5. I will not allow others to use my medication.
6. I will not receive prescriptions for benzodiazepines from other physicians without informing the Mood Treatment Center (unless it is part of a hospital stay).
7. Special notes: some states may not honor out-of-state prescriptions for controlled substances. Controlled substances will show up on urine drug screens.

Partial list of Controlled Substances

Benzodiazepines: Alprazolam, Xanax, Chlordiazepoxide, Librium, Clonazepam, Klonopin, Clorazepate, Tranxene, Diazepam, Valium, Estazolam, ProSom, , Flurazepam, Dalmane, Lorazepam, Ativan, Oxazepam, Serax, Phenazepam, Phenazepam, Temazepam, Restoril, Triazolam, Halcion Midazolam, Versed. Note: Midazolam/Versed is often used as a mild anesthetic in surgery.

Sleep Medications: Ambien, Edluar, Zolpidem, Sonata, Zaleplon, Lunesta, Eszopiclone.

Stimulants: Ritalin, Concerta, Metadate, Methylphenidate, Focalin, Dexmethylphenidate, Adderall, Amphetamine Salts, Vyvanse, Dexedrine, Dextroamphetamine.

Other (these are not prescribed at our center): Opioids (vicodin, oxycontin, percocet, codeine), Suboxone, Xyrem, Barbiturates.