

ANXIETY: treat with caution



GILLIAN NEEDLEMAN
BA, GradDip Adol&ChPsych, MPsych, MAPS

Clinical psychologist, Jean Hailes for Women's Health

In managing anxiety disorders, consider the option of talking therapies as well as tablets.

THE recent TGA decision to reschedule the short-acting benzodiazepine alprazolam (Xanax) as a Schedule 8 drug may highlight a wider issue than just over-use and misuse.

It is important to look at why the supply of alprazolam has increased by 1426% in the decade to 2010. This issue is particularly relevant to women, as they experience higher levels of anxiety than men (18% vs 11%) and are therefore more likely to be prescribed benzodiazepines.

Women aged 25–34 years have the highest prevalence of anxiety disorders, which coincides with the peak reproductive years.

This is significant not only because benzodiazepines such as alprazolam are powerful drugs with a high risk of dependency but

also because of the known teratogenic effects of benzodiazepines and the transfer into breast milk.

It is also important to note women were over-represented in the 43% increase in emergency toxicology cases – including overdoses and dangerous mixing of drugs – linked to benzodiazepines at a major hospital in a five-year period.

As one in 10 people experiencing an anxiety disorder are solely managed by a GP it is critical to understand why some practitioners may choose to prescribe benzodiazepines such as alprazolam, diazepam, temazepam or oxazepam in conjunction with, or instead of, other therapeutic approaches.

LIMITED ROLE

The Medical Practitioners Board and the Royal Australian and New Zealand College of Psychiatrists now recommend alprazolam has a limited role in the treatment of panic disorder and anxiety, and that other means should be used as first line treatment.

In addressing the question of which therapies are most effective in the management of anxiety disorders there are three significant findings:

- Cognitive behavioural therapy (CBT) and pharmacotherapy

were found to be more effective than no treatment or placebo.

- Concurrent CBT and pharmacotherapy has not been found to be superior in the longer term to either treatment alone.
- Interestingly, evidence indicates patients value both CBT and pharmacotherapy but tend to prefer CBT to medication for the treatment of anxiety disorders and see CBT as more likely to be effective in the long term.

However, clearly with the rise in prescription of alprazolam, many GPs are choosing medication alone to treat patients with anxiety.

This is despite strong evidence that use beyond the recommended two to three weeks results in dependency.

WITHDRAWAL SYMPTOMS

Benzodiazepines are associated with withdrawal aversion dependency where patients continue to take the medication to avoid the symptoms of withdrawal.

Patients often attribute withdrawal symptoms such as increased anxiety, insomnia, headaches, dizziness, depression, muscle cramping or spasm and hypersensitivity of vision, hearing, touch and taste to the original complaint and are often unaware they are experiencing withdrawal-related symptoms.

Practice points

- Cautious prescribing includes careful history and examination and assessment of risk.
- A clear management plan should include patient information on the potential harms associated with benzodiazepines and emphasise reasons for short treatment duration.
- Quality patient-focused care involves weighing up the balance between the modest benefits of benzodiazepines with the substantial risks and harms in some patients.
- Wherever possible avoid prescribing benzodiazepines to known polydrug users with dependence.
- All patients prescribed benzodiazepines should be advised of the risk of dependence associated with long-term use.
- The management of anxiety and insomnia should rely largely on non-pharmacological interventions.
- Management should include clarification of the problem, counselling and specific advice, plus referral where required.

The use of benzodiazepines may have a role in the acute phase of anxiety-related disorders, however longer-term use will result in dependency and, as a monotherapy, these agents will not provide the patient with critical life management skills.

TALKING THERAPIES

The key advantage of psychological treatments such as CBT is that it provides the patient with a range of skills which contribute to improved mental health and

reduces the risk of recurrence and relapse.

A psychologist will provide support, education and training in problem-solving, early awareness recognition and self-management skills, all of which improve the patient's overall quality of life. ■

References at medobs.com.au

Jean Hailes for Women's Health is a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au