



# A Pill to Fix Your Ills?

Valium and other benzodiazepine drugs work quickly to ease anxiety. But are they always the best solution?

BY HAL ARKOWITZ AND SCOTT O. LILIENFELD

*Mother needs something today  
to calm her down  
And though she's not really ill  
There's a little yellow pill  
She goes running for the shelter  
of a mother's little helper*

AS THESE LINES of the 1966 Rolling Stones song “Mother’s Little Helper” remind us, Valium and other members of the benzodiazepines class of tranquilizing drugs have long been a part of popular culture. But how well do these medications work, and what are their dangers?

At some point in their lives, 25 percent of Americans will develop an anxiety disorder: panic disorder, generalized anxiety disorder, phobias, obsessive-compulsive disorder, or post-traumatic stress disorder. Many other people will experience significant problems with anxiety and stress that are not severe enough to qualify for a formal diagnosis. It is therefore not surprising that psychiatrists and psychologists have sought effective treatments for anxiety. Psychologists have looked

primarily to psychotherapy and psychiatrists primarily to drug therapy.

The main type of psychotherapy that has been shown to be helpful in the treatment of anxiety problems is cognitive-behavioral therapy (CBT). This therapy involves gradual exposure to feared situations and the implementation of cognitive methods

to reduce the catastrophic thinking that is so common in anxiety. This therapy typically yields positive effects in approximately 16 sessions. When the anxiety problem is severe, however, or when other significant psycho-

proven helpful for anxiety. They typically require two to four weeks before they start to work and need to be taken daily. In contrast, benzodiazepines work soon after the patient swallows the pill—in most cases leading to relaxed feelings within 10 to 30 minutes. Benzodiazepines can be taken on either a regular or on an “as needed” basis. Given how they act, it is not surprising that they are among the most commonly prescribed medicines for anxiety [see table on opposite page].

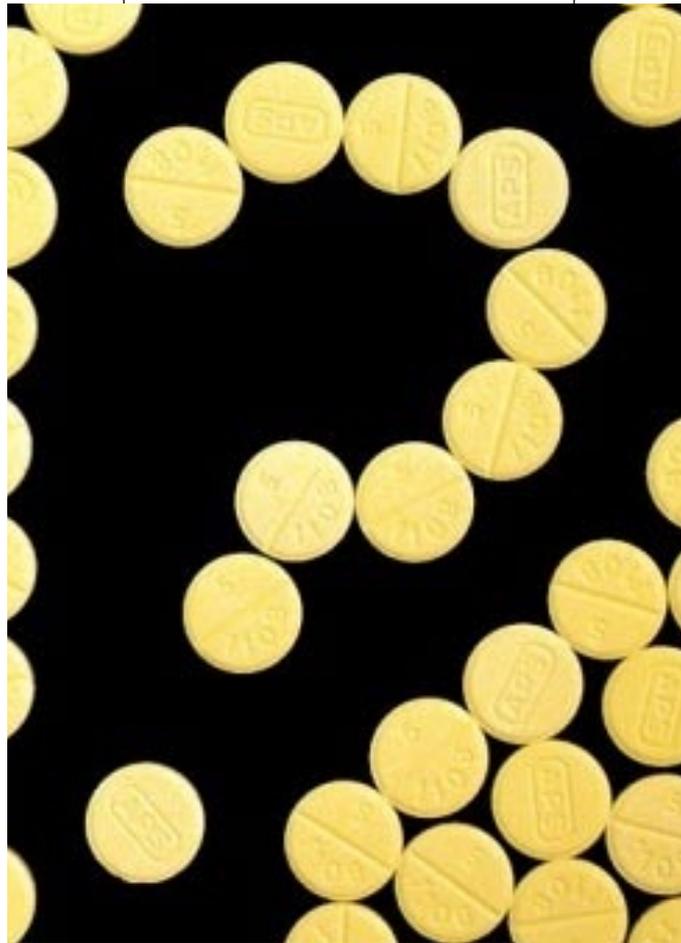
Despite this understandable appeal, numerous concerns and controversies surround the use of benzodiazepines. Further, many people are unaware of many of the potential problems with these drugs.

## Side Effects and Withdrawal

In general, benzodiazepines all have the same calming effects, but they differ in the strength of these effects (which also depends on dosage) and how long they stay in the system. Most people who take benzodiazepines experience

few side effects if they take them for short periods or on an as-needed basis. Yet because anxiety disorders are usually chronic, benzodiazepine treatment is often prolonged, resulting in an increased risk of side effects.

Side effects that can occur primarily with regular and extended use include physical and psychological dependence,



logical problems are present, therapy may take considerably longer.

Two main types of drugs are used to treat anxiety: selective serotonin reuptake inhibitors (SSRIs) and benzodiazepines. SSRIs, which include Prozac, Zoloft and Lexapro, constitute the most common drug therapy for depression, and they also have

COURTESY OF HAL ARKOWITZ (top); COURTESY OF SCOTT O. LILIENFELD (bottom); ADAM HART-DAVIS SPL /Photo Researchers, Inc. (Valium)

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withdrawal symptoms (especially when the medication is discontinued abruptly), reduced alertness, drowsiness, physical fatigue, impaired physical coordination, and memory loss. When benzodiazepines are ingested along with alcohol, the likelihood and strength of these side effects increase greatly, because both are central nervous system depressants. In rare cases, the results can be fatal.

One of the most common withdrawal symptoms is rebound anxiety—return of the anxiety at the same or worse levels than before. Studies have shown that 50 to 75 percent of people with panic disorder relapse when they stop taking benzodiazepines. Other possible withdrawal symptoms include abdominal pains and cramps, depression, dizziness, lethargy (physical and mental inertness), flulike symptoms, palpitations, insomnia and irritability. People who experience withdrawal often return to the medication to avoid these symptoms, which can result in a vicious cycle of dependence.

Benzodiazepines and newer related medications that aid sleep—for example, Ambien and Lunesta—are also commonly prescribed for people with insomnia, which is often associated with anxiety disorders. Although both sets of medications can cause dependence, this problem is less serious for the newer sleeping medications. A recent study on a new nonbenzodiazepine sleeping medication called Rozerem raises the possibility that it may not have potential for substance abuse or for motor or cognitive impairment, although psychological dependence is still a possibility.

### Drugless Option

Research studies show that a viable alternative to anxiety or sleeping medications of any kind is CBT, which

has proved quite helpful for patients. CBT and the benzodiazepines are about equally effective for anxiety when subjects are compared before and after treatment. After discontinuation of treatment, however, those who relied on a benzodiazepine experience much higher relapse rates. Generally, if patients keep taking the drug, they will relapse at a lower rate, but

then they risk the side effects of regular and long-term use. In contrast, no such problems exist with CBT. Moreover, drug therapy is considerably more expensive than CBT because the medications must be taken continuously for their effects to persist. In contrast, the effects of CBT endure fairly well after treatment has ended.

Is combining CBT and antianxiety medication better than using either alone? Studies find that combined treatments (when the drug is either a benzodiazepine or SSRI) do not do any better than either treatment alone or that subjects administered medication show significantly higher relapse rates when it is discontinued.

So, what's the bad and good news? First, the bad news. Benzodiazepines work only as long as you continue to take them. They can cause psychological and physiological dependence, lead to serious withdrawal symptoms and engender a number of other undesirable consequences.

Now the good news. Used on an as-needed or short-term basis, benzodiazepines can alleviate anxiety problems while minimizing side effects. Used regularly, they are effective in reducing anxiety problems but cause side effects. Tapering off the drug, rather than stopping abruptly, can minimize problems with withdrawal.

Anyone seeking treatment for an anxiety problem would do well to first consider CBT. This treatment is more effective and cheaper than drug therapy and does not cause dependence, withdrawal or other side effects.

A second option to explore before taking benzodiazepines are SSRIs, which have fewer problems with dependence and withdrawal. As a third option, benzodiazepines may be helpful when their use is closely monitored by a knowledgeable psychiatrist or other medical professional. **M**

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COMMONLY PRESCRIBED BENZODIAZEPINES FOR ANXIETY	
COMMON BRAND NAME	GENERIC NAME
Xanax	Alprazolam
Klonopin	Clonazepam
Diazepam	Valium
Lorazepam	Ativan

### (Further Reading)

- ◆ **No More Sleepless Nights.** Second edition. P. Hauri and S. Linde. John Wiley & Sons, 1996.
- ◆ **Clinical Handbook of Psychological Disorders.** Third edition. D. Barlow. Guilford Press, 2001.
- ◆ **SSRIs in Depression and Anxiety.** Edited by S. A. Montgomery and J. A. Den-Boer. John Wiley & Sons, 2001.