Benzodiazepines may hasten improvement in major depression for up to six weeks

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THE PROBLEM: Depression often presents with anxiety. The rate of anxiety comorbidity among patients with depression varies from 33% to 85%. Reviews of randomised controlled trials show, however, that anxiolytic benzodiazepines, with the possible exception of some triazolo-benzodiazepines for mild to moderate depression, are less effective than standard antidepressants in treating major depression. The advantages of adding benzodiazepines to antidepressants are unclear. There are suggestions that benzodiazepines may lose their efficacy with long-term administration and that their chronic use carries risks of dependence.

CLINICAL BOTTOM LINE: Benzodiazepines are effective in improving depression symptoms for the first six weeks, but after that appear to have no benefit. They seem to work in addition to tricyclic antidepressants such as imipramine in moderate to high doses (100 to 145mg) with triazolam 0.5mg and fluoxetine 20 to 40mg with clonazepam 0.5 to 1mg. There are concerns about the risk of hip fracture in the elderly but the NNH=90 for those on antidepressants/anxiolytics.1

Table 1. Major depression

<table>
<thead>
<tr>
<th>Benzodiazepines in addition to antidepressants</th>
<th>Success</th>
<th>Evidence</th>
<th>Harms</th>
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</thead>
<tbody>
<tr>
<td>At six weeks NNT=8 (range 5 to 29) in terms of improved symptoms</td>
<td>Cochrane review2</td>
<td>No additional benefit after six weeks plus risk of addiction. NNH=90 for hip fracture in elderly</td>
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NNT = numbers needed to treat
NNH = numbers needed to harm

References