

# String of PEARLS

Practical Evidence About Real Life Situations

**PEARLS** are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by the Cochrane Primary Care Field, New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland, funded by the New Zealand Guidelines Group and published in *NZ Doctor*.

- Psychological therapy based on CBT is effective short-term treatment for generalised anxiety disorder
- Musical therapy for depression may improve mood
- Psychosocial & psychological interventions are effective for postpartum depression
- Antidepressants are effective for neuropathic pain
- No evidence supports use of antidepressants for nonspecific low-back pain
- CBT for tinnitus improves quality of life
- CBT is possible treatment for children with recurrent abdominal pain

**DISCLAIMER:** PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.



## 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.<sup>1</sup>

Table 1. Major depression

	Success	Evidence	Harms
<b>Benzodiazepines in addition to antidepressants</b>	At six weeks NNT=8 (range 5 to 29) in terms of improved symptoms	Cochrane review <sup>2</sup>	No additional benefit after six weeks plus risk of addiction. NNH =90 for hip fracture in elderly

NNT = numbers needed to treat  
NNH = numbers needed to harm

### References

- Robbins J, Aragaki AK, Kooperberg C, Watts N, Wactawski-Wende J, Jackson RD, LeBoff MS, Lewis CE, Chen Z, Stefanick ML, Cauley J. Factors associated with 5-year risk of hip fracture in postmenopausal women. *JAMA* 2007; 298(20):2389–98.
- Furukawa TA, Streiner DL, Young LT, Kinoshita Y. Antidepressants plus benzodiazepines for major depression. *Cochrane Database of Syst Rev* 2001; Issue 3. Art. No.: CD001026. DOI: 10.1002/14651858.CD001026. All people residing in New Zealand have access to the Cochrane Library via the Ministry website [www.moh.govt.nz/cochranelibrary](http://www.moh.govt.nz/cochranelibrary)