International Task Force on Benzodiazepines

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This brief editorial is a statement to introduce a new working group on benzodiazepines, the International Task Force on Benzodiazepines, which comprises independent scientists, clinical researchers, and clinical psychopharmacologists. No references are included here as it would be beyond the scope and goal of this introduction, but a full review on benzodiazepines will be the topic of a number of papers and presentations in the near future.

Benzodiazepines have been with us since the dawn of modern psychopharmacology. Chlordiazepoxide, the first benzodiazepine, was discovered by Leo Sternbach in the late 1950s and was approved for use in the USA in 1960. Sternbach, a genial chemist, also discovered several other benzodiazepines, such as clonazepam, diazepam, flurazepam, flunitrazepam, and nitrazepam.

Benzodiazepines quickly became popular and widely used due to their versatility, tolerability, and ease of use. As they have anxiolytic, anticonvulsant, hypnotic, muscle

relaxant, and sedative properties, they have been used widely and remain the most widely prescribed psychotropic medications among all medical specialties. Psychiatrists have been using benzodiazepines for the treatment of anxiety disorders, insomnia, alcohol withdrawal, and as adjunct therapy for many other indications since their discovery. The anxiolytic properties of benzodiazepines are still unsurpassed by other psychotropic medications, such as antidepressants and antipsychotics that are used in the treatment of anxiety disorders and anxiety symptoms in other mental disorders. Their adverse effect profile is relatively benign, with sedation and possible cognitive impairment being noted most frequently.

In spite of the unquestionable benefits of benzodiazepines and their popularity among physicians of various disciplines, we have witnessed a fairly negative campaign against benzodiazepines, which are often described as being readily abused (although their abuse liability is low and, if abuse occurs, it is in the context of other substance

abuse). Interestingly, this campaign has intensified since the advent of selective serotonin reuptake inhibitors (SSRIs) in the mid-1990s. The SSRIs, originally approved for the treatment of depressive disorders, were quickly approved for various anxiety disorders despite the lack of sufficient evidence (i.e., comparison to the existing efficacious anxiolytic drugs, benzodiazepines), and they are now promoted as the first-line treatment for these disorders. In addition, the scientific literature has gradually and surreptitiously been flooded with more and more articles on “negative” properties of benzodiazepines. While many of these publications have either not been based on good science or been frankly biased, they easily achieved a common goal that negative propaganda frequently reaches: they aroused suspicion of benzodiazepines and suggested difficulties in using them, while overlooking their benefits. An “illusion of truth” effect then occurred as frequently repeated negative information and half-truths gradually became the truth as benzodiazepines were given a “bad” name and their reputation was damaged, especially in some scientific circles. Even prescribing these drugs has become a cumbersome procedure around the world.

The International Task Force on Benzodiazepines, as a group of investigators and clinical psychopharmacologists with long-standing clinical and scientific expertise, has been concerned about this excessively negative trend. We feel that benzodiazepines have not been given proper attention during the last 2–3 decades, they have not been adequately compared to other psychotropic medications in various indications, and their risks and side effects have been overemphasized. Some of us feel that benzodiazepines have been the subject of an unspoken “commercial war.”

This Task Force will be working on presenting various psychiatric and medical audiences with information about benzodiazepines which is evidence based, balanced, unbiased, and clinically relevant and useful. We believe that our colleagues deserve such information as it

will encourage our common goal of treating our patients effectively, properly, and safely. We hope to preserve benzodiazepines as a valuable part of our armamentarium.

Disclosure Statement

Dr. Balon, Dr. Chouinard, Dr. Cosci, Dr. Fava, Dr. Freire, Dr. Greenblatt, Dr. Nardi, Dr. Rickels, Dr. Salzman, Dr. Shader, Dr. Silberman, Dr. Sonino, Dr. Starcevic, and Dr. Weintraub have no conflicts of interest.

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Dr. Roth has consulted for Merck, Pfizer, Novartis, Jazz, Purdue Eisai, SEQ, Avadel, GSK, Pernix, and Sanofi.