



The Pharmacy Connection

A forum for pharmacy related news and updates for DMH programs

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A Message from the Medical Director, Roderick Shaner, M.D.

The role of benzodiazepines in treating the people we care for in the Department of Mental Health remains controversial. Safer and more effective medications (e.g. SSRIs) are available for some of the indications for benzodiazepines such as treatment of anxiety disorders. For people with co-morbid substance abuse, research and clinical experience suggest that benzodiazepines increase addictive behaviors, complicate recovery, and worsen cognitive disturbances.

Our rate of prescribing benzodiazepines and similarly acting medications in individuals with co-occurring substance use disorders (COD) is lower than for those without a co-morbid diagnosis. However, prescriptions of benzodiazepines in individuals with substance use disorders represent significant clinical risk due to potential adverse outcomes including overdose and unexpected harmful interactions with other medications.

Monthly Average of Indigent Clients Prescribed a Benzodiazepine	
Without a COD diagnosis	17%
With a COD diagnosis	10%

Most Common Benzodiazepines Prescribed		Non-DMH Formulary; Benzodiazepine-like Hypnotics
DMH Formulary	Non-DMH Formulary	
Lorazepam	Alprazolam	Eszopiclone Zolpidem
Temazepam	Clonazepam	
Triazolam	Diazepam	
	Oxazepam	

DMH parameters require extreme caution in using benzodiazepines in individuals with co-morbid substance use disorders, especially alcohol abuse or dependence. A strong clinical rationale must be carefully documented when such a prescription is written.

