



DID YOU KNOW?

WORLD BENZODIAZEPINE AWARENESS DAY

JULY 11

The history of benzodiazepines (BZs), or "benzos," (Xanax, Ativan, Klonopin, etc.) is significantly controversial:

In 1988, Upjohn conducted their own study of Xanax for use in panic disorder. It was a randomized controlled trial (RCT) in 2 different cities with like results. Xanax patients (pts) initially improved, but by week 4, improvement stopped. At 8 weeks, drug pts were withdrawn. At the 14-week mark (in the drug group): 35% deteriorated significantly and had to reinstate, 35% had rebound symptoms worse than baseline, and another 35% experienced excruciating new physical and emotional symptoms (sx). Article abstracts in the Archives of General Psychiatry highlighted only the early, positive results of the study. The lead researcher of the study, Isaac Marks, has called the handling of the results "a classic demonstration of the hazards of research funded by industry."

According to a 2004 report for The British House of Commons Health Committee, pharmaceutical companies have deliberately issued defective info on Ativan in UK Data Sheets. The 1972 lorazepam 'De Buck' trial omitted withdrawal seizures experienced by patients after just 3 weeks of use. Notable people who spoke up include Wyeth's medical director, Thomas Harry.

Britain's largest class action suit (1986-96) against a drugmaker saw 16k litigants agree that BZ makers were negligent in giving adequate warning.

Wyeth & Roche slowed legal proceedings to a point where legal aid ran out for plaintiffs and the suit was abandoned.

The makers of Ativan today write that the entire class of drugs in general should not be prescribed for longer than 2-4 weeks in their package leaflet.

They write that withdrawal symptoms like rebound insomnia (meaning worse than baseline) can appear upon cessation in as little as after one week of use.

There are no RCTs showing sustained benefit in anxiety states when they are used chronically on a daily basis.

In 1991, BZs were added to The Beers List of drugs potentially inappropriate for the elderly.

This is in spite of the fact that it's most widely prescribed to this population, with 8-9% of the elder U.S. population being prescribed.

Many esteemed individuals, institutions, and government bodies advocate for short-term (2-4 weeks, including taper) use only.

There are reputable 'prescribing guidelines' calling for such use around the world. In 2016, NYC & PA issued short-term government guidelines.

The VA/DoD 2010 Practice Guideline for the Management of PTSD recommends against the use of BZs for PTSD.

Today, the VA cites a meta study by Guina et al., claiming that PTSD is made 2-5 times worse with BZs.

Existing estimates regarding the percentage of people who will experience withdrawal and/or neurological damage/insult from long-term BZ prescription vary anywhere from 20-80%.

The estimates so disparate because long-term studies are grossly lacking. The support website BenzoBuddies.org has ~38,000 members as of 2018, the vast majority of whom are iatrogenic sufferers who compliantly took their benzodiazepines as prescribed by a healthcare professional.

The traffic moving through BenzoBuddies.org is substantial. In December 2017, there were 3,249,912 page impressions of the forum alone. For all of 2017, the total number, for the forum alone, was 46,627,350. A general search for the term "benzo withdrawal" yields 14,000 personal video blogs on YouTube as of 2018.

Never abruptly stop or rapidly reduce the benzodiazepine class of medication. Doing so may cause seizures, psychosis, suicide ideation/action, severe withdrawal, neurological damage/insult, and/or death). Consult The Ashton Manual (benzo.org.uk/manual) and share it with your medical provider. Some medical professionals may be ill-informed about BZ physical dependence, withdrawal, slow tapering protocols, and/or neurotoxicity, but their cooperation may be necessary. Any information provided on this handout should not be substituted for the advice of a healthcare provider who is well-informed about prescribed benzodiazepine physical dependence, withdrawal, and neurotoxicity.

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