

MEETING ABSTRACT

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Use of benzodiazepines in the treatment of major depressive disorder in an outpatient mental health center

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Background

The reviewers report that a combination of benzodiazepines (BZD) with antidepressants work in favour of the treatment of depression, because it decreases drop outs of treatment and it increases short-term response up to four weeks [1]. Early achievement of symptomatic remission is critical to the long-term success of treatment [2].

Materials and methods

Using a sample of 100 patients with MDD who have been visited in Barcelona's Sant Martí Sud outpatient mental health center during the year 2008, sociodemographical (gender, age) and clinical data (toxic consume, psychiatric background, use of BZD) are analysed with SPSS 15.0 statistical package

Results

There is use of BZD in a 76% of the sample, with a predominancy of the female gender (72.4% vs 27.6%), a global average age of 56.55 ± 12.4 years. In relation to personal psychiatric background it can be observed in 47.4% the absence of these, followed by 39.5% in which there is presence of previous depressive episodes. There is a predominancy in the absence of toxic abuse (97.4%) and the absence of previous hospitalisations (81%)

It can be observed the following distribution by frequencies in the use of BZD: diazepam (25%), dipotassic clorazepate (23.7%), clonazepam (14.5%) and alprazolam (10.5%). The average dose was 10.2 mg/d for diazepam, 22.9 mg/d for dipotassic clorazepate, 2.7 mg/d for clonazepam and 1 mg/d for alprazolam.

Conclusions

The use of BZD in the DMM is large in our sample but the potential benefits of adding a BZD to an antidepressant must be balanced judiciously against possible harms including development of dependence and accident proneness, on the one hand, and against continued suffering following no response and drop out, on the other.

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References

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