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Are we really helping our patients with antidepressants and antipsychotics for GAD, panic and PTSD disorder? Benzodiazepines vs. antidepressants for anxiety disorders**Viktor Burcevski**

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A recent systematic review and meta-analysis by Kaplan (2013) that compared benzodiazepines with antidepressants for anxiety disorders, has triggered, in my first-line treatments for common mental health conditions, such as generalized anxiety disorder, PTSD, social anxiety disorder and panic disorder, and their efficacy in remission rates, both short and long-term. While there has been a shift in recent years toward using such newer antidepressants as SSRIs and SNRIs as first-line treatments for anxiety disorders instead of benzodiazepines, we question whether the shift is warranted. The change in the prescribing patterns that favor newer antidepressants over benzodiazepines in the treatment of anxiety disorders "has occurred without supporting evidence." There is no evidence to suggest that antidepressant drugs are more effective than benzodiazepines in anxiety disorders. Certainly, benzodiazepines have fewer side effects. Trials that compared benzodiazepines with the newer antidepressants, resulted in comparable or greater improvements and fewer adverse events in patients suffering from GAD or panic disorder. Venlafaxine extended-release, used in 540 patients with GAD showed no significant differences. "The shift from benzodiazepines to antidepressants is one of the most spectacular achievements of propaganda in psychiatry. . The use of antipsychotics for anxiety disorders follows the same lines." I argue that Benzodiazepines should be considered first-line pharmacological treatment for all anxiety disorders, in combination with a healthy diet, CBT and daily physical activity. However, whereas CBT is very good for anxiety because it strengthens the individual, improves your coping ability, and lets you become more resilient to stress, benzodiazepines may do the exact opposite. It has not been extensively investigated, but it is probably true that benzodiazepines may sometimes interfere with CBT programs. CBT requires some anxiety that individuals need to experience upon exposure to desensitize themselves over time. But if they take a potent anti-anxiety drug, they just won't be anxious.

Biography

I am a highly qualified and awarded Registered Nurse, with a specialty in Health Science (Public Health). I am also studying for an Honours Degree in Psychology and Criminology I have extensive experience working some of the most demanding and challenging emergency departments within the country, especially within very remote areas. I have managed to retain my own unique and individualistic approach to nursing, which is a constant hunger for knowledge and an ability to quickly create rapport with not only my patients but my colleagues, has been one of the main reasons for my many successes. I am also an entrepreneur and operate my own IT business, specialising in complex data recovery procedures for corporate clients. Coming from a Public Health background, I have worked on several health promotion projects. My most successful being those that translate research evidence into "real-world" interventions, especially within the mental health field.

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