

Anxiolytic Medications (Antianxiety)

The use of psychotropic drugs may be indicated in severe emotional distress even if it is not psychosis, and has no risk to the patient or others. Short-term anxiolytic therapy (although it does not replace psychotherapy) is particularly favorable for the excited and very anxious patient during psycho-social crisis. Anxiolytics also recommended for patients with acute panic reaction, if it can not be reduced in the usual way.

Moreover, anxiolytics are used in urgent therapeutic and surgical treatment. They are used in nonpsychiatric practice to facilitate contact with patients and muscle relaxation during painful procedures, with convulsions, abstinent syndrome in alcoholics, abolition of the sedatives or sleeping pills, and to remove anxiety and fear at the postponement surgery or other painful procedures.

Use of Anxiolytics (Benzodiazepines)

Before prescribing an anxiolytic a physician should ensure that patient is not experiencing a serious mental disorders. As the excitement and anxiety may be an initial manifestation of psychosis or of a severe affective disorders, anxiolytics should be prescribed with extreme caution to patients with a history of mental illness.

Some benzodiazepines have relatively long half-life. They include Diazepam (Valium), Chlordiazepoxide (Librium), Flurazepam (Dalman) and Prazepam (Centrax). Drugs with long half-lives are gradually accumulated in the body, thereby increasing its capacity and ability to cause sedation and confusion, especially among older people. With short-term use, these drugs may be prescribed to healthy people during an emotional crisis. A single dose of these drugs provides sedation and a tranquilizing effect in the next day. However, (excluding the use of diazepam for convulsions) in emergency medicine it is preferable to use of short-acting benzodiazepines such as lorazepam (Ativan), Oxazepam (Serax) and alprazolam (Xanax).

Alprazolam (0,25-0,50 mg orally) may be prescribed for acute panic attack but is highly addictive. Lorazepam is the only benzodiazepine with reliable intramuscular absorption. This property of lorazepam together with a short half-life and a very weak cardio-pulmonary toxicity makes it an ideal drug for use in an emergency department. Oral or intramuscular dose of 1-2 mg of the medication is usually effective. As with the appointment of any benzodiazepine this may require individual selection of doses: patients with alcoholism or abuse of sedative-hypnotic drugs are sometimes required higher doses, and patients with liver disease or severe depletion - lower doses.

Since benzodiazepines enhance the action of other drugs which depresses the central nervous system they should use extreme caution in patients with intoxication.

Side Effects of Benzodiazepines

The most common side effects include drowsiness, reduced mental activity, lethargy and ataxia, they are usually treated by lowering the dose. In this case the patient should avoid potentially dangerous activities such as driving or working with complex machines.

In older people paradoxical reactions - insomnia and agitation - occur more often, which requires drug discontinuation. Older patients using these drugs are at great risk for falling because of their sedative side effect.

Because benzodiazepines are addictive , emergency doctors should never prescribe them for more than a week.

Overdose of Benzodiazepines

Overdose of benzodiazepines can be fatal and these drugs should not be used in combination with other drugs or alcohol. The best form of treatment in such cases is supportive therapy.