

# Letters to the Editor

## What Role Do Benzodiazepines Have in Treating Patients with Anxiety?

**To the Editor:** As a psychiatrist embedded within a family practice setting, I have found that many of my primary care colleagues view benzodiazepines as a medication to be avoided completely or used only as a last resort. However, when used properly, benzodiazepines are an essential tool that can mitigate pain and suffering in patients who present with anxiety symptoms.

Benzodiazepines present risks of addiction and overdose, particularly among patients who concurrently use opioids.<sup>1</sup> Since 1996, overdose deaths involving benzodiazepines have increased fivefold, and the proportion of adults receiving and filling benzodiazepine prescriptions has also considerably increased.<sup>2</sup>

The underuse of benzodiazepines in patients who have untreated anxiety also has risks. I recall treating a patient in his mid-40s who struggled with severe periods of anxiety as part of his depression. The anxiety-fueled periods of physical and emotional distress included bouts of angina, diarrhea, and insomnia. He had been prescribed various antidepressants; they were not fully effective, and some produced intolerable adverse effects, including more anxiety. By adding a low-dose benzodiazepine along with an antidepressant to his treatment, my patient reached full stability. The benzodiazepine was then tapered but available for periods of exacerbation, which prevented him from relapsing into depression.

This example illustrates the complexity of managing anxiety as a chief symptom. Benzodiazepines have been found to be the fastest and

most effective approach to controlling anxiety symptoms.<sup>3,4</sup> In my experience, prescribing benzodiazepines requires low dosages that do not escalate (e.g., 1 mg or less per day, or 10 mg for diazepam [Valium]). If a patient requires escalating doses, this indicates that other problems need to be assessed, such as addictive behavior, iatrogenic causes, caffeine intake, or other undiagnosed medical problems. After anxiety symptoms are controlled, patients can be more successfully transitioned to alternative therapies.

Physicians always need to balance the risks associated with our tools of healing against the benefits. When used together with the right balance of other interventions (e.g., psychotherapy), benzodiazepines remain an essential treatment for patients with anxiety.

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## Benefits of Preparticipation Evaluation Extend Beyond Cardiac Screening

**Original Article:** Right Care for Children: Top Five Do's and Don'ts

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**See additional reader comments at:** <https://www.aafp.org/afp/2019/0315/p376.html>

**To the Editor:** We would like clarification on the intent of the recommendation to not routinely perform preparticipation sports evaluations. We agree with the authors that there are limitations of the preparticipation evaluation for the prevention of sudden cardiac death and

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identification of associated conditions. However, the potential usefulness of the preparticipation evaluation extends beyond cardiac screening. Additional purposes of the preparticipation evaluation are to promote the health and safety of the athlete, to identify conditions that may require a treatment plan, and to remove unnecessary restriction.<sup>1</sup>

Not only is the preparticipation evaluation the standard of care, but it is required for high school sports participation in 49 out of 50 states and Washington, D.C.<sup>2</sup> It may also represent the only regular contact that many adolescents have with a clinician. The preparticipation evaluation is a potential preventive care entry point and an opportunity to provide routine immunizations, screen for other conditions, and provide anticipatory guidance. Simply “not doing” preparticipation evaluations in adolescents is not practical or patient centered for physicians providing comprehensive primary care to these patients. As long as preparticipation evaluations are a requirement for sports participation among high school athletes, physicians should view them as an opportunity to positively affect the health and wellness of their patients.

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**In Reply:** We appreciate the thoughtful comments by Drs. Cunningham and Naughton about our recommendation against routine preparticipation sports evaluations for children. We agree that periodic visits with a primary care physician can help establish a strong physician/patient relationship. However, we question the use of mandated preparticipation evaluations as the appropriate strategy to achieve this goal.

As the authors state, preparticipation evaluations are a standard of care. The inclusion of this recommendation as a top five “Don’t” questions this standard and the resulting state-mandated requirements. These examinations are not well supported by evidence, have negligible to no benefits, and may lead to inadvertent harm. State mandates were well-intentioned attempts to respond to tragic events on sports fields across the country; however, mandated preparticipation examinations have not altered the frequency of these rare tragic events.<sup>1,2</sup>

The authors state, “Simply ‘not doing’ preparticipation evaluations in adolescent patients is not practical or patient centered for physicians providing comprehensive primary care to adolescents.” Patient centeredness is defined as: “[an] attitude that aims to deliver care that is respectful, individualized and empowering. It implies the individual participation of the patient and is built on a relationship of mutual trust, sensitivity, empathy and shared knowledge.”<sup>3</sup> Based on this definition, we disagree that compulsory office visits, which may cause children to miss school or after-school activities (including sports), are patient centered. Similarly, restriction of sports participation because of findings detected at these visits in asymptomatic patients is not particularly patient centered, especially when such restrictions have not translated into better outcomes.

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