Treatment of recent trauma survivors with benzodiazepines: A prospective study

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Abstract

Background: Most types of psychotropic drugs have been tried in the treatment of chronic posttraumatic stress disorder (PTSD), but have yielded limited results. Theory and retrospective research predict that early treatment may be more efficacious. Specifically, high-potency benzodiazepines have been recommended for the treatment of acute responses to trauma and for prevention of PTSD. This study prospectively evaluates the effect of early administration of benzodiazepines on the course of PTSD and PTSD symptoms. Method: Thirteen trauma survivors (the benzodiazepine group) were treated within 6.7 ± 5.8 days after the trauma (range, 2-18) with either clonazepam (N = 10, 2.7 ± 0.8 mg/day) or alprazolam (N = 3, 2.5 mg/day). Thirteen other trauma survivors, pair-matched with subjects in the active treatment group for gender and symptom severity in the first week after the trauma, constitute the control group. Both groups were reevaluated 1 and 6 months after the trauma for PTSD symptoms (Horowitz Impact of Event Scale; Mississippi Rating Scale for Combat-Related PTSD-civilian trauma version), PTSD status (Clinician Administered PTSD Scale), state anxiety, depression, and resting heart rate. Results: Subjects in the benzodiazepine group did not differ from controls in 1-month and 6-month PTSD and anxiety scores. Repeated measures ANOVA showed no group or group-by-time effect on psychometric measures. A trend toward group-by-time interaction in resting heart rate was noted (progressive decrease in the benzodiazepine group). Nine benzodiazepine subjects and 3 controls met PTSD diagnostic criteria 6 months after the trauma. Conclusion: Contrary to expectations, the early administration of benzodiazepines to trauma survivors with high levels of initial distress did not have a salient beneficial effect on the course of their illness, while reducing physiologic expression of arousal.