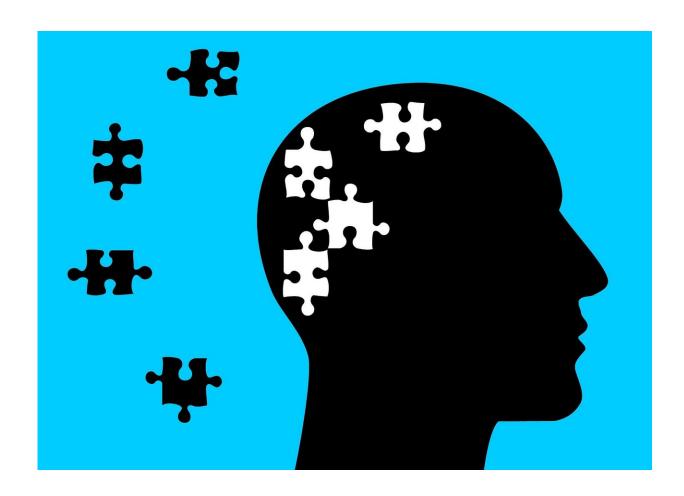


Benzodiazepines may decrease mortality in congestive heart failure

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A study published in the current issue of *Psychotherapy and Psychosomatics* indicates that treatment of anxiety with benzodiazepines



may improve survival in congestive heart failure. Depression (in various forms and as various entities) is usually the main focus of research and treatment among psychiatric comorbidities in CVD patients. Anxiety has usually been lumped together with depression as a risk factor and a treatment focus. Thus, treatment with newer antidepressants with lesser cardiac toxicity and touted efficacy for both depression and anxiety has been the preferred approach to depression and anxiety in patients with CVD. However, the results of the 2 reviewed studies in this issue suggest (a) an independent (of depression) association of anxiety and CVD, and (b) the favorable effects of medications other than newer antidepressants in patients with CVD.

Benzodiazepines are versatile agents useful in various indications. Unlike antidepressant drugs, their use is conceived as a short-term and intermittent treatment program and free of the side effects of many antidepressant drugs. Several treatment studies highlight the usefulness of benzodiazepines in relieving symptomatology and improving the well-being of patients with CVDs such as unstable myocardial ischemia and hypertension. Furthermore, epidemiological studies suggest that the risks associated with using benzodiazepines in CVD patients are lower than those associated with the use of antidepressants.

Evidence suggests that, depending on the specific clinical situation, benzodiazepines should be used in the treatment of anxiety disorders, possibly as a first-line treatment, in patients with CVD. Low-to-moderate doses of adjunct benzodiazepines seem to be helpful in silent myocardial ischemia, angina, essential hypertension, and CHF, especially in patients with comorbid anxiety.

More information: Richard Balon et al. Benzodiazepines: A Valuable Tool in the Management of Cardiovascular Conditions, *Psychotherapy and Psychosomatics* (2018). DOI: 10.1159/000493015



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