

Use of low dose quetiapine: An option for the treatment of benzodiazepine dependence

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Abstract

Misuse and dependence on psychotropic medications are considered global health problems, with several implications for the health of users and the public budget. Thus, the development of new ways of handling the problem is necessary, since the existing treatments are often not very effective, in addition to having low adherence by users.

This article aims to investigate the use of Quetiapine in the treatment of dependence on benzodiazepines, a drug with great addictive potential and whose use has been increasing worldwide.

Keywords: Benzodiazepines, Clinical Pharmacy, Mental Health, Substance-Related Disorders, Prescription Drug Misuse

Introduction

Benzodiazepines are widely prescribed for the treatment of a large number of psychiatric disorders, as they are considered safe, with fast action, good tolerability, and low toxicity[1]. The efficacy of benzodiazepines is already established for short-term treatments, however, their use for long periods represents a risk factor for the appearance of adverse effects, tolerance, and dependence[2].

This class of medication are commonly prescribed for the elderly as a treatment for insomnia and anxiety, disorders that are highly prevalent in this population [3], despite the risks involved [4] and the proven existence of tolerance, dependence, withdrawal syndrome [5,6]. Withdrawal symptoms include tremors, muscle pain, gastrointestinal symptoms such as diarrhea, nausea,

vomiting, and psychological symptoms such as insomnia, anxiety, agitation, irritability, difficulty concentrating, and dysphoria [7].

The increase in the prevalence of drug abuse goes hand in hand with the increase in prescriptions for these [8,9], often made by medical professionals who do not work in the field of psychiatry, such as general practitioners and gynecologists, and without meeting the criteria required by specific legislation [10].

Considering the above, this article aims to suggest a new pharmacotherapeutic approach, with the use of Quetiapine, an atypical antipsychotic drug, as the drug of choice for the management of dependence and withdrawal symptoms.

Discussion

Drug or medication dependence associated with other comorbidities, such as depression and insomnia, requires fast and efficient management, in order to avoid relapses and improve outcomes.

The use of Quetiapine (Quetiapine Fumarate), an atypical antipsychotic drug commonly used in the treatment of schizophrenia, bipolar disorder, and acute mania, has been suggested to be effective in the treatment of insomnia, when used in low doses [11,12], showing favorable effects in healthy individuals [13] and patients with depression [14].

The usual dose of Quetiapine needed to achieve antipsychotic and antimanic effects is commonly above 300mg/day. However, lower doses, such as 25mg initially, which can be increased up to

100mg/day, have been described as sufficient for the treatment of insomnia and anxiety [11,12,13,14]. In addition, Quetiapine has a good tolerability profile and few side effects, especially at low doses (up to 100mg/day) [11].

Therefore, due to the above, Quetiapine can be a good option for the treatment of benzodiazepine dependence, especially in cases where there are psychiatric comorbidities involved, such as depression, insomnia, and anxiety. These comorbidities are commonly considered “gateways” to the abusive use of benzodiazepines and treating them is fundamental for the success of addiction treatment.

However, despite being a drug considered safe, when used rationally and with medical advice and monitoring, Quetiapine might have the potential to be abused and even to cause dependence, although it is something rare [16].

Conclusion

Benzodiazepine dependence, associated with the potential adverse effects characteristic of this class of medications, has become increasingly frequent in clinical practice, requiring new forms of management. Quetiapine, a drug widely used in psychiatry, has the potential to improve current treatments for benzodiazepine dependence associated with insomnia and anxiety, with the potential to increase the chances of success.

Although there are no large-scale clinical trials that validate such an intervention, the available evidence from case reports and

For that reason, the use of this drug as a treatment for benzodiazepine dependence should be done with caution and close monitoring, preferably by a multidisciplinary team.

studies with small numbers of patients demonstrates [11,12,13,14,15] the potential benefits of using Quetiapine for the treatment of benzodiazepine dependence.

However, further research is needed on the use of Quetiapine for the treatment of benzodiazepine and possibly other substance use disorder, given the small number of studies found on the subject.

Conflicts of interest: The Author declare that there is no conflict of interest.

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