

CBT plus tapering dose reduces benzodiazepine use in short term

Clinical Question	How effective are psychosocial interventions for treating benzodiazepine (BZD) harmful use, abuse or dependence?
Bottom Line	CBT plus tapering dose, compared with tapering dose alone, was effective in the short term (three months) in reducing BZD use. However, this was not sustained at six months and subsequently. There was emerging evidence to suggest that a tailored general practitioner (GP) letter versus a generic GP letter, a standardised interview versus treatment as usual (TAU), and relaxation versus TAU could be effective for BZD reduction. There was insufficient evidence to support other approaches e.g. motivational interviewing, relaxation, electronic counselling and GP advice.
Caveat	Some studies relied almost entirely on patients' self-report to clinicians, which is not a very reliable way of measuring outcomes, especially in substance misuse research. Most studies involved small numbers of participants, and there was some inconsistency in the findings. In addition, many of the smaller studies were potentially confounded by having poorly defined control groups.
Context	BZDs have a sedative and hypnotic effect upon people. Short term use can be beneficial but long term BZD use is common, with several risks in addition to the potential for dependence in both opiate and non-opiate dependent patients.
Cochrane Systematic Review	Darker CD et al. Psychosocial interventions for benzodiazepine harmful use, abuse or dependence. Cochrane Reviews, 2015, Issue 5. Art. No.: CD009652.DOI: 10.1002/14651858. CD009652.pub2. This review contains 25 studies involving 1,666 participants.
