mind

For better
mental health

Making sense of minor tranquillisers

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This booklet is aimed at anyone interested in learning more about minor tranquillisers prescribed for anxiety or as sleeping pills. It focuses on the benzodiazepines, but also mentions other drugs used for anxiety. More information about sleeping pills is available in the booklet *Making sense of sleeping pills*. (See *Further reading*, on p. 30.)

What should I know before taking these drugs?

Consent to treatment

The law says that you have the right to make an informed decision about which treatment to have, and whether or not to accept the treatment a doctor suggests. In order to consent properly, you need to have enough information to understand the nature, likely effects and risks of the treatment, including its chance of success, and any alternatives to it.

Generally, someone can only receive treatment that they have specifically agreed to. Once you have given your consent, it isn't final and you can always change your mind. This consent to treatment is fundamental, and treatment given without it can amount to assault and negligence. To find out more about when treatment can be given without consent, see *Mind rights guide 3: consent to medical treatment*. (For details of this and other publications mentioned, see *Further reading*, on p. 30.)

Patient Information Leaflets

People who are prescribed medication as outpatients, or from their GP, should find with it an information sheet called a Patient Information Leaflet (PIL), in accordance with a European Union directive. Inpatients may have to ask for it, specifically. The EU directive sets out what information should be included in the leaflet, and in what order. It starts with the precise ingredients of the medicine, including the active ingredient – the drug – and the extra contents that hold it together as a tablet or capsule, such as, maize starch, gelatine, cellulose and colourings.

This information is important because some people may be allergic to one of the ingredients, such as lactose. The leaflet gives the name of the pharmaceutical company that made the drug. It explains what the drugs are prescribed for, any conditions that mean you should avoid them, and anything else you should know before taking them. It states whether they are dangerous with other medicines, and, if so, which types. There are details about how to take them: by mouth or other means; at what time of day; when to take them in relation to meals (if necessary); the usual dose levels, and what to do if you take too many or forget to take them. Next, comes the list of possible side effects, and then the storage instructions.

The final item on the leaflet tells you that it contains only the most important information you need to know about the medicine, and that if you need to know more, you should ask your doctor or your pharmacist. Pharmacists are drug specialists, and may be more knowledgeable about your drugs than the doctor who prescribes them. They may be more aware of possible side effects, and also possible interactions with other drugs. This is when a drug interacts with other drugs and changes their effects, makes them less effective, or causes additional side effects. Pharmacists are usually very willing to discuss drugs with patients, and some high-street chemists have space set aside where you can talk privately.

This is a lot of information to include in the PIL, so it's often printed in very small type, on a piece of paper that is folded many times, which may get thrown away with the packaging, by mistake. If you do not receive this information with your medicine, you should ask for it from the person who makes up your prescription.

Many people would like to have the information about their proposed treatment before they are given the prescription for it, and not after they have obtained the drugs. The following are issues you might like to discuss with your doctor, when she or he gives you a prescription for a drug.

Questions to ask your doctor

- What is the name of the drug, and what is it for?
- How often do you have to take it?
- If you are taking any other drugs, will it be all right to take them together?
- Will you still be able to drive?
- What are the most likely side effects, and what should you do if you get them?
- Do you have to take it at any particular time of day? For example, if it is likely to make you sleepy, can you take it at night rather than in the morning? If it is likely to make you feel sick, can you take it with, or after, food?
- When you want to stop taking it, are you likely to have any problems with withdrawal?

You may well think of other questions you wish to ask.

How do benzodiazepines work?

Benzodiazepines are used to treat anxiety and sleeping problems. (They are also important for treating epilepsy, for sedation in minor surgery, and before general anaesthetics, but this is not covered here.)

Although these drugs are often called ‘minor’ tranquillisers, the term is misleading because they differ markedly and in many ways from the so-called ‘major’ tranquillisers (antipsychotic drugs), and their use is by no means minor.

Benzodiazepines work by quietening the activity of the brain. They act on all areas of the brain, including those responsible for rational thought, for memory, for the emotions, and essential functions, such as breathing. They are very effective for treating anxiety, as well as acting as sedatives, as sleeping pills, and to reduce the memory of unpleasant events, such as operations. But their widespread action is also responsible for their many unwelcome effects. They may also cease to be effective after about four months.

Dependence and withdrawal

The first benzodiazepine was chlordiazepoxide (trade name Librium), which came into use in 1960. The best known is diazepam, or Valium, which followed in 1962. Reports of people becoming dependent on benzodiazepines began to emerge as early as 1961, connected mostly to their use in treating anxiety or insomnia. It was not until 1980 that the Committee on the Review of Medicines expressed concern, although they believed the risk of dependence was low.

In the 1980s, it was generally recognised that dependence and withdrawal were serious problems with these drugs, and their use should be limited. By the end of the decade, it was estimated that half a million people were addicted to benzodiazepines, and in the 21st century the problem still affects a large number of people, many of whom have been taking these drugs for 20 or 30 years.

However, benzodiazepines are still the drugs most commonly prescribed for anxiety and as sleeping pills, and in 2001 the number of prescriptions written was 12,648,900. Many people are prescribed them while they are in psychiatric wards, and are discharged from hospital still taking them.

When should benzodiazepines be prescribed?

Because of the problems of becoming dependent on these drugs, and finding it difficult to withdraw from them, benzodiazepines should be used only for the short-term treatment of severe anxiety or severe insomnia. They are not for long-term use.

According to the British National Formulary (BNF):

- Benzodiazepines are indicated for the short-term relief (two to four weeks only) of anxiety that is severe, disabling or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness.
- The use of benzodiazepines to treat short-term 'mild' anxiety is inappropriate and unsuitable.
- Benzodiazepines should be used to treat insomnia only when it is severe, disabling, or extremely distressing.

A report by the Royal College of Psychiatrists suggests that the drugs should not be prescribed regularly for longer than one month and, ideally, should be taken only as required and with a gap every few days. Treatment should always be at the lowest possible dose, for the shortest possible time.

Although benzodiazepines are effective in treating anxiety states, it's clear that there are situations when their use is not justified. In bereavement, for example, tranquillisers may stop people from grieving properly. Children should only take benzodiazepines for acute anxiety or insomnia caused by fear.

Benzodiazepines are often used together with antipsychotic drugs to treat schizophrenia, or similar conditions. They may be prescribed, short-term, to help with over-excitement, agitation and severe psychotic disturbance, to aid rapid tranquillisation. It's better than giving a high dose of antipsychotic drugs, which have a risk of severe side effects.

What are the different types?

The main difference between the benzodiazepines is the length of time the drug is active in the body. There are basically two types: short-acting and long-acting. The short-acting types have what is known as a short half-life. This is the time it takes for the amount of the drug in the body to be reduced by half. The shorter the half-life, the greater the risk of withdrawal symptoms, because the body has less time to adapt to the change. (See p. 17 for more information about this.) The longer the half-life, the more likely you are to experience a hangover effect after taking them.

The actual rate at which drugs are eliminated from the body will vary from individual to individual. Some people absorb and dispose of substances more quickly than others, and this process slows down as people get older. Drug levels therefore tend to build up in elderly people, who should be given lower doses of most drugs, as a rule.

Over the page is a table providing information about the different benzodiazepines usually prescribed for anxiety and to aid sleep. It's important to note that, usually, the dose should be reduced in elderly people by half. None of these drugs are recommended for children, except in rare cases, when diazepam may be used.

Benzodiazepines are usually only available on the NHS under their generic (general) name, with the exception of diazepam, which is available under its trade name. This is the name given to it by the drug company. For full information, the trade names of the drugs are included, in brackets, after the generic name.

Benzodiazepines used for anxiety

Long-acting

Chlordiazepoxide (Librium, Tropium)
Normal dose: 10mg three times per day, increased, if necessary, to a maximum of 100mg per day
Half-life: 5–30 hours (36–200 hours*)

Clorazepate (Tranxene)
Normal dose: 7.5–22.5mg per day
Half-life: (36–200 hours*)

Diazepam (Valium, Tensium, Dialar, Diazemuls, Stesolid, Valclair)
Normal dose: 6mg per day, increased up to 30mg per day. For children (for night terrors and sleep-walking) the dose is 1–5mg. Available in tablet form in doses of 2mg, 5mg and 10mg. Doses vary, according to the condition
Half-life: 20–100 hours (36–200 hours*)

Short-acting

Alprazolam (Xanax)
Normal dose: 0.25–0.5mg three times per day, up to a maximum of 3mg per day
Half-life: 6–12 hours

Lorazepam (Ativan)
Normal dose: 1–4mg per day
Half-life: 10–20 hours

Oxazepam
Normal dose: 15–30mg, three to four times per day. Maximum dose 50mg
Half-life: 4–15 hours

Benzodiazepines used as sleeping pills

Long-acting

Flunitrazepam (Rohypnol)
Normal dose: 0.5–1mg at bedtime, up to a maximum of 2mg
Half-life: 18–26 hours (36–200 hours*)

Flurazepam (Dalmane)
Normal dose: 15–30mg at bedtime
Half-life: (40–250 hours*)

Nitrazepam (Mogadon, Remnos, Somnite)
Normal dose: 5–10mg at bedtime
Half-life: 15–38 hours

Short-acting

Loprazolam (Dormonoct)
Normal dose: 1mg at bedtime, can increase to 1.5 or 2mg
Half-life: 6–12 hours

Lormetazepam
Normal dose: 0.5–1.5mg at bedtime
Half-life: 10–12 hours

Oxazepam
Normal dose: 15–25mg at night. Maximum dose 50mg
Half-life: 4–15 hours

Temazepam
Normal dose: 10–20mg at bedtime. Exceptionally, 30–40mg
Half-life: 8–22 hours

** This refers to the half-life of the active metabolite, the substance the drug turns into, in the body, which has the therapeutic effect.*

When should I avoid taking benzodiazepines?

Doctors always need to be cautious about prescribing drugs to people with certain medical conditions. The following cautions apply to all the benzodiazepines. People with respiratory disease (chest and lung problems), muscle weakness (especially a condition called *myasthaenia gravis*), a history of alcohol or drug abuse, and marked personality disorder (a psychiatric diagnosis), should use them with caution. The doses should be reduced in elderly people and in those with liver or kidney problems or porphyria (a rare, inherited illness).

You should not take them, at all, if you have severe respiratory disease, sleep apnoea (breathing problems during sleep), or severe liver disease. They should not be used if you have a long-lasting psychosis or, on their own, if you are depressed.

During pregnancy and breastfeeding

Avoid all minor tranquillisers, including benzodiazepines, during pregnancy and while breastfeeding. Benzodiazepines used at the end of pregnancy cause drowsiness in the newborn baby, floppy muscles, breathing problems, hypothermia (low body temperature), and withdrawal symptoms that include abnormal sleeping patterns, high-pitched crying, tremor, vomiting and diarrhoea. Some research suggests that the use of benzodiazepines during pregnancy may be associated with long-term problems in children, such as dyslexia, dyspraxia (a movement disorder) and attention hyperactivity deficit disorder (ADHD). There may be physical problems, including cleft palate, urinary tract abnormalities, and heart and stomach abnormalities. Breastfeeding your baby while taking benzodiazepines is not a good idea because the drug comes through in breast milk.

Always make sure you tell your doctor of any other medication you may be taking, whether it's available on prescription, bought over-the-counter or a herbal remedy.

What are the possible side effects?

All drugs have side effects, although some people are more vulnerable than others. The commonest side effects of the benzodiazepine group include drowsiness, light-headedness, confusion, unsteadiness (especially in elderly people, in whom it may lead to falls and fractures), memory problems and muscle weakness. In some people, they may increase hostility, aggression or anxiety, instead of doing the opposite.

Occasional side effects include headaches, vertigo, low blood pressure, changes in saliva production, digestive disturbances, sight problems (such as, double vision), problems speaking clearly, tremor, changes in sexual desire, incontinence (loss of bladder control) and difficulty urinating. Blood disorders and jaundice have also been reported.

These drugs may impair judgement and slow down your reaction time, which affects your ability to drive and to operate machinery. The hangover effect of a night-time dose may affect your driving the following day. If they are taken with alcohol, the impact of the drinks is increased. A recent study suggested that approximately one in 2,900 people will be admitted to hospital for a traffic accident within two weeks of first taking a benzodiazepine. For every 100 elderly people who take benzodiazepines, about one person is admitted to hospital after a fall.

If these drugs are taken for more than a short time, people may find it more difficult to concentrate, and begin to lose confidence in themselves and their abilities. They may feel dulled, slow, isolated, unreal and unable to respond, emotionally, to pleasure or pain. They may develop weight problems, and feel irritable and impatient. The drugs can also be addictive (see p. 14).

The dangers of illicit use

Illicit use of benzodiazepines is widespread. The source is almost entirely from pharmaceutical supplies and from prescriptions. In 1996, the Government brought in new measures to control the supply of temazepam, because drug abusers were misusing the gel-filled capsule form of the drug, by melting and injecting it. People doing this can develop circulation problems, resulting in ulceration, gangrene and amputation of limbs, in some cases. This form is therefore no longer supplied on the NHS.

How do people become dependent?

Dependence is a combination of psychological and physical need for the drug. It ranges from mild psychological dependence, or nervousness about stopping a drug, to severe withdrawal symptoms if the drug is reduced or stopped. This makes it very difficult to stop taking it.

You would probably need to take benzodiazepines regularly, for at least a fortnight, for dependence to develop, although taking sleeping pills for as little as three or four nights can be habit-forming. The longer you remain on the drugs, the greater the risk of physical dependence. You are also likely to become psychologically dependent; in other words, to feel very unsure how you will manage without them. It's therefore important to reduce the drugs very gradually, in most cases.

People on benzodiazepines for more than a short period of time may become tolerant and experience withdrawal, even before reducing or coming off them, as the drugs lose their effectiveness. Strictly speaking, you need more and more of the drug to achieve the desired effect, but it's rare for people on these drugs to increase their own dosage, unless they are already abusing alcohol or other drugs.

What are the withdrawal symptoms?

It's important to recognise that individual responses to drugs differ, and you may not experience all the symptoms listed below. Some of them resemble the original complaint, so doctors may be tempted to continue prescribing the drug.

Symptoms may include:

- increased anxiety and depression
- insomnia
- nightmares
- restlessness and inability to concentrate
- panic attacks and agoraphobia
- cravings for the tablets
- loss of interest in sex
- loss of appetite and of body weight
- muscle tension
- tight chest
- palpitations
- sweating
- trembling or shaking
- dizziness
- headaches
- nausea
- blurred vision
- sore eyes
- increased sensitivity to light, noise, touch and smell
- tinnitus (ringing in the ears)
- sore tongue and metallic taste
- face and neck pain
- tingling in the hands and feet
- abdominal cramps
- unsteady legs.

Severe withdrawal symptoms can include:

- muscle twitching
- burning sensations in the skin
- severe depression
- hallucinations
- paranoia and delusions (baseless fears and beliefs)
- confusion
- memory loss
- fits
- depersonalisation (feeling strange in familiar surroundings)
- derealisation (feeling out of touch with reality).

(It has been suggested that symptoms of depersonalisation and derealisation are defence mechanisms, which reduce the body's reactions to stress by slowing down the responses.)

If you suddenly withdraw from benzodiazepines, it may cause:

- confusion
- psychosis (seeing or hearing things others don't)
- fits
- rapid heartbeat
- a condition resembling *delirium tremens* (caused by alcohol withdrawal), which can trigger a rapid heartbeat, sweating, high blood pressure, tremors, hallucinations and agitated behaviour.

Withdrawal symptoms may develop at any time up to three weeks after stopping a long-acting benzodiazepine, but may occur within a few hours of stopping a short-acting one. How long symptoms last varies. Some may continue for weeks or months.

Experiences and reactions will differ, but it's clear that, if you have been relying on benzodiazepines for many years, you will need to re-learn normal coping skills for dealing with tension and stress. This can take some time, and would probably depend on what kind of support systems you have.

How difficult is it to withdraw?

If you want to reduce and withdraw from these drugs, you are much more likely to succeed if you have plenty of support, and are not currently experiencing major stresses in your life. It's a good idea to enlist your doctor's support, if possible.

If you have taken the drugs only once or twice, or just occasionally, there should be no problem about stopping all at once. But, after more than a week of regular use, changes take place in the nervous system. If you then stop taking the drugs, suddenly, there's no time for your system to adapt, and withdrawal problems may occur.

It's very difficult to come off a high dosage of these drugs. Stopping all of a sudden can lead to fits and severe withdrawal symptoms. It's therefore important to reduce the dose very gradually, before cutting the drug out completely.

Symptoms are likely to appear earlier when withdrawing from short-acting drugs. They tend to take several weeks longer in the case of long-acting drugs. Short-acting benzodiazepines can be particularly difficult to come off, and it's recommended that people should switch to a longer-acting drug, usually diazepam, at an equivalent dose, at the start of their withdrawal (see over the page).

Antidepressants

Many people become depressed after coming off tranquillisers, and you may be offered antidepressants. A recent Dutch study concluded that serotonin specific re-uptake inhibitor (SSRI) antidepressants were of limited use in treating depression in these circumstances. Because of this, and the fact that antidepressants also bring side effects and withdrawal problems, you need to consider this option carefully (see p. 21).

What's the best way to approach withdrawal?

The BNF suggests that you withdraw from benzodiazepines in gradual steps, dropping down by about one-eighth of the daily dose (or in a range one-tenth to one-quarter) every fortnight.

For people who are having difficulty withdrawing, the BNF suggests the following system:

- Transfer to the equivalent daily dose of diazepam (see quantities below), preferably taken at night.
- Reduce the dose of diazepam, fortnightly, in steps of 2mg or 2.5mg. If withdrawal symptoms occur, maintain this dose until they improve.
- Reduce the dose further; if necessary, in smaller fortnightly steps. It's better to reduce too slowly than too quickly.
- Stop completely. It can take anything from about four weeks to a year, or more, to withdraw completely.

The reason for changing to diazepam is that diazepam has a long half-life (see p. 9). It's eliminated from the body very slowly, and this allows a smooth, gradual fall in blood level, so the body can adjust slowly to the decreasing concentration of the drug. With a benzodiazepine, such as lorazepam, which is eliminated more rapidly, the blood concentration falls rapidly, and withdrawal symptoms can occur between doses. Diazepam is available in 2mg tablets that can be halved, so that the dose can be reduced in 1mg steps. It's also available in oral liquid form, which can be diluted very gradually indeed, if necessary. The BNF suggests that 5mg diazepam is equivalent to:

- 15mg chlordiazepoxide
- 0.5–1mg loprazolam
- 0.5mg lorazepam
- 0.5–1mg lormetazepam
- 5mg nitrazepam
- 15mg oxazepam
- 10mg temazepam.

Most people choose to withdraw slowly from benzodiazepines, but some may prefer a more rapid withdrawal. Very rapid withdrawal (in four to six weeks) should probably only be undertaken as an inpatient. Rapid withdrawal (in about two months) may be suitable for those who have no other current life problems and who have been taking the drug for only a short time. It can be counter-productive to withdraw too fast, you may end up taking more, or being offered other drugs.

Support groups

Meeting other people who have successfully come off benzodiazepines can be very reassuring, because it shows that others have overcome the physical problems and learned to cope without pills. (See *Useful organisations*, on p. 28.) It's a good start if you can see the symptoms of withdrawal as a sign that you are on the path toward good health and better coping.

What other drugs can be used for anxiety?

Buspirone (Buspar)

This can be used to treat anxiety, but is for short-term use only. It does not help with the symptoms of benzodiazepine withdrawal. People with liver or kidney problems should use this with caution. Anyone who is pregnant, breastfeeding, who has epilepsy, or severe liver or kidney problems should not use it.

It may affect your ability to drive or perform other skilled tasks and can also increase the effects of drinking alcohol.

Common side effects include:

- nausea
- dizziness
- headache
- nervousness
- lightheadedness
- excitement.

Rare side effects include:
- rapid heartbeat
- palpitations
- chest pain
- sweating
- dry mouth
- drowsiness
- fatigue
- confusion.

The normal dose range for buspirone is 15–30mg per day (5mg three times per day, increased, as necessary, every two to three days). It's not suitable for children.

Beta-blockers

Beta-blockers, such as propranolol, are sometimes used to treat the physical symptoms of anxiety, and may also be useful for relieving some of the symptoms of withdrawal, such as palpitations and tremor. These drugs don't affect the psychological symptoms, and may produce their own adverse effects, such as sleep problems and nightmares. There's no problem of dependence or withdrawal symptoms but, because of their effects on the heart and blood pressure, withdrawal should be done slowly, and through tapering off the dose. This should not cause any problems.

Meprobamate (Equagesic)

Meprobamate is licensed for short-term use in anxiety. The BNF says of this drug:
'Meprobamate is less effective than the benzodiazepines, more hazardous in overdosage, and can also induce dependence. It is not recommended'.

The dosage should be 400mg, three to four times per day. Elderly people should halve the dose. It's not suitable for children.

It should be used, with caution, in people who have respiratory disease, muscle weakness, epilepsy, a history of drug or alcohol abuse, marked personality disorder, liver or kidney disease, in elderly people, and in pregnancy. It should not be used for people with severe respiratory disease or porphyria, or while breastfeeding.

The side effects are similar to those of the benzodiazepines, but they are more common. Drowsiness is the most common. Others include digestive disturbances, low blood pressure, pins and needles, weakness, headaches, excitement and visual disturbance. Blood disorders and rashes are rare side effects.

Antidepressants

Some forms of anxiety, such as obsessive-compulsive disorder, panic disorder and some phobias, may now be treated with SSRI antidepressants. There is an increasing tendency for doctors to treat anxiety as part of depression, and to prescribe antidepressants. This may be because they are advised not to prescribe drugs designed to treat anxiety for more than a very short period.

Unfortunately, antidepressants have their own withdrawal problems. Although many doctors do not interpret this as a dependence problem, the BNF suggests that all antidepressant drugs should be withdrawn gradually. They highlight a specific and significant withdrawal problem with paroxetine (Seroxat). Another disadvantage of antidepressants is that may have side effects, such as, anxiety and sleep disturbances. There have been reports associating suicides and violence with the use of SSRI's. (See *Making sense of antidepressants*, details on p. 30.)

Antipsychotics

Antipsychotics are sometimes used in low doses for severe anxiety, because of their sedative action, but long-term use should be avoided. (See *Making sense of antipsychotics (major tranquillisers)*, details under *Further reading*, on p. 30.)

What else can I do to tackle my anxiety?

When faced with a threatening situation, the body automatically gears itself up to fight or to run away (the 'fight or flight' reflex). The body reacts this way, even when the danger is not a physical threat. As the muscles tense, you need more oxygen, so breathing becomes faster and deeper, or comes in gasps. The heart beats faster to send the blood to where it's needed and away from other organs. Digestion slows down and the mouth becomes dry. (See Mind's booklet *Understanding anxiety*, details on p. 30.) Sometimes, this can lead to a panic attack. People experiencing panic attacks may think they are having a heart attack, dying, or going mad. In fact, the physical effects of breathlessness, chest pain and rapid heart beat are just part of the panic.

The symptoms of withdrawal can be very similar to the symptoms of anxiety and panic. People sometimes go back on medication, because they think they're still dealing with the original problem of anxiety. The techniques described here can all be very useful during withdrawal.

First-aid for panic attacks

Many people over-breathe during panic attacks, and this makes the symptoms worse. Over-breathing means you get too much oxygen in your blood, and this disturbs the carbon-dioxide balance in your body. As the body chemistry is altered, hands and feet may start tingling, and you may feel faint or dizzy, with a feeling of tightness in your chest.

To cope with this, you need to reduce the amount of oxygen you are taking in and increase the carbon-dioxide. Slow down your breathing by cupping your hands over your mouth and nose, or by breathing into a paper bag (not a plastic one), and re-breathing the air you have just expelled. (See Mind's publications, *Troubleshooters: panic attacks* and *How to cope with panic attacks*, details on p. 30.)

Breathing techniques and relaxation

It's useful to try and develop better ways of breathing. Many people have got into the habit of breathing shallowly, from the upper chest, rather than more slowly from the abdomen.

Find out how you normally breathe. Put one hand on your upper chest and the other on your tummy. The hand on your chest should hardly move when you are breathing correctly, from the abdomen, whereas the hand on your tummy should rise and fall with your breathing. Practise breathing slowly from the abdomen, rather then from the upper chest. It may help if you lie on the floor. You should be able to feel the small of your back touching the floor as you breathe in.

Learning how to become more relaxed can reduce levels of anxiety. The aim of relaxation is to slow down and steady your breathing, as well as to ease the muscular tension. It's best to learn these techniques when you aren't feeling anxious, so that you can put them into practice in situations that feel threatening, or when you start to feel panicky.

Many people find it difficult to try relaxation techniques while they are withdrawing from tranquillisers. It's not a good idea to use methods that involve tightening and then relaxing muscles because, during withdrawal, muscles can remain tense, which can cause cramp. (See *Further reading*, on p. 30, for more information.)

Talking treatments

Your GP is a good starting point for exploring psychotherapy and counselling, which can help you to deal with the problems underlying and surrounding your anxiety. The treatment works by providing an opportunity for you to talk in a way that assists you to understand yourself better. It can then help you to work out a more positive and constructive way of living.

Increasing numbers of GPs are employing counsellors in their practices, but if not, they should be able to refer you to other sources of psychotherapy or counselling. Some local Mind associations offer free or low-cost talking treatments. The organisations listed on p. 28 can provide details of psychotherapists, counsellors and clinical psychologists. Some will operate a sliding scale of fees, which takes into account people's financial situation. (See, also, *Understanding talking treatments*, details under *Further reading,* on p. 30.)

Cognitive behaviour therapy is becoming increasingly popular as a way of helping people to deal with anxiety, and it may be easier to access this type of therapy. If you have a history of anxiety, panic attacks and depression, you may have developed thought patterns that trap you into particular ways of responding to life events. For example, although constantly seeking reassurance, anxious people rarely believe the reassurances they are given. Very anxious people seize on anything that confirms their fears. It's helpful if people can recognise these thinking biases, and recognise what they do as a result of these thoughts. With a bit of help, they can begin to alter their standard responses and find more effective ways of coping. You may be able to get a referral from your GP to see a clinical psychologist, who can offer you cognitive behaviour therapy. (You can find out more about this form of talking treatment in *Making sense of cognitive behaviour therapy*. See p. 30, for more information.)

Complementary and alternative therapies

Complementary and alternative therapies have proved to be particularly helpful when people are experiencing stress-related symptoms, anxiety and depression. They can help people relax and feel better. Therapists emphasise the connection between mind and body, and are not concerned with merely treating symptoms.

There are many different therapies, including homeopathy, herbal medicine, acupuncture, aromatherapy, reflexology, neurolinguistic programming, meditation, and various types of massage. Therapies using art, music, drama, dance or creative writing may also prove invaluable. For further information, see *Further reading*, on p. 30.

Creative visualisation
You can use your imagination, in a positive way, to create mental images and situations that give you a sense of wellbeing. Imagine, for instance, you are in a place that symbolises peace and relaxation, such as a meadow or a beach, on a warm and pleasant day.

You can have a go at this anywhere, but until you have got used to doing it, you might like to practise it while sitting in a chair, with your body and limbs as loose and floppy as possible. This physical relaxation can help you find the mental images that will calm and soothe you.

Exercise
Exercise, such as walking and swimming, can be helpful for developing better breathing techniques, as outlined on p. 23. Exercise encourages the body to produce endorphins. These are natural morphine-like chemicals, which help you cope with shock, pain and stress.

Diet
Caffeine, alcohol and smoking can all contribute to panic attacks, and should be avoided. Healthy eating, on the other hand, can have the opposite effect. Some of the symptoms of withdrawal are similar to the effects of low blood sugar. It helps to avoid foods with a high sugar content, which can cause wide fluctuations in blood sugar, but to eat more complex carbohydrates, such as wholemeal bread and pasta, fruit and vegetables.

References

Benzodiazepine Equivalence Table (June 2001) (www.benzo.org.uk/bzequiv.htm)
Benzodiazepines: how they work and how to withdraw (The Ashton Manual) C. H. Ashton (University of Newcastle 2001)
Benzodiazepines: risks, benefits or dependence: a re-evaluation (The Royal College of Psychiatrists Council Report CR59 January 1997)
Benzodiazepines: the still unfinished story Professor C. H. Ashton's speech to the Beat the Benzos Campaign Launch Conference, Croydon (November 2000)
British National Formulary 43 (British Medical Association and Royal Pharmaceutical Society March 2002)
Reasons for a diazepam (Valium) taper Professor C. H. Ashton (University of Newcastle April 2001)
(web: htttp://members/dencity.com/ashtonpapers/diazepam.htm)
'Chronic benzodiazepine use in general practice patients with depression: an evaluation of controlled treatment and taper-off: report on behalf of the Dutch Chronic Benzodiazepine Working Group' F. G. Zitman, J. E. Couvée (*British Journal of Psychiatry* 2001, 178, 317-324)
'Review: benzodiazepines increase sleep duration but also lead to adverse effects in adults with insomnia' T. Furukawa (*Evidence-Based Mental Health* 2000, 3, 81)
'Association of road-traffic accidents with benzodiazepine use' F. Barbone, A. D. McMahon, P. G. Davey, A. D. Morris, I. C. Reid, D. G. McDevitt, T. M. McDonald (*The Lancet* 352, October 1998).

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Useful organisations

Mind
Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: www.mind.org.uk or Mind*info*line on 0845 766 0163.

Battle Against Tranquillisers (BAT)
PO Box 658, Bristol BS99 1XP
tel. 0117 966 3629 or 0117 941 2020
email: una@notranx.fsnet.co.uk
web: www.nscgf.org.uk/bat/
Helps people who take benzodiazepine tranquillisers or sleeping pills to withdraw from them as comfortably as possible. Telephone helpline. Carers support

British Association for Behavioural and Cognitive Psychotherapies (BABCP)
The Globe Centre, PO Box 9, Accrington BB5 0XB
tel. 01254 875 277, fax: 01254 239 114
email: babcp@babcp.com web: www.babcp.com
Promotes the development of the theory and practice of behavioural and cognitive psychotherapies. Can provide details of accredited therapists. Full directory of psychotherapists available online

British Association for Counselling and Psychotherapy (BACP)
BACP House, 35–37 Albert Street, Rugby CV21 2SG
tel. 0870 443 5252, fax: 0870 443 5161
minicom: 0870 443 5162
email: bacp@bacp.co.uk web: www.bacp.co.uk
See website or send A5 SAE for details of local practitioners

The British Psychological Society
St Andrews House, 48 Princess Road East, Leicester LE1 7DR
tel. 0116 254 9568, fax: 0116 247 0787
email: mail@bps.org.uk web: www.bps.org.uk
Publishes a directory of chartered psychologists across the UK

Council for Involuntary Tranquilliser Addiction (CITA)
3–11 Mersey View, Waterloo, Liverpool L22 6QA
helpline: 0151 932 0102, email: drs@clara.co.uk
web: www.liv.ac.uk/~csunit/community/cita.htm
Telephone service for people addicted to tranquillisers

Rethink Severe Mental Illness (formerly NSF)
28 Castle Street, Kingston-upon-Thames KT1 1SS
tel. 0845 456 0455, advice line: 020 8974 6814
email: info@rethink.org web: www.rethink.org
For everyone affected by severe mental illness

Samaritans
The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF
helpline: 08457 90 90 90, email: jo@samaritans.org
web: www.samaritans.org
24-hour telephone helpline

United Kingdom Council for Psychotherapy (UKCP)
167–169 Great Portland Street, London W1W 5PF
tel. 020 7436 3002, email: ukcp@psychotherapy.org.uk
web: www.psychotherapy.org.uk
Umbrella organisation for psychotherapy in UK

Websites

www.benzo.org.uk
Benzodiazepine addiction, withdrawal and recovery site

Further reading and order form

- ☐ *The BMA new guide to medicines and drugs (5th ed.) The British Medical Association* (Dorling Kindersley 2000) £14.99
- ☐ *Drugs used in the treatment of mental health disorders: FAQs* (3rd ed.) S. Bazire (Academic Publishing Services 2002) £8.95
- ☐ *Mind's Yellow Card for reporting drug side effects: a report of users' experiences* (Mind 2001) £4
- ☐ *Getting the best from your approved social worker* (Mind 2001) £1
- ☐ *How to cope with panic attacks* (Mind 2003) £1
- ☐ *How to cope with sleep problems* (Mind 2003) £1
- ☐ *How to look after yourself* (Mind 2002) £1
- ☐ *How to recognise the early signs of mental distress* (Mind 2002) £1
- ☐ *Making sense of antidepressants* (Mind 2002) £3.50
- ☐ *Making sense of antipsychotics (minor tranquillisers)* (Mind 2003) £3.50
- ☐ *Making sense of cognitive behaviour therapy* (Mind 2001) £3.50
- ☐ *Making sense of herbal remedies* (Mind 2000) £3.50
- ☐ *Making sense of homeopathy* (Mind 2001) £3.50
- ☐ *Making sense of sleeping pills* (Mind 2000) £3.50
- ☐ *Mind rights guide 3: consent to medical treatment* (Mind 2003) £1
- ☐ *Mind rights guide 5: mental health and the courts* (Mind 1995) £1
- ☐ *The Mind guide to managing stress* (Mind 2003) £1
- ☐ *The Mind guide to physical activity* (Mind 2001) £1
- ☐ *The Mind guide to relaxation* (Mind 2001) £1
- ☐ *Mind troubleshooters: panic attacks* (Mind 2002) 50p
- ☐ *Overcoming anxiety* H. Kennerley (Robinson 1997) £7.99
- ☐ *Toxic psychiatry: a psychiatrist speaks out* P. Breggin (HarperCollins 1993) £9.99
- ☐ *Understanding anxiety* (Mind 2003) £1
- ☐ *Understanding depression* (Mind 2003) £1
- ☐ *Understanding schizoaffective disorder* (Mind 2003) £1
- ☐ *Understanding talking treatments* (Mind 2002) £1
- ☐ *The Vega guide to anxiety, phobias and panic attacks: your questions answered* (Vega 2002) £5.99
- ☐ *Your drug may be your problem: how and why to stop taking psychiatric medications* P. Breggin, D. Cohen (Persus 2000) £13.99

For a catalogue of publications from Mind, send an A4 SAE to the address below.

If you would like to order any of the titles listed here, please photocopy or tear out these pages, and indicate in the appropriate boxes the number of each title that you require.

Please add 10 per cent for postage and packing, and enclose a cheque for the whole amount, payable to Mind. Return your completed order form together with your cheque to:

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15–19 Broadway
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fax: 020 8534 6399
email: publications@mind.org.uk
web: www.mind.org.uk
(Allow 28 days for delivery.)

Please send me the titles marked opposite. I enclose a cheque (including 10 per cent for p&p) payable to Mind for £

Name

Address

Postcode

Tel.

Mind works for a better life for everyone with experience of mental distress

Mind does this by:

- advancing the views, needs and ambitions of people with experience of mental distress
- promoting inclusion through challenging discrimination
- influencing policy through campaigning and education
- inspiring the development of quality services, which reflect expressed need and diversity
- achieving equal civil and legal rights through campaigning and education.

The values and principles which underpin Mind's work are:
autonomy, equality, knowledge, participation and respect.

For details of your nearest Mind association and of local services contact Mind's helpline, Mind*info*Line: 0845 766 0163 Monday to Friday 9.15am to 5.15pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, Mind*info*line has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

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London E15 4BQ
tel: 020 8519 2122
fax: 020 8522 1725
web: www.mind.org.uk

mind

For better mental health