

## Anxiolytics in the treatment of central serous chorioretinopathy

Dear Editor,

Mark Udall quoted, "Any doctor will admit that any drug can have side-effects, and that writing a prescription involves weighing the potential benefits against the risks."

It was interesting to read the concerns put forward on the side effects of anxiolytic drugs used for central serous chorioretinopathy (CSCR).<sup>[1]</sup> This disease is a self-limiting disorder seen in young individuals in their most productive years of life, exacerbated by stress and type A personality.<sup>[2]</sup> The treatment is masterful inactivity with reassurance and lifestyle modification.

In patients having recurrent attacks or chronic CSCR which is precipitated by panic attacks, anxiety, depression, and recurring stressors, definite treatment with anxiolytics and antidepressant medications is warranted.<sup>[3]</sup> The side effects of these drugs are few and uncommon like drowsiness, light-headedness, confusion, dizziness, and sexual dysfunction. The newer benzodiazepines like etizolam are short-acting drugs and have lower tolerance and dependence liability.

For the last 20 years, I have been using anxiolytic medications like etizolam (0.5 mg) at night with yoga and meditation in acute and chronic CSCR as a first line of treatment, which has resulted in rapid resolution of subretinal fluid and reduced recurrence with minimal side effects like drowsiness.<sup>[4]</sup> Antidepressants like sertraline are added in a few resistant cases after consulting a psychiatrist if needed.

Hence, I rest my case of using these medications to reduce the duration and recurrence of CSCR not as a panacea, but judiciously along with focal photocoagulation to the leaks and half-fluence photodynamic therapy with Visudyne, in chronic, resistant, and recurrent CSCR.

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### Conflicts of interest

There are no conflicts of interest.

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