

Benzodiazepines in Schizophrenia: Nemesis or Nirvana?

Sir,
Tiihonen *et al.*^[1] found an increased mortality in schizophrenia related to adjunctive benzodiazepines (BDZs) use. This, coupled with concerns over abuse potential and deleterious neurocognitive effects in already compromised cognitive profile in schizophrenics, has led to BDZ-averse attitude in the pharmacotherapy of schizophrenia.

Contrariwise, BDZs help acute agitation in schizophrenia safely, especially if given concomitantly with an antipsychotic (commonly haloperidol) with the exception of olanzapine/clozapine for a theoretical risk of cardiopulmonary collapse. It secures fragmented sleep, a common relapse signature. It combats anxiety, a core symptom domain in schizophrenia that is often under-recognized and under-treated but contributes largely to treatment resistance.

BDZs can readily abort acute extrapyramidal syndromes such as acute dystonic reaction and akathisia related to conventional antipsychotic use.

BDZs are also both diagnostic and therapeutic in catatonic states, especially at high doses, rectifying underlying cortical GABA deficiency.

Moreover, GABA deficiency is well established in the neurobiology of schizophrenia. Hence, correcting this deficit might enhance dopaminergic blockade in the mesolimbic pathway and attenuate serotonergic input in the mesocortical pathway, translating into an augmentative antipsychotic action.

To compromise the “pros” and “cons” of BDZs use in schizophrenia, I would suggest employing GABAergic agents that might simulate “chronic BDZs use,” that is, gabapentin and pregabalin, both are renally cleared, and hence no pharmacokinetic interactions are expected with antipsychotics.

Gabriel^[2] has conducted an open-label pilot study of successful add-on gabapentin in schizophrenia partial responders. Demily *et al.*^[3] reported the effective use of gabapentin in ultra-resistant schizophrenia with aggressive behavior. I have reported a case of early onset of schizophrenia where adjunctive gabapentin alleviated

paliperidone head tremors and boosted antipsychotic response.^[4]

Englisch *et al.*^[5] found pregabalin to be both effective and tolerable in schizophrenia.

All these encouraging reports would converge to highlight the role of GABAergic agents in the pharmacotherapy of schizophrenia without serious concerns inherent to long-term BDZs use and meanwhile thinking out of “dopamine box!”

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Conflicts of interest

There are no conflicts of interest.

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