

**Diazepam/olanzapine****S****Lack of efficacy and drowsiness: 2 case reports**

A case series described two male patients, of whom, one male patient [age not stated] exhibited lack of efficacy during treatment with diazepam for unspecified psychosis and complex post-traumatic stress disorder (PTSD), while a 44-year-old man developed drowsiness during treatment with olanzapine for schizoaffective disorder and generalised anxiety disorder [routes, duration of treatment to reaction onset and outcome not stated; not all dosages stated].

Case 2: The male patient had been receiving mental health care for unspecified psychosis and complex PTSD since 2005. He was consulted to community mental health teams (CMHT) following a telephone call 2 weeks after the earthquake. He had been receiving diazepam 30–60 mg/day, as needed. However, he reported that, the diazepam was not helping anymore as he developed parasuicidal thoughts and could not sleep for longer than an hour every night (indicating lack of efficacy). The team administered olanzapine and immediately provided short supportive psychotherapy session. Following the initial 45 min session, he experienced slight improvement. Also, he did not report any suicidal thoughts, intentions and made a suicide prevention contract with the team. He then received fluvoxamine and olanzapine for coping with depressive symptoms. In the following week, CMHT provided the second supportive psychotherapy session. He then reported of disappearance of all suicidal thoughts and achieved a good sleep routine. During the last visit in June 2021, he was stable and had found few new activities, taking care of abandoned animals and had started to engage into physical activity. Further, he continued his ongoing care with his treating psychiatrist.

Case 3: The 44-year-old man had been receiving mirtazapine, paroxetine, pregabalin and olanzapine 20 mg/day for schizoaffective disorder and generalised anxiety disorder. During his recent psychiatric appointment, he continued on mirtazapine, paroxetine and pregabalin. However, olanzapine was switched to risperidone due to drowsiness related to olanzapine. After 6 months, 2 weeks after the earthquake, he was consulted to community mental health teams (CMHT). A few months before the earthquake, he was treated for restless leg syndrome with ropinirole and diazepam. However, he was unable to stay in regular neurological outpatient visits due to COVID-19 restrictions and the earthquake. Upon teams first visit, he was anxious and seemed traumatized; had trouble sleeping and prominent restless leg syndrome symptoms. He also stated severe limitations in functioning and felt unsafe in his home. The team re-prescribed olanzapine 10 mg/day and discontinued mirtazapine due to concerns for olanzapine-induced drowsiness. The team also provided supportive psychotherapy alongside psychological debriefing. In the following week, the team gradually reduced doses of diazepam and continued to provide supportive psychotherapy. Further, his anxiety and sleeping disturbances reduced. Also, he became more active as his restless leg syndrome improved.