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Psychological distress and adaptational problems associated with benzodiazepine withdrawal and outcome: A replication

Kieron P. O'Connor*, André Marchand, Lynda Bélanger, Nicole Mainguy, Pierre Landry, Pierre Savard, Julie Turcotte, Gilles Dupuis, François Harel, Lise Lachance

Centre de recherche Fernand-Seguin, Hôpital Louis-H. Lafontaine, 7331 Hochelaga St., Montreal, Quebec, Canada H1N 3V2

Abstract

The aim of this study was to replicate and extend the findings of O'Connor, Bélanger, Marchand, Dupuis, Elie, and Boyer [Addict. Behav. 24 (1999) 537], which had established a psychosocial profile associated with psychological distress in benzodiazepine (BZD) use. Forty-one participants with anxiety or insomnia, receiving maintenance therapy of BZD for at least 8 weeks, participated in a 20-week, tapered discontinuation protocol with physician counselling. Drug type and use was monitored throughout. Questionnaire measures of anxiety, behavioural inhibition, neuroticism, withdrawal complaints, social support, psychological distress, self-efficacy in coping without BZD, quality of life, positive and negative life events, were completed at baseline, postdiscontinuation, and at 3-month follow-up.

Measures of baseline psychological distress and anxiety inhibition were consistently associated with both discontinuation and the emergence of withdrawal complaints. Successful withdrawal was characterized by low baseline neuroticism, low behavioural inhibition, higher number of positive events, and higher level of social support satisfaction. Higher dosage (in diazepam equivalent dose) was associated with both poorer outcome and the emergence of withdrawal symptoms. Self-efficacy in coping was negatively associated with relapse but not with outcome. Psychosocial factors play a role at different stages of the BZD withdrawal process and could be targeted in treatment.

Keywords: Psychosocial factors; Benzodiazepine outcome; Withdrawal symptoms

* Corresponding author. Tel.: +1-514-251-4015x2343; fax: +1-514-251-2617.
E-mail address: kieron.oconnor@crfs.umontreal.ca (K.P. O'Connor).

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1. Introduction

Research in the benzodiazepine (BZD) field points to the influence of psychological factors on withdrawal difficulties and relapse (Bélanger, Dupuis, O'Connor, & Marchand, 1999; Murphy & Tyrer, 1991; O'Connor et al., 1999; Rickels, Case, Schweizer, Garcia-Espana, & Fridman, 1990; Rickels, Case, Schweizer, Swenson, & Fridman, 1986; Schweizer, Rickels, Case, & Greenblatt, 1990, Schweizer, Rickels, DeMartinis, Case, & Garcia-Espana, 1998; Tyrer, Owen, & Dawling, 1983). Psychological differences might explain why some patients do and others do not experience difficulties stopping BZDs, but empirical support on the influence of psychological factors is still scarce. A previous study (O'Connor et al., 1999) examined psychological distress and adaptational problems associated with the discontinuation of BZD. A profile of those likely to experience psychological distress emerged from a multiple regression and correspondence analysis (CA), which indicated that participants with higher neuroticism, higher negative life events, lower quality of life, lower education level, and younger age group clustered together, with a higher reported level of distress.

This previous study (O'Connor et al., 1999) used a cross-sectional design, with measures taken at one point in time, calculated to capture the maximum effect of withdrawal, 2–14 days after cessation. The present study aimed to replicate and extend these previous findings by administering the same psychosocial measures to a group of patients before, during, and after BZD withdrawal. We hypothesized that the same profile of psychosocial measures that had previously characterized psychological distress would, also, in the current study be associated with poorer outcome and greater severity of withdrawal symptoms.

2. Method

Forty-one participants receiving maintenance BZD therapy for at least 8 weeks, who wished to discontinue BZD use, entered the trial. The patients were all recruited either through clinician referrals or adverts in local media. After a telephone screening, patients were referred for ADIS-IV evaluation, administered by collaborating psychiatrists. The patients had to meet the following criteria: (1) be aged between 18 and 65 years old; (2) be using BZDs as an anxiolytic or hypnotic drug regularly for at least 8 weeks; (3) meet a current diagnosis of panic disorder, generalized anxiety disorder, social phobia, or any complaint of unspecified anxiety disorder or insomnia, present for at least 3 months; (4) wish to discontinue BZD use. Patients were excluded if they met the following criteria: (1) any serious medical condition; (2) any other Axis I disorder; (3) adaptational disorder, with anxious or depressed mood; (4) any history of drug or alcohol abuse or dependence other than BZDs; (5) use of any other psychotropic medication; (6) had received any form of intensive psychotherapy in the last 3 months.

The interrater reliability of diagnosis was evaluated on the audio-recorded interviews by another psychiatrist, and, for all participants, there was 100% interrater agreement for principal diagnosis.