Benzodiazepines for depression: a review of the literature
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Authors' objectives
To evaluate the effectiveness of benzodiazepines in the treatment of depression, as compared with placebo or with tricyclic antidepressants.

Searching
MEDLINE (on CD-ROM) was searched from 1968 to 1994; no details of the search strategy were given. The search was restricted to English language publications.

Study selection
Study designs of evaluations included in the review
Double-blind randomised controlled trials (RCTs), in which CBZs or TBZs were compared with placebos or TCAs, were included.

Specific interventions included in the review

Participants included in the review
Patients with major and minor depression were included. Study populations not meeting the criteria for major depression were classified as minor. Studies of patients with endogenous depression, bipolar or severe depression were excluded.

Outcomes assessed in the review
The outcome measures were not reported.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The following items were considered: diagnostic criteria employed, patient selection, previous treatment, placebo control, dosage and duration of pharmacotherapy, and drop-out rate. The authors do not state how the papers were assessed for validity, or how many of the authors performed the validity assessment.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.

Methods of synthesis
How were the studies combined?
A narrative synthesis was undertaken.

How were differences between studies investigated?
Patients with major and minor depression were considered separately.
Results of the review
Eight placebo-controlled RCTs (with or without active comparator) of CBZ (1,620 patients).

Fifteen RCTs (active comparator) of CBZ (918 patients).

Thirteen placebo-controlled RCTs (with or without active comparator) of TBZ (2,403 patients).

Fourteen RCTs (active comparator) of TBZ (876 patients).

CBZ in major depression: no RCT found CBZ statistically superior to placebo.

Two out of 3 RCTs found TCA was superior to CBZ.

TBZ in major depression: TBZ was found superior to placebo in 8 out of 11 RCTs.

TCA was superior to TBZ in 10 out of 19 studies; no difference was found in the remaining 9 RCTs, in which most of the patients had major depression without melancholia.

TBZ versus CBZ in major depression: 2 out of 3 RCTs found TBZ was superior to CBZ.

Minor depression: CBZ was superior to placebo in 2 out of 5 RCTs; TCA was superior to CBZ in 10 out of 18 RCTs, and no difference was found in 7 out of 18 RCTs.

When symptom response was considered, TCAs were superior to CBZ in alleviating 'core' symptoms of major depression, and were possibly superior to TBZs.

Inconclusive results were found for the effectiveness of combined therapy.

Authors' conclusions
No antidepressant effect proper for CBZs in doses normally used for anxiolysis is apparent from the double-blind random assignment studies discussed. TBZs (mostly alprazolam) are effective in patients with mild-to-moderate major depression in doses roughly twice those used for anxiolysis, but it is questionable whether the core symptoms ameliorate, and TBZs are clearly inferior to TCAs in endogenous or melancholic depression.

CRD commentary
This review does not report the outcome measures used in the component studies, making it impossible to ascertain how comparable or valid the results of the RCTs are. The search appears narrow and limited to English language publications, thus the review is not necessarily comprehensive. The validity of the primary studies was not fully assessed. It is not possible to assess the rigour of this review because there are few details about the review processes used.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.