

Clonazepam versus buspirone

“Cases That Test Your Skills: Is it anxiety, depression, or bipolar disorder?” (CURRENT PSYCHIATRY, August 2006, p. 95-104) succinctly captures a common problem found in clinical practice. The authors’ methodical and meticulous teasing out of the differential diagnosis was based on clinical findings rather than a hunch. Various tables and the authors’ method to clarify the diagnosis and treat the patient effectively were helpful.

I am curious why the authors did not consider whether clonazepam or other benzodiazepines—with or without buspirone—would have resolved the patient’s anxiety faster than buspirone alone. According to the article, clonazepam had not been tried during the patient’s previous treatments and she did not have a history of substance abuse.

Vasudev N. Makhija, MD
Linden, NJ

Dr. Singh responds

Besides my preference to use nonbenzodiazepine drugs as a first-line treatment for anxiety disorders, medications like clonazepam^{1,2} act as antianxiety and mood stabilizing agents. If the patient had responded to clonazepam, it would not have been clear whether bipolar disorder or anxiety disorder was the correct diagnosis. We decided to use buspirone because it is an antianxiety agent that does not affect mood.

Tanvir Singh, MD
Assistant professor of psychiatry
University of Toledo, Health Science Campus
Toledo, OH

References

1. Sachs GS. Use of clonazepam for bipolar affective disorder. *J Clin Psychiatry* 1990;51(suppl):31-4.
2. Chouinard G. Clonazepam in acute and maintenance treatment of bipolar affective disorder. *J Clin Psychiatry* 1987;48:29-37.



Hail to the chief

I’m glad to see Dr. Henry Nasrallah at the helm of CURRENT PSYCHIATRY. It is one of the few journals I read cover to cover. Although it does not publish original research, the journal interprets important studies like CATIE in a way that is interesting and useable.

Robert Karp, MD
Medical director, vice president
Maumee Valley Guidance Center
Defiance, OH

Prescription pad packs a punch

I found Dr. Richard C. Christensen’s article (“Prescribing’ behavioral and lifestyle changes,” CURRENT PSYCHIATRY, July 2006, p. 120) very useful. I am a therapist, but I think it is important for physicians to remember that the power of the prescription pad can go beyond prescribing medications. Thank you for this insightful article.

Richard Cloyd
Dandridge, TN

To comment on articles in this issue
or other topics, send letters
to CURRENT PSYCHIATRY in care of
erica.vonderheid@dowdenhealth.com

CORRECTION

The article, “For women only: Hormones may prevent addiction relapse” (CURRENT PSYCHIATRY, August 2006, p. 40-52) contained an error on page 42.

Reference 7 supports the statement that “higher stress responsiveness is associated with increased cocaine craving,” but reference 8 shows that—unlike in cocaine addiction—lower HPA axis responsiveness in alcoholics is associated with an increased risk of relapse.