

USE OF BENZODIAZEPINES IN PATIENTS WITH ANXIETY DISORDERS AND CONFIRMED COVID-19

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Today the problem of coronavirus disease has stirred and changed the way of life of every person not only in our country but also in the world. The course of the disease can take place in different ways: some may not notice, others need hospitalization and oxygen therapy. No matter how severe the degree, however, during or after etiotropic treatment, the patient faces both physiological and neurological consequences. Patients with confirmed COVID-19 often have symptoms such as pity and resentment, loneliness and helplessness, depression, anxiety and phobia, irritability and lack of sleep. Some patients may have panic attacks. Psychological studies in isolated wards have shown that about 48% of confirmed patients with COVID-19 at early admission showed psychological stress, in most cases in the form of an emotional response to stress. Among critically ill patients, a high percentage of delirium was noted. These conditions require treatment to prevent serious mental health problems.

The aim of this study was to evaluate the use of benzodiazepine derivatives in the treatment and prevention of the effects of coronavirus disease, in particular anxiety.

According to the recommendations of the National Institute for Care and Excellence Health (NICE, England) for 2020 it is advisable to prescribe benzodiazepine derivatives in the presence of symptoms of anxiety, nervous system excitement, delirium. It is important to pay attention to the swallowing function. In anxiety disorders and preserved swallowing function, lorazepam is used in a dose of 0.5-1 mg 4 times a day (for the elderly, the dose should be reduced to 0.25-0.5 mg 4 times per day) orally, and in case of impaired – midazolam at a dose of 2.5-5 mg subcutaneously every 2-4 hours as needed. Haloperidol is prescribed for delirium with preserved swallowing function, but in case of excitation persistence it is possible to add lorazepam or midazolam (dosage is determined in specific cases), in case of dysfunction - levomepromazine is the drug of choice, midazolam can be used as monotherapy or in combination with levomepromazine.

Taking into account the recommendations of the State Scientific Institution "Scientific and Practical Center for Preventive and Clinical Medicine", preference is given to drugs with a shorter half-life and lower risk of drug interactions. At simultaneous reception of antiviral and psychotropic drugs among benzodiazepine derivatives lorazepam, lormetazepam, oxazepam, temazepam are preferred. Lormetazepam and temazepam are not registered in Ukraine, the United States of America and Canada, although they are permitted in England and the Netherlands. Also benzodiazepines, such as estazolam, alprazolam, triazolam, and others are intended to relieve anxiety and improve sleep quality in coronavirus disease.

Thus to eliminate the impact of coronavirus disease on the mental state of the patient, it is important to choose the right therapy, which includes benzodiazepine derivatives.