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C.7 Diazepam

MSF strongly supports the submission from the WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation regarding the indications for the use of the benzodiazepine medicines in the treatment of adults with anxiety disorders in the Section 24.3 “Medicines used in anxiety disorders” of the WHO Model List of Essential Medicines (EML).

Currently, diazepam (scored tablet) is included in the Section 24.3 “Medicines used in anxiety disorders” of the EML with an unrestricted square box, indicating that all marketed benzodiazepines could be substituted to diazepam if needed, as they are all considered to be valid therapeutic alternatives.

The first proposal is to add an asterisk to diazepam with the following statement: “For the short-term emergency management of acute and severe anxiety symptoms only”.

As benzodiazepines are rapidly effective, they have been the treatment of choice for anxiety disorders for decades. Nonetheless, the use of benzodiazepines exposes to risks of: abuse, overdose, misuse; tolerance and physical dependence if prolonged treatment; withdrawal syndrome or rebound effect if prolonged treatment is discontinued abruptly; persistent side-effects in older patients (confusion, unsteadiness). Benzodiazepines should be used for the emergency management of acute and severe anxiety symptoms only, and for short periods only.

In 2023, the Mental Health Gap Action Programme (mhGAP) is considering recommending that: “Benzodiazepines should not be used for the treatment of adults with generalized anxiety and/or panic disorder. For emergency management of acute and severe anxiety symptoms, benzodiazepines may be considered but only as a short-term (7 days maximum) measure.”

MSF would like to draw the attention of the Expert Committee to the fact that the usual recommendation is to use benzodiazepines during 2 weeks (4 weeks maximum)¹: therefore MSF recommends to extend the period for diazepam emergency treatment of acute and severe anxiety with

¹ Taylor, D. M., Barnes, T. R. E., & Young, A. H. (2021). *The Maudsley prescribing guidelines in psychiatry* (14th ed.). John Wiley & Sons.

benzodiazepines to 14 days maximum. MSF guidelines recommend a short course of diazepam in severe acute anxiety (2-4 weeks), and to reduce the dose by half in the last few days of treatment to avoid withdrawal syndrome or rebound effect.

The second proposal is to add a restricted square box to diazepam with lorazepam for sole therapeutic alternative.

Diazepam and lorazepam are the two benzodiazepines with the widest range of clinical indications, being approved to treat generalized anxiety disorder, insomnia, seizures, social phobia, and panic disorder. After a comprehensive review of BDZs, the authors have selected lorazepam among all benzodiazepines, as this medicine is affordable, broadly available as generic, can be prescribed by non-specialist physicians and does not present specific risks for addiction (in contrast to alprazolam, flunitrazepam, temazepam).

MSF has been using diazepam in its programs since 1994.

In light of these elements, MSF urges the 24th Expert Committee on the Selection and Use of Essential Medicines to accept the proposals from the WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation for adding an asterisk to diazepam with the statement “for the short-term emergency management of acute and severe anxiety symptoms only” and for adding a restricted square box to diazepam with lorazepam for sole therapeutic alternative, in the Section 24.3 “Medicines used in anxiety disorders” of the WHO Model List of Essential Medicines.



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