There are, however, important differences between clinical care and the animal research studies cited by Steenen et al.

The article by Bustos et al[1] evaluates midazolam in a rodent model of anxiety. Assuming a number of unresolved questions could be answered, Bustos et al suggest a potential future role for benzodiazepines in psychotherapy of PTSD. When animal research protocols have determined the proper dose and time frame for medications to augment psychotherapy, I would welcome a randomized, placebo-controlled clinical trial based on those animal studies.

Clinicians need novel treatment approaches for PTSD. In particular, PTSD care would benefit from treatments that integrate psychotherapy and medication to yield a greater magnitude and longer duration of clinical response. To my knowledge, there are no clinical protocols for benzodiazepines and psychotherapy in routine clinical practice. The preclinical study published by Bustos et al[2] does not guide the clinician on if, how, when, or how long to prescribe a benzodiazepine for PTSD, and their findings should not be used to justify routine benzodiazepine prescribing in PTSD.

The article by Lund et al[2] and my accompanying commentary[3] both describe clinical practice for PTSD. Until we see results from properly controlled clinical trials that support a change in clinical practice guidelines, benzodiazepines are best avoided when treating patients with PTSD.

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Dr Capehart Replies

To the Editor: I appreciate the comments from Steenen et al on benzodiazepines and posttraumatic stress disorder (PTSD). They appear to support avoiding benzodiazepines in routine clinical care of PTSD, correctly noting the lack of studies on benzodiazepines' therapeutic effect in PTSD and the risk for addiction associated with benzodiazepines.

Steenen et al briefly discuss animal research on adverse memory and reconsolidation. I agree with their position on further research into medications that may improve our treatment for PTSD. That research could include benzodiazepines, D-cycloserine, propranolol, or other compounds.