

## **DR. MORRILL'S POLICIES REGARDING CONTROLLED SUBSTANCES**

### **I. BENZODIAZEPINES**

**Benzodiazepines** are a class of anxiety-reducing medications which includes Klonopin (clonazepam), Ativan (lorazepam), Xanax (alprazolam), Valium (diazepam), Restoril (temazepam), and a few others. All benzodiazepines are classified by the FDA as controlled substances due to their potential for abuse and dependence.

As a general rule, I do not prescribe benzodiazepines on a long-term basis. This is because I do not feel that they are either safe or effective as a long-term treatment for anxiety or other mood disorders. This opinion is based both upon my reading of the medical literature and my years of clinical experience. I will be happy to discuss my reasoning with you in session, and also to discuss the applicable research literature and clinical guidelines, if this is a topic of interest to you.

If you are currently taking one or more benzodiazepines and you choose to enter treatment with me, a goal of treatment will be to taper and discontinue these medications, and to find other strategies for managing your anxiety symptoms.

The process of tapering is usually gradual and may take a period of weeks or months. Over the years, I have helped many people successfully taper off benzodiazepines, in a manner designed to minimize any withdrawal effects. In most cases I have noticed that the patient experiences improvement of symptoms and greater mood stability after these medications have been stopped.

Note that there is one minor exception to the “no benzos” policy. Occasionally, I will encounter a patient with a specific phobia that is not triggered very often (e.g. fear of flying, fear of needles, fear of getting a medical procedure such as an MRI). For these patients I will sometimes prescribe a very limited supply of benzodiazepines to be used exclusively for situational anxiety, e.g. a dose of Ativan prior to a plane flight. In these cases, the use of benzodiazepines is typically very infrequent (e.g. a few times a year).

## II. STIMULANTS

**Stimulants** are a class of medications which are commonly prescribed for ADHD (and occasionally for other disorders). Examples include Adderall, dextroamphetamine, Ritalin, Concerta, Focalin, Vyvanse, and a few others. Like the benzodiazepenes, these medications carry a substantial risk of abuse or dependence and are classified by the FDA as controlled substances.

**Please be aware that I prescribe stimulant medications very selectively.** Like many of my colleagues, I believe that these medications are currently over-prescribed. Over the past 25 years, the use of stimulant medication in the United States has increased by **nearly 500%**. I believe that this increase has been largely driven by financial and sociological factors, and not by clinical necessity.

If you are a prospective patient who is concerned about issues with focus or attention, you should be aware of the following considerations:

- (1) The diagnostic criteria for ADHD (as outlined in the DSM-V) are notoriously subjective. Physicians frequently disagree with each other about whether a specific patient meets criteria for ADHD. Thus, the fact that you have been previously diagnosed with ADHD by another physician does not guarantee that I will arrive at the same diagnosis.
- (2) Patients often come to my office stating that they “want to be tested for ADHD” (or, in some cases, stating that they have already “been tested for ADHD”). Unfortunately, there is **no** standardized test available which either definitively confirms, or definitively rules out, a diagnosis of ADHD. Psychiatrists do sometimes order “neuropsych testing” during their evaluation of ADHD patients. Although these tests may be of some value in identifying problem areas, there is an extensive body of research which shows that they do not correlate well with the presence or absence of ADHD.
- (3) Problems with attention/focus are often caused, in whole or in part, by clinical issues other than ADHD. Examples include 1) the concurrent use of sedating or cognitively impairing medications, and 2) the presence of undiagnosed or untreated sleep apnea. (There are many other causes of attentional problems, which I will be happy to

discuss with you in session). My goal as a physician is always to identify and address these issues **before** considering a course of treatment with stimulant medication.

Please note that if you are currently taking a medication which is known to cause significant issues with focus/attention (e.g. a benzodiazepine), I will not be able to prescribe stimulant medication.

When I do prescribe stimulants, I make efforts to prescribe the lowest effective dose and encourage patients to take “breaks” from stimulant use whenever possible (e.g., on weekends or vacations). I also encourage patients to periodically re-evaluate their attentional symptoms and to re-evaluate whether there is an ongoing need for stimulant medication.