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(RESEARCH ARTICLE)

Characteristics and Profiles of Anxiolytic Self-Medication Among Physicians in Morocco: A Descriptive Study of 147 Cases

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Abstract

Introduction: Self-medication, particularly with psychotropic drugs like benzodiazepines, is an increasing global concern due to their addictive potential and long-term negative effects, especially among physicians. This study aims to examine anxiolytic self-medication practices among physicians in Morocco by assessing prevalence, substances used, associated factors, and mental health outcomes.

Methodology: A cross-sectional descriptive survey was conducted among 147 physicians using an anonymous online questionnaire. Collected data included sociodemographic, professional, and psychiatric details, along with information on self-medication behaviors.

Results: 34% of the surveyed physicians reported self-prescribing anxiolytics. The most commonly used substances were hydroxyzine (63.5%), alprazolam (58.1%), and bromazepam (38.7%). The primary reasons were anxiety management (83.3%) and sleep issues (43.9%). Unsupervised use was reported in 42.5% of cases. Adverse effects, such as dizziness and headaches, were reported by 23% of users. Although 60.9% found the practice effective, 78.2% recommended seeking specialized care instead of self-medicating.

Conclusion: Anxiolytic self-medication is both prevalent and troubling among Moroccan physicians. It reveals psychological vulnerabilities exacerbated by mental health stigma and easy access to psychotropics. These results underscore the need for targeted interventions, awareness campaigns, stricter regulation of medication access, and enhanced mental health support systems for healthcare workers.

Keywords: Self-medication; Anxiolytics; Physicians; Psychotropic drugs; Mental health

1. Introduction

Self-medication—defined as the use of medication without a medical prescription or professional oversight—is steadily increasing worldwide [1]. This phenomenon is especially concerning when it involves psychotropic substances. In psychiatry, the unsupervised use of anxiolytics, particularly benzodiazepines, raises growing concerns due to their addictive potential, long-term cognitive side effects, and risk of misuse [2,3].

Multiple sociocultural and professional factors contribute to this behavior, notably the persistent stigma associated with mental health disorders. This stigma discourages many individuals, including healthcare professionals, from seeking specialized care, leading them to self-medicate symptoms such as anxiety, insomnia, or irritability [3]. Among medical professionals, this trend is worsened by easy access to medications and theoretical pharmacological knowledge, which can foster a false sense of security regarding unsupervised use [4,5].

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However, anxiolytic self-medication without psychiatric evaluation exposes individuals to significant risks: dependence, worsening or persistence of underlying symptoms, drug interactions, and delayed diagnosis of more complex psychiatric conditions [3].

In this context, the present study aims to examine the determinants of anxiolytic self-medication among physicians practicing in Morocco. The objectives are to assess its prevalence, identify the types of substances used, analyze professional and personal factors associated with this behavior, and evaluate its implications for physicians' mental health.

2. Methodology

This study utilized a cross-sectional descriptive design using an anonymous self-administered online questionnaire. Our sample included 147 volunteer Moroccan physicians. The questionnaire included multiple sections: sociodemographic data, professional and psychiatric history, and a specific section on anxiolytic self-medication practices.

Information gathered included types of substances used, reasons for use, duration, adverse effects, and perceived effectiveness. Data were analyzed using descriptive statistics.

3. Results

A total of 147 physicians took part in the study. The sample consisted mainly of females, with an average age of 45.5 years. Most participants were residents or specialists, mostly in medical fields (73.46%). Public sector doctors accounted for 85.7% of respondents, many working in university hospitals, reflecting significant representation from academic hospital settings (Table 1).

Psychiatric history showed that 18.4% had previously received psychiatric care, mostly for anxiety disorders. An additional 26.8% were undergoing psychiatric treatment at the time of the study, with 54% using a combination of antidepressants and anxiolytics (Table 2).

Regarding self-medication, 34% of respondents reported self-prescribing anxiolytics. Of these, 68.8% used non-benzodiazepine anxiolytics, mainly hydroxyzine (63.5%), etifoxine (25%), and beta-blockers (23.1%). Additionally, 45.3% used benzodiazepines, with alprazolam (58.1%), bromazepam (38.7%), and zolpidem (19.4%) being the most common. The main reasons for use were anxiety management (83.3%) and insomnia (43.9%). In half of the cases, the duration was less than three months. However, unregulated or unsupervised use was reported in 42.5% of cases. Most users reported tapering their usage gradually. Adverse effects were reported by 23%, including dizziness and headaches. Work-related stress was the most frequently cited trigger (76%). Reasons for self-medication included easy access to prescriptions and fear of judgment when seeking specialized care. While 60.9% of self-medicators considered the practice effective, 78.2% advised against it, preferring professional medical help (Table 3).

Table 1 Sample Characteristics

Variable	Category	Percentage
Gender	Male	44.9%
	Female	55.1%
Professional Status	Resident physician	39.5%
	Specialist	36.1%
	General practitioner	16.3%
	Intern	8.2%
Medical Specialty	Medical	73.5%
	Surgical	26.5%
Sector of Practice	Public	85.7%
	Private	15.0%

Type of Institution	University Hospital	63.9%
	Provincial Hospital	9.5%
	Private Practice	12.9%
	Health Center	13.6%

Table 2 Psychiatric Profile of Participants

History of	**Depressive symptoms**	**51%**		
	Anxiety symptoms	**79.6%**		
Psychiatric Follow-up History	Yes	18.4%	Anxiety disorder	51.8%
			Depressive disorder	40.8%
			OCD	3.7%
			PTSD	3.7%
	No	81.6%		
Psychotropic Treatment	Yes	26.8%	AD +AX	54%
			AD alone	38,4%
			AX alone	3.8%
			AP alone	3.8%
	No	73.2%		

AD: Antidepressants – AX: Anxiolytics – AP: Antipsychotics

Table 3 Characteristics of Self-Medication (Reported in 34% of Cases)

Type of Anxiolytic Used	Benzodiazepines and related	45.3%	Alprazolam	58.1%
			Bromozépam	38.7%
			Zolpidem	19.4%
	Non-benzodiazepines	68.8%	Hydroxyzine	63.5%
			Étifoxine	25%
			Beta-blockers	23.1%
	Other sedatives	4.8%		
Reason for Use	Anxiolytic	83.3%		
	Hypnotic	43.9%		
	Muscle relaxant	7.6%		
Duration of Use	< 3 months	50%		
	>3 months	7.5%		
	Irregular/sporadic use	42.5%		

Gradual reduction	Yes	64.5%	
	No	35.5%	
Reported Side Effects	Dizziness	4%	
	Headaches	2%	
	Tremors	1.5%	
	Hypersomnia	1.5%	
	Memory impairment	1.5%	
Main Reasons for Self-Medication	Easy access	82%	
	Fear of being judged	69%	
	Perceived lack of confidentiality	16%	
Perceived Effectiveness	Ineffective	4.7%	
	Slightly effective	34.4%	
	Effective	60.9%	
Judgment of the Act	Acceptable	21.8%	
	Not acceptable	78.2%	

4. Discussion

Our findings highlight a significant prevalence of anxiolytic self-medication among Moroccan physicians, primarily due to occupational stress. These results align with a Pakistani study involving resident physicians, where 48.7% reported using benzodiazepines for anxiety management [2]. In both studies, alprazolam was the most commonly used benzodiazepine.

However, unlike the Pakistani cohort, our sample showed a strong preference for non-benzodiazepine anxiolytics such as hydroxyzine, etifoxine, and beta-blockers. This may reflect an increasing awareness of the dependency risks associated with long-term benzodiazepine use and a shift toward perceived safer alternatives.

Comparisons with a Norwegian study [4], which reported tranquilizer use in 12.2% of physicians, underscore significant differences in prevalence. This discrepancy may stem from sociocultural differences, varying access to over-the-counter medication, and differing attitudes toward mental health and occupational stress.

While Norwegian physicians reported more occasional use (72.6%) and less chaotic patterns, our study revealed more frequent and unsupervised practices, with 42.5% of users indicating irregular consumption. Moreover, unlike the Norwegian study, which found no gender differences, our sample—similar to the Pakistani study—demonstrated a slight male predominance in anxiolytic use.

The motivations identified in our research—anxiety (83.3%) and sleep disturbances (43.9%)—align with international data, confirming these as recurring drivers of psychotropic self-medication among healthcare professionals [2,4].

These findings correspond with global epidemiological data regarding the general population. A recent review on antidepressant and anxiolytic self-medication emphasized the risks of unsupervised use, particularly in cases of self-diagnosis or misattribution of side effects. Global prevalence of psychotropic self-medication ranges from 12.1% to 92.8%, illustrating the scale of the issue [3]. Contributing factors include ease of access, stigma surrounding mental illness, limited awareness of risks, and barriers to specialized care. The review also highlighted the importance of training healthcare professionals—both students and practicing clinicians—in recognizing intoxication and educating patients on the appropriate use of psychotropics.

Supporting these observations, a recent Swedish study of physicians revealed that nearly 60% of psychotropic users prescribed the drugs to themselves. Male physicians and those in higher hierarchical positions were more likely to self-medicate. Interestingly, this behavior was more prevalent among those without depressive symptoms, possibly

reflecting a normalization of drug use in medical settings, particularly among experienced physicians. The study also noted that intermittent use was more closely associated with self-medication than regular use, and no protective effect of workplace social support was identified [5].

Thus, in both the medical profession and the general population, psychotropic self-medication represents a significant public health concern demanding systemic interventions. Prevention strategies should include targeted awareness programs, stricter prescription and distribution regulations for anxiolytics and antidepressants, and the implementation of dedicated psychological support services for healthcare professionals and the broader population.

5. Conclusion

Our study reveals a concerning prevalence of anxiolytic self-medication among physicians in Morocco, uncovering a critical yet often overlooked occupational health challenge within the medical community. This practice, driven by occupational stress, mental health stigma, and easy access to psychotropics, exposes practitioners to significant individual and collective risks. While some turn to less addictive alternatives than benzodiazepines, the frequency of self-medication, chaotic consumption patterns, and reported adverse effects highlights the need for an urgent institutional response.

These findings call for a structural intervention that includes targeted prevention policies, stricter regulation of psychotropic access, and active promotion of mental health among healthcare professionals. Destigmatizing psychological distress within the medical field and facilitating access to support services are essential. Furthermore, enhancing physicians' competencies in stress management and emotional regulation could significantly reduce reliance on self-medication, thus decreasing adverse impacts on the mental health of healthcare workers.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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