

Guidelines for the Prescribing of Benzodiazepines and Z-Drugs

Key points:

- Our Practice does not prescribe sedatives for dental treatment but your dentist can prescribe such treatment if required.
- Benzodiazepines/Z drugs should only be prescribed as a very last resort when alternatives have been explored.
- They should only be prescribed at the lowest effective dose for the shortest time possible as per licensing.
- Only issue acute prescriptions for these drugs. These drugs should not be put onto a patient's repeat.
- Inform patients that further prescriptions will not usually be issued.
- Existing long-term patients should be gradually withdrawn from these drugs.
- Complex patients on long term benzodiazepines/Z drugs, especially those with a history of previous dependencies, should be referred to appropriate local service.

Cautions and contraindications of benzodiazepines and Z-drugs

- Tolerance and dependence to the effects of hypnotics and z-drugs are likely to develop after a short time.
- Prolonged high level use of benzodiazepines may be associated with adverse effects e.g. memory loss and confusion, accidents and falls, low mood and insomnia. They should also be avoided in elderly patients due to these effects .
- Avoid all benzodiazepines and z-drugs in patients with pulmonary insufficiency, significant respiratory depression, obstructive sleep apnoea or severe hepatic impairment.
- A paradoxical increase in anxiety, hostility and aggression may occur in patients taking benzodiazepines¹ .
- Benzodiazepines should be avoided in those with a history of substance abuse or with personality disorders⁴ .
- Hypnotics and anxiolytics may impair judgement and increase reaction time, and so affect ability to drive or operate machinery. This effect will be increased when taken with alcohol. Hangover effects of a night dose may impair driving on the next day.
- Benzodiazepines⁷ are now also subject to drug-driving laws which may rule them inappropriate for some patients .
- Benzodiazepines are unlikely to be appropriate for travel phobias and the patient should seek to attend a fear of flying course or similar such supporting help.
- If a Benzodiazepine is suggested as a pre operation medication then this should be managed directly with the patient by the hospital team where the operation is to take place. It is not appropriate to request such medication from a GP.
- Avoid in pregnant and lactating women¹ .
- Avoid concurrent prescribing with: other hypnotics, sedative tricyclic anti-depressants, antihistamines, opioids and some antifungal drugs (e.g. fluconazole).
- Do not prescribe to unfamiliar patients (e.g. temporary residents), without checks.

Withdrawal

- Encourage all those prescribed benzodiazepines long term to consider reducing or tapering off their dose.
- Many patients prescribed these medications long-term will experience withdrawal symptoms. Problems are less likely if withdrawal is slow, patient led and well supported.
- A benzodiazepine can be withdrawn in steps of about one-tenth of the daily dose every one to two weeks. Some long term benzodiazepine patients may benefit from transferring to an equivalent dose of diazepam in order to taper down their dose reducing by 1-2mg every 2-4 weeks. A suggested withdrawal protocol for patients who have difficulty is described in the BNF¹ .

Letter template for Low Dose Sedative for patients

Dear Colleague,

Thank you for asking me to outline my concerns with GPs being asked to provide 'a low dose sedative' for patients attending a hospital for imaging investigations. I will outline my concerns for you, and this will hopefully explain my refusal to provide such a prescription:

1. Small doses of benzodiazepines such as 2mg diazepam are probably sub-therapeutic for most adults for any effective sedation. Conversely anxiolytics can have an idiosyncratic response in patients, and even very small doses can cause increased agitation in some subsets of patients.
2. A patient may take a sedative 'an hour' before their assumed procedure, to then attend the hospital to find their procedure has been delayed, therefore the timing of the anxiolytic being sub optimal.
3. GPs are not regularly involved, skilled, trained or appraised in sedation skills.
4. All hospital consultants, both those requesting imaging and those providing it, have access to the same prescribing abilities as GPs. If a patient needs a certain medication to enable an investigation to go ahead, they are just as well positioned to provide a prescription, either through the hospital pharmacy or a hospital FP10.
5. Sedated patients should be regularly monitored, and I have been made aware of a case where a GP-provided sedative was given, the patient not monitored, and subsequently had a respiratory arrest in an MRI machine.
6. The Royal College of Radiologists' own guidelines on sedation for imaging makes no mention of GP involvement or provision of low dose anxiolytics and stresses the importance of experienced well trained staff involved and the monitoring of sedated patients:
https://www.rcr.ac.uk/sites/default/files/publication/Safe_Sedation.pdf

We maintain that we are not being 'obstructive' but adhering to our duty of care to provide safe, consistent, and appropriate care for our patients. We have the full support of our statutory representative body in this position.

We would be grateful if you could discuss this with your radiology colleagues to see if a pre-procedure guideline could be formulated which provides you with the necessary arrangements to ensure imaging goes ahead in these most challenging patients.

Information leaflet for patients on benzodiazepines and Z-drugs

What are benzodiazepines and Z drugs?

Benzodiazepines

- Benzodiazepines are a group of medicines examples include: diazepam, lorazepam, chlordiazepoxide, oxazepam, temazepam, nitrazepam, loprazolam, lormetazepam, clobazam and clonazepam.

Z drugs

- The medicines zaleplon, zolpidem and zopiclone are commonly called Z drugs. Z drugs act in a similar way to benzodiazepines..

How do benzodiazepines and Z-drugs work?

- Benzodiazepines and Z-drugs work by decreasing the excitability of brain cells. This has a calming effect on various functions of the brain.

How long should these drugs be taken for?

- Benzodiazepines and Z-drugs should only be taken for a very short period of time . If taken for longer than a few weeks, various problems and side effects may occur.
- Your doctor will need to review you on a weekly basis and will only give you a very short supply of these drugs.

What are the side effects of benzodiazepines and Z-drugs

- Tolerance – if taken for longer than a few weeks, the body and brain become used to the benzodiazepine or Z drug. The medicine then gradually loses its effect. You then need a higher dose for it to work. In time, the higher dose does not work and you need an even higher dose and so on until the risks outweigh the benefit of taking the medicine.
- Dependence (addiction) – there is a good chance that you will become dependent on a benzodiazepine or Z drug if you take it for more than four weeks. This means that withdrawal symptoms occur if the tablets are stopped suddenly. In effect, you need the medicine to feel normal. Common withdrawal symptoms include insomnia, anxiety, irritability, restlessness, agitation, depression, and tremor. Some symptoms may be similar to the initial problem so it is important they are not taken for long periods of time to avoid confusion.
- Other side effects include drowsiness and lightheadness the next day; confusion; accidents and falls; memory loss; low mood and insomnia.

What should you do if you have been taking a benzodiazepine or Z drug for a long time?

- Some people who have been taking a benzodiazepine or Z drug for a long time believe that the medicine is still helping to ease anxiety or sleeping problems. However, in fact, in many people the medicine is just preventing withdrawal symptoms.
- If you have been taking a benzodiazepine or Z drug for over four weeks and want to come off it, you should discuss it with your GP. You should not stop taking your benzodiazepine or Z-drug without first seeking advice from your GP.
- Some people can stop taking benzodiazepines or Z drugs with little difficulty. However, some people develop withdrawal symptoms if they suddenly stop taking a benzodiazepine or Z drug. To keep withdrawal effects to a minimum, it is best to reduce the dose of the medicine gradually over a number of weeks or months before finally stopping it. Your doctor will advise on dosages and time scale, as this will be individual to each patient.

Good Sleep Guide

- ✓ Sleep duration varies from day to day. Try not to worry about sleeping.
- ✓ Establish fixed times for going to bed and waking up; avoid sleeping in after a poor night's sleep and avoid daytime naps.
- ✓ Try to relax before going to bed and avoid anything mentally demanding within 30 minutes of bedtime.
- ✓ Do not watch television or use any back lit device e.g. tablets and phones for an hour before trying to go to sleep. The use of non-backlit e-readers and paper books is not thought to adversely affect sleep.
- ✓ Take regular exercise throughout the day but avoid strenuous exercise within four hours of bedtime.
- ✓ Avoid caffeine, nicotine, and alcohol within 6 hours of going to bed (consider complete elimination of caffeine from the diet). Caffeine and nicotine are stimulants which could keep you awake.
- ✓ Do not eat a heavy meal before bedtime.
- ✓ Create a bedtime routine to help set your body up for a restful night (take a warm bath, read a book, listen to soft music).
- ✓ If you have problems getting off to sleep have a mug of warm milk, Horlicks, Ovaltine or herbal tea.
- ✓ The bedroom should be dark, quiet and a relaxing place. The room should be not too hot or cold.
- ✓ Refrain from using the bedroom to eat or perform any work related activities, using it only for sleep.
- ✓ If after 30 minutes you cannot get to sleep, get up and go into another room and try to do something else (light reading or listening to relaxing music) until you feel sleepy, then go back to bed.
- ✓ Avoid taking over the counter sleep aids, as although they may help in short term use, they do not help the underlying problem causing disturbed sleep.
- ✓ A good sleep pattern may take weeks to establish, but it can be achieved.

