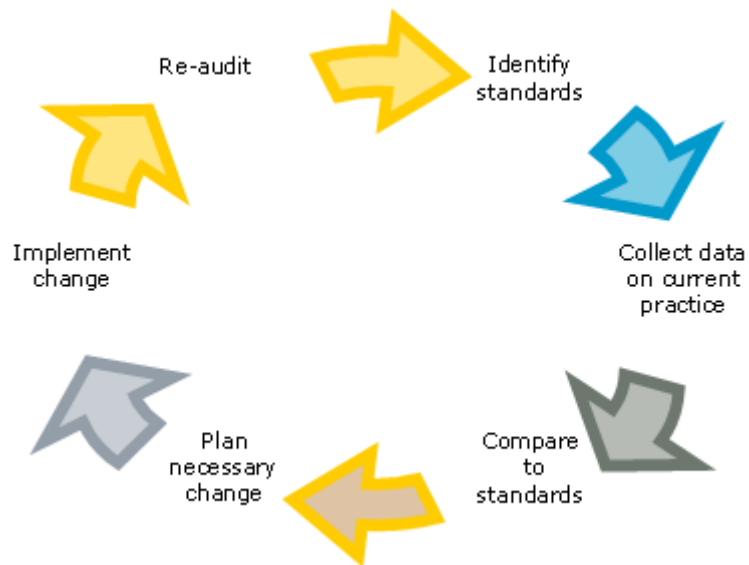




BENZODIAZEPINE PRESCRIBING

Sample Audit



*Audit Cycle from Royal College of Pathologists

ICGP SUBSTANCE MISUSE PROGRAMME

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Purpose of ICGP Sample Audits on Specific Topics

The purpose of the ICGP sample audit for each topic area is to provide practitioners with audit topic proposals and related tools in order to aid them in carrying out a clinical audit in this topic area. For each topic, a specific guideline is chosen which identifies best practice for the relevant topic. Following this, examples of the elements of care or activity that could be measured are provided – these are referred to as “criteria”. Finally, examples of the type of data that is required in order to audit the sample criteria are provided. A separate document, the ICGP Audit Toolkit, provides detailed generic instructions on how to carry out and report your audit.

Audit Criteria and Standards

Choose the criteria (criterion) on which to conduct your audit and then set your standard (sometimes known as your target). This is your desired level of performance and is usually stated as a percentage. Beware of setting standards of 100%; standards should be realistic for your practice (perfection may not be possible).

There is no minimum or maximum number of patients stipulated, however your sample should include current/recent patients. In general if you have a very small number of patients with the condition being considered, it is recommended that you examine a greater number of criteria in these patients. By contrast in an audit of a very large number of patients it may only be necessary to examine one criterion.

Sample Audit Topic: Benzodiazepine Prescribing

Evidence: Good Practice Guidelines for Clinicians – Report of the Benzodiazepine Committee, Department of Health and Children, 2002 which includes Best Practice Guidelines for Benzodiazepine Prescribing, available online at www.dohc.ie

Criteria

- | |
|--|
| 1. All patients on monthly or three monthly repeat prescription for benzodiazepines have a documented review of medication |
| 2. All patients have recorded in their notes that they were informed of the risk of dependency with long term use |

Data Collection Tool

The aim of our data collection tool is to suggest the data that are required in order to audit each criteria.

Collect Baseline Data as follows:

- You may recently have received details of your GMS benzodiazepine prescribing by correspondence from the HSE, otherwise download details of your GMS benzodiazepine prescribing over the past e.g. 3 months, 6 months or 12 months --- (source PCRS website with log in PIN number or request directly from PCRS.)
- Download/collect data on private benzodiazepine scripts to all patients.

STEP 1: First Data Collection**Number**

(See Appendix A for Data Collection Tool)

| |
|---|
| 1. Number of patients on benzodiazepines: |
| 2. Number of patients on repeat prescriptions of benzodiazepines: |
| 3. Number of patients chosen for audit sample: |

STEP 2: Audit**Number**

| |
|---|
| 1. Number of patients on monthly or three monthly prescriptions for benzodiazepines who have a documented review recorded in their notes: |
| 2. Number of records documenting that patient was informed of the risk of dependency with long term use: |

STEP 3: Next Steps

| |
|--|
| 1. Analyse and interpret your data via comparison with your target. |
| 2. Decide on what changes need to be made and implement these changes. |
| 3. Re-audit your practice. |

Action Plan

If you have not reached the target percentages identified above as standards, you should indicate your action plan to improve your adherence to the guidelines.

As part of this sample audit, we have tried to assist you in this task by suggesting, based on evidence in the literature. Evidence in the literature shows that brief interventions can be successful in reducing benzodiazepine prescribing in general practice.

Some elements that your action plan might include:

- Disseminate relevant guidelines to appropriate staff.
- Change data recording procedures to ensure required information is recorded in the patients' notes.
- Letter to patient outlining patient dependency issues with long-term benzodiazepine use Appendix B.
- A patient information leaflet outlining patient dependency issues with long-term benzodiazepine use Appendix C.
- Document patient review when getting repeat prescription.
- Document phased dispensing of benzodiazepines if there are patient safety concerns (phased dispensing=issuing daily/weekly/fortnightly supplies at a time – your dispensing instructions can be written on the monthly script).

Re-Audit

If you wish to use this audit for your medical council requirements, the full audit cycle should take place within the year if possible. However, if this is not feasible, you can complete your audit cycle next year.

Second Data Collection

Number

| |
|---|
| 1. Number of patients on benzodiazepines: |
| 2. Number of patients on repeat prescriptions of benzodiazepines: |
| 3. Number of patients chosen for audit sample: |

Audit

| |
|---|
| 1. Number of patients on monthly or three monthly prescriptions for benzodiazepines who have a documented review recorded in their notes: |
| 2. Number of records documenting that patient was informed of the risk of dependency with long term use: |

A detailed explanation of all of these steps can be found in the ICGP Audit Toolkit, which is available on the ICGP Website at: <http://www.icgp.ie/qip>.

Appendix A - Audit Tool for Collection of Data

Audit of Benzodiazepine Prescribing

| | | | |
|--|--|--|--|
| Date of Audit: | | | |
| Number of patients on Benzodiazepines: | | | |
| Number of Patients on Repeat Benzodiazepine Prescriptions: | | | |
| Number of patients chosen for Audit Sample: | | | |

| Record Number: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Total Yes | Total No | % Compliance | Expected Compliance % |
|--|--|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|--------------|-------------|--------------|--------------------------|
| 1 | Documented review of medication within the last month/three months | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Documented evidence that patient was informed of risk of dependency with long term use | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions: Randomly choose a number of records of patients on prescribed Benzodiazepines. Answer the above questions for each record Y (yes) or N (no). Then total the number of yes answers and work out the percentage compliance. Compare this to what you expected. Carry out your action plan for improvement. Allow a short time lapse then re-audit. The percentage compliance should have increased once improvement measures have been put in place. | | | | | | | | | | | | | | | | | | | | | | | | |

Appendix B - Sample Letters to Patient on Benzodiazepines (Adapted from Sample Letters Mercer's Medical Centre)

Full Name

Address Line 1

Address Line 2

Address Line 3

Date:

Dear

We are currently undertaking a review of prescriptions for medications collectively known as Benzodiazepines and sleeping tablets (see list below). I am writing to you because our records show that you have received a number of prescriptions for one or more of these types of medications in the past 12 months.

Recent studies have shown that if these medications are used for long periods of time, they can have harmful side effects, including anxiety symptoms, memory and sleep problems and they can also be addictive. Long term use is therefore no longer recommended.

We are writing to ask you to consider cutting down your dose of tablets and perhaps stopping them completely at some time in the future. As each person is different, we would like to discuss this with you in person within the next 3 months.

The best way to cut down your tablets is to take them only when you feel they are absolutely necessary. It is best to cut down gradually; otherwise you may have some withdrawal side effects. You should not stop your tablets suddenly. Once you start to reduce your dose you may start to notice that you feel a lot better and you may be able to think about stopping altogether.

Please make an appointment with your GP to discuss this further. If you have not attended to discuss this within the next 3 months, we may not be able to continue to prescribe this medicine for you. If you have already discussed this with your doctor, or have stopped your medications, this letter does not apply to you.

Yours sincerely,

Dr.

List of Benzodiazepines and Sleeping tablets

| Trade Name | Scientific Name |
|--|------------------|
| Valium, Anxicalm | Diazepam |
| Xanax, Alprox, Calmax | Alprazolam |
| Lexotan | Bromazepam |
| Nortem, Insomniger, Tenox, Normison | Temazepam |
| Dalmane, Dalmapam | Flurazepam |
| Mogodon | Nitrazepam |
| Zileze, Zimoclone, Zimovane, Zopitan, Zorclone | Zolpidone |
| Zoldem, Stilnoct, Zolnod, Nytamel | Zolpidem |
| Librium | Chlordiazepoxide |

Title

Address Line 1

Address Line 2

Address Line 3

Date:

Dear

Our records show that you have been prescribed benzodiazepines and/or sleeping tablets on a regular basis over the past number of months. We wrote to you on _____ asking you to make an appointment with your GP to discuss these prescriptions.

From our records I note that you have not attended for review and therefore we are no longer able to prescribe this medication for you.

If you would like to discuss this matter or if our records are incorrect, please make an appointment with your GP to discuss.

Yours sincerely,

Dr.



What are Benzodiazepines?

A group of drugs used mostly to treat anxiety, sleeping problems and other disorders. They include: diazepam (Valium), lorazepam (Ativan), chlordiazepoxide (Librium and Tropicium) oxazepam, temazepam, nitrazepam, flurazepam, loprozalam, lormetazepam, clobazam and clonazepam.

How do they work? - By changing the way certain brain chemicals transmit messages to certain brain cells, causing a calming effect.

If you are not used to taking benzodiazepines, the first doses are usually good at easing symptoms of anxiety and promoting sleep. They do not remove the cause of the anxiety; they ease the symptoms and may help you cope better in the short term. They work best in situations expected to last only a short while.

If you take them for more than 2-4 weeks, you may develop problems such as:

Tolerance – the body and the brain become used to the benzodiazepines and they gradually lose their effect. You then need a higher dose for it to work, then in time the higher dose does not work and you need an even higher dose and so on. This is what we call tolerance

Dependence/Addiction – This means that withdrawal symptoms occur if the tablets are stopped suddenly. What happens is that you need the drug to feel normal. Withdrawal symptoms include anxiety, panic attacks, odd sensations, feelings of unreality, feeling bad, sweating, unable to sleep, headache, tremor, feeling sick, palpitations, muscle spasms, oversensitivity to light, sound and touch. In some rare instances, seizures can occur. Many people continue taking the drug believing that it is still helping them where as in fact they are continuing to take the drug just to prevent withdrawal symptoms.

Why should I stop taking Benzodiazepines?

- You will feel more alert; your reaction time will improve a long with your memory and concentration
- Your risk of accident and injury will reduce
- The quality of your social life will improve
- Some people have described themselves to be in a 'zombie' like state when they were taking benzodiazepines long term. This will all stop.

Should I just stop taking them now? - No. You need to make a plan and reduce slowly. The pace and speed of withdrawal varies greatly from person to person. You need to go at a pace that is comfortable to you. Your doctor will advise on dosage, time scale etc.

What if I can't sleep or if I am still anxious?

There are alternative ways of tackling anxiety and sleep problems. Ask your doctor or nurse for some tips.



I have read and understood the above information

Signed: _____ Date: _____ Witness: _____