

# Current issues in benzodiazepine prescribing

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# Plan for this talk

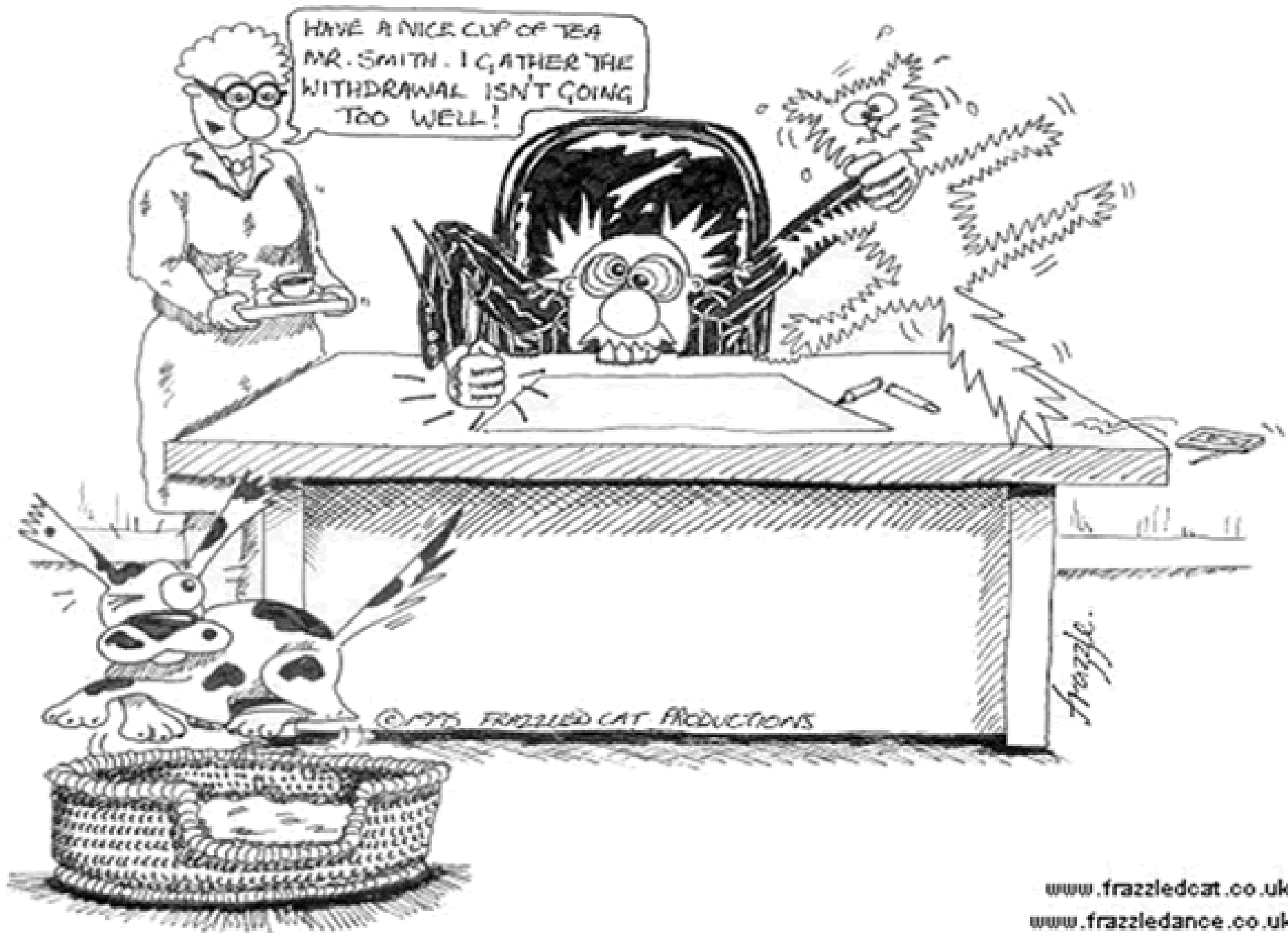
- Is there a problem with benzos?
- What is the problem in Ireland?
- How can we respond to the problem?
- Prescribing policies
  - The Benzodiazepine Commission guidelines
- Strategies for reducing benzo prescribing
  - What 'works'

# Problems of benzodiazepines

- Drowsiness
- Apathy
- Ataxia
- Dizziness
- Constipation
- Paradoxical effects
- Dependence
- Tolerance
- Withdrawal syndrome
- Increased accidents/falls
- Cognitive impairment
- Drug-drug interactions
  - esp. other psychotropics
- Other



**The acute phase of the Benzodiazepine  
Withdrawal Syndrome is quite  
easily identified.**

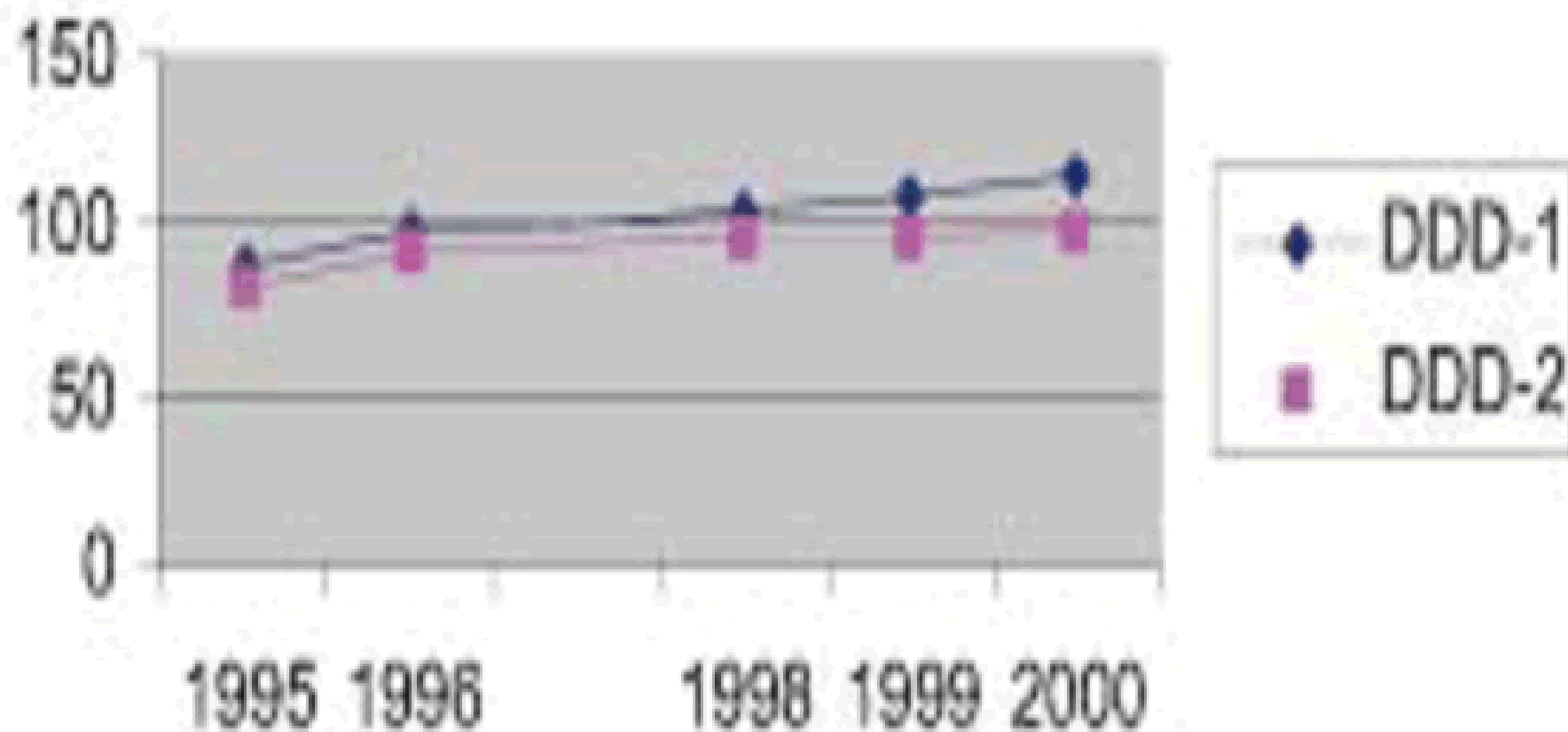


# Benzo prescribing – is there a problem in Ireland?

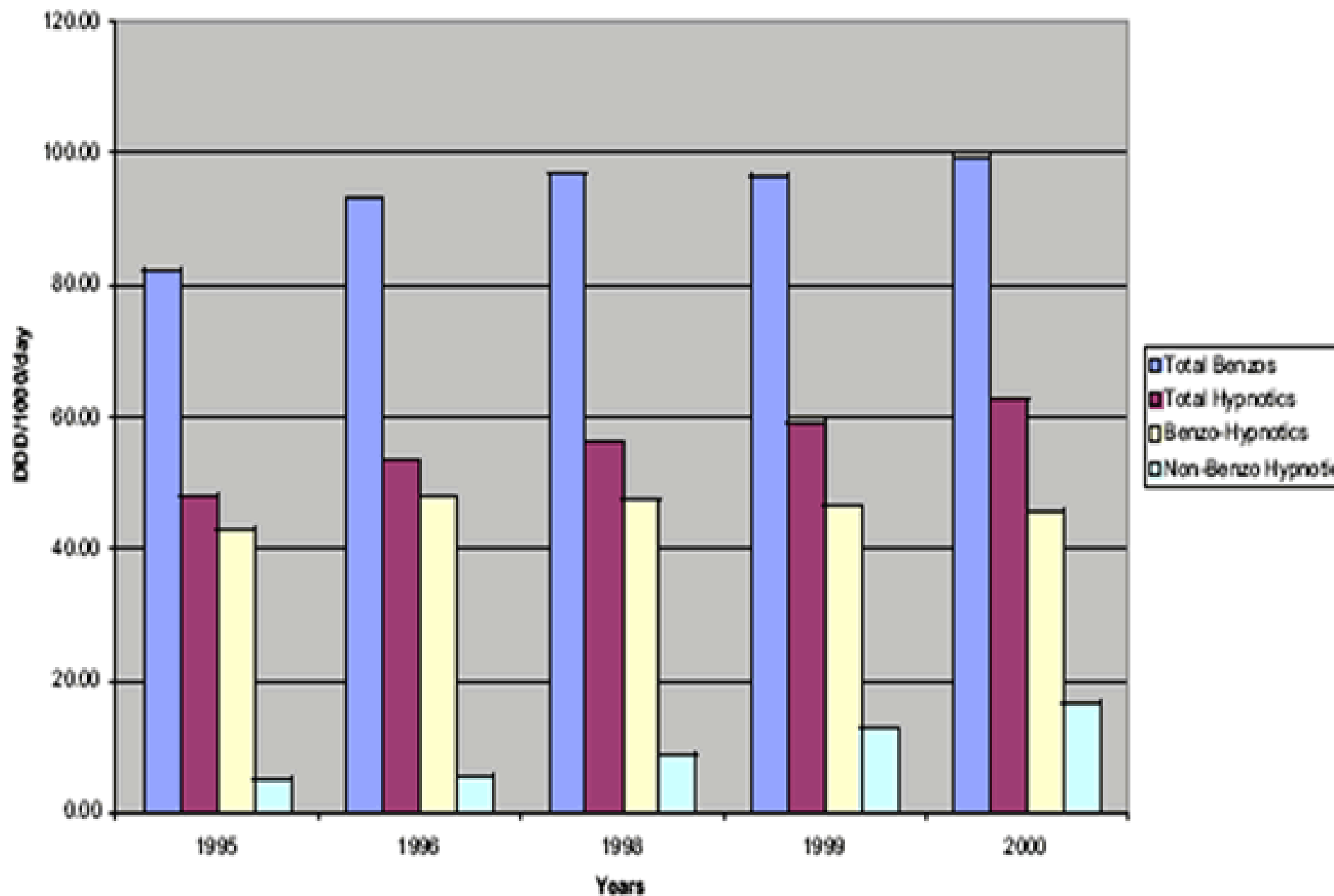
- 11.6% of the adult GMS population were using benzodiazepines.
- the usage of benzodiazepines is increasing gradually from 87 DDDs in 1995 to 116 DDDs in 2000.
- approximately 1 in 10 persons overall and up to 1 in 5 in the older age groups taking benzos
- 70% of patients appear to be on benzos on a long term basis (>4 prescriptions in 6 months)
- Proportion of 'in treatment' drug misusers reporting benzo addiction rose from 4.2% in 1997 to 17.1% in 1998

# Benzodiazepine Consumption in Adult GMS Population 1995 to 2000

Defined Daily Doses

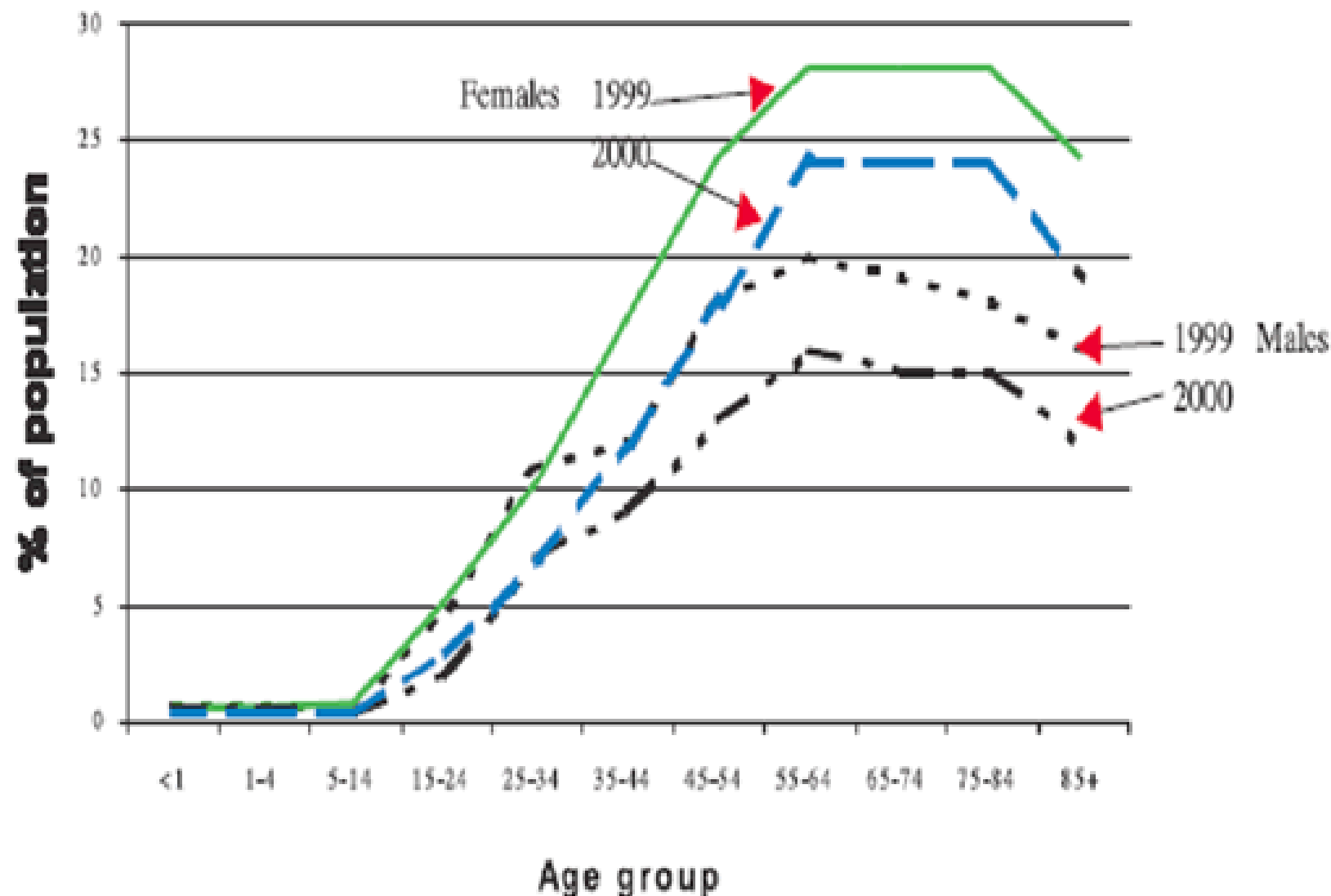


Various Benzodiazepine Consumptions 1995 - 2000

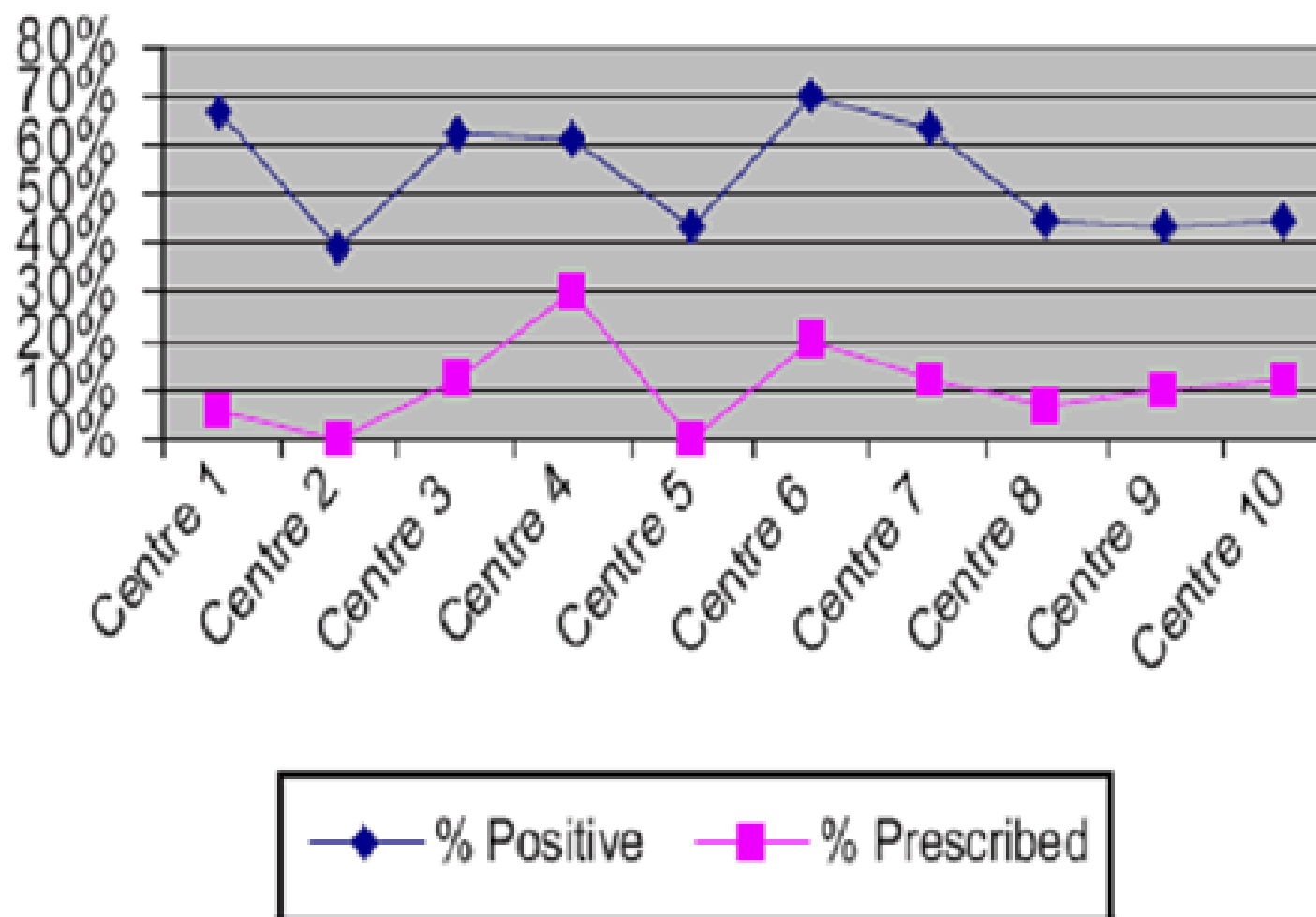




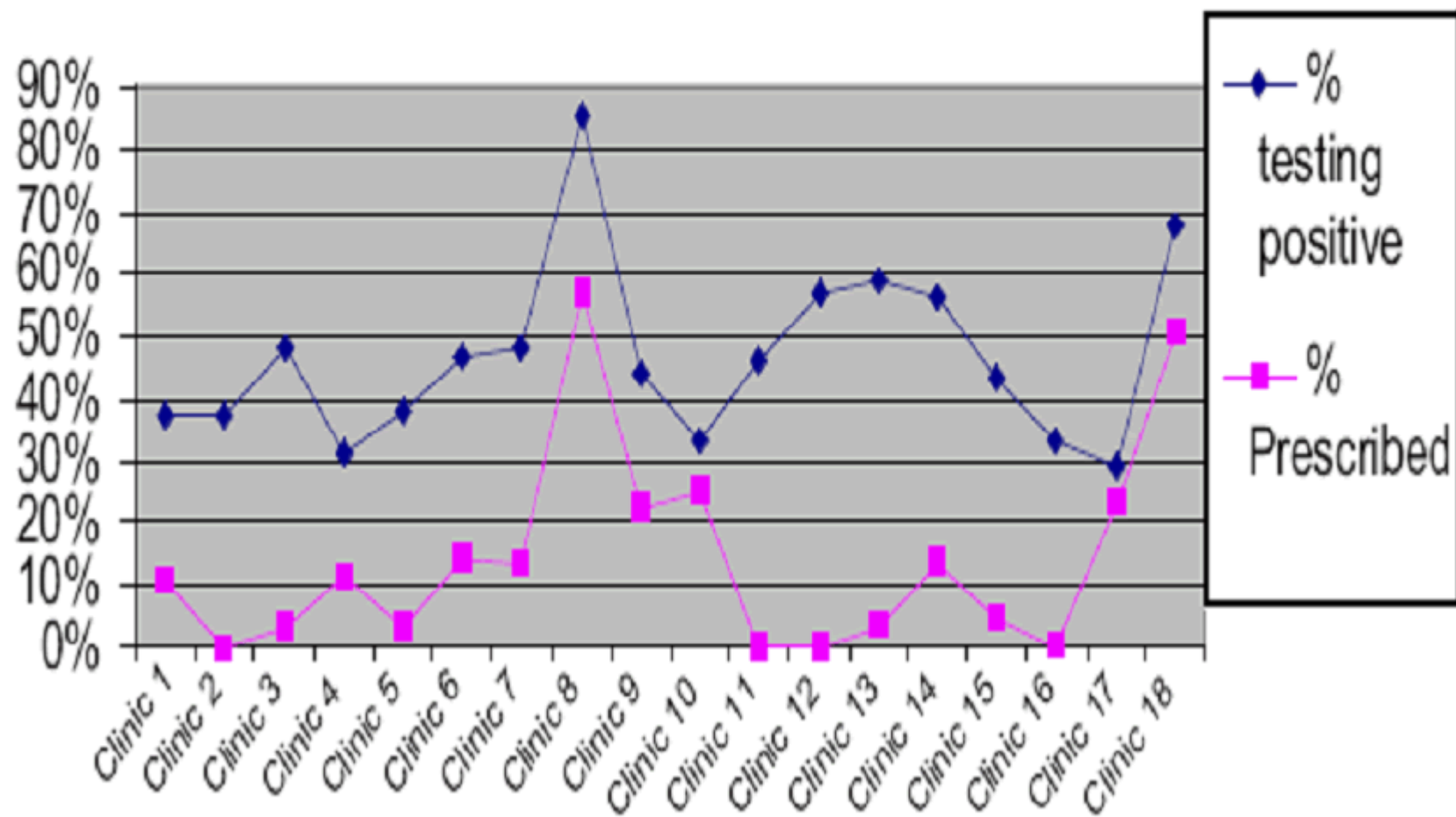
# Benzodiazepine prescribing rates by age & sex in the ERHA area, 1999 & 2000 (GMS data)



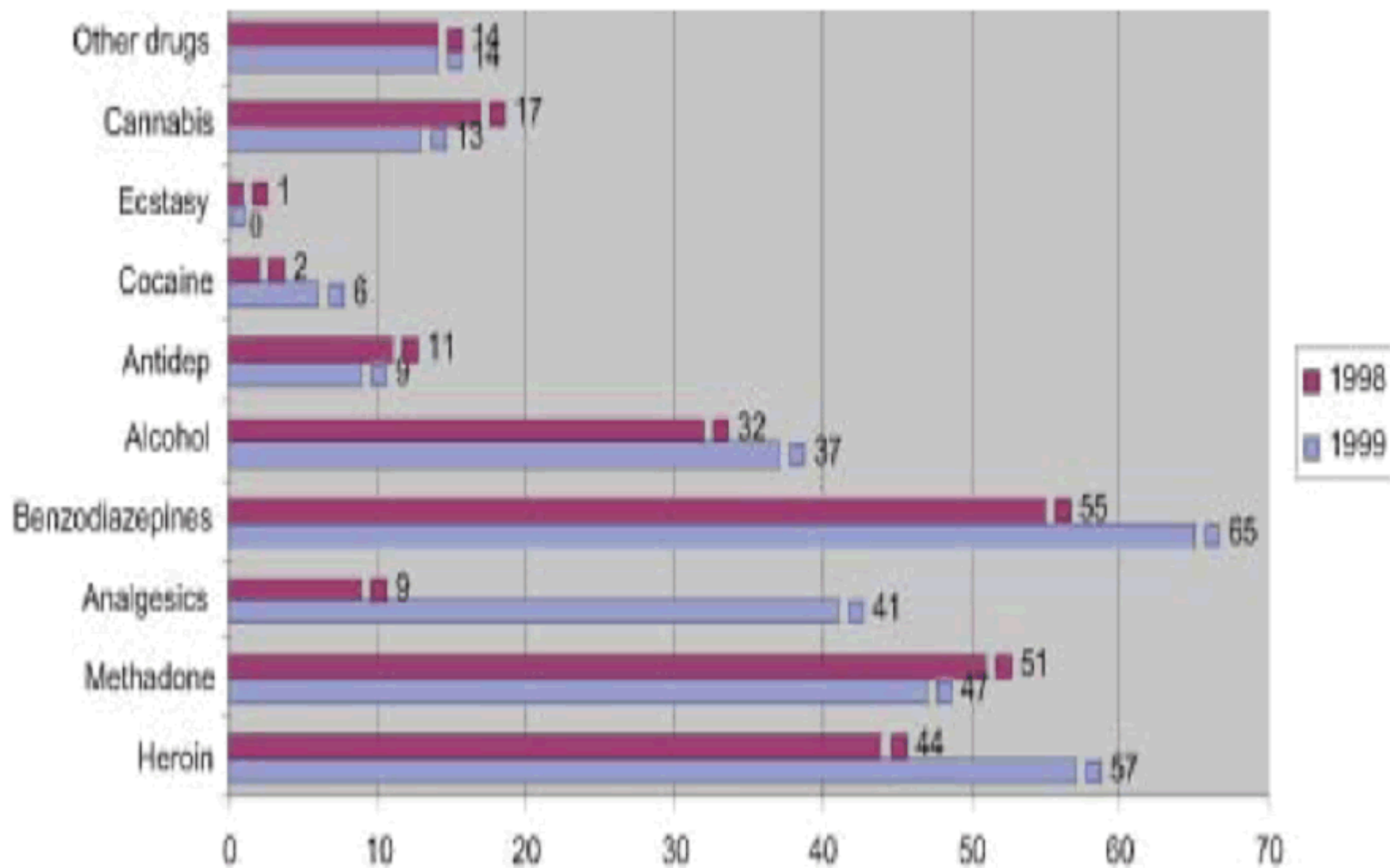
## The percentage testing positive for benzodiazepines in selected addiction centres compared to the percentage prescribed



Satellite Clinics : % testing positive for benzodiazepines compared  
to % of benzodiazepines prescribed



## Drugs implicated in Opioid related deaths



They haven't gone away you know



# How can we respond to the problem

- Restriction of supply
  - Legislative categorisation under MDA
  - Special prescription forms
- Closer monitoring of prescribing patterns
- Research into use and misuse
- Prescribing guidelines
- Publicity re abuse/ misuse/ appropriate use
  - Leaflets
  - Media campaigns
- Treatment services for 'addicts'

# Good practice guidelines I

## *Before initiating prescribing*

- Take a full history, including an alcohol and licit and illicit drug history ;
- inform the patient of the side-effect profile of benzodiazepines and offer an information leaflet;
- consider and treat, if possible, any underlying causes of the condition for which benzodiazepines may be prescribed;
- consider referral to other services;
- consider alternative therapies;
- consider delaying prescribing until a subsequent visit.



# Good practice guidelines II

## *When prescribing for the first time*

- Initiate with the lowest recommended dose but this may need to be adjusted depending on patient's response;
- do not prescribe for longer than 4 weeks;
- use phased dispensing where possible;
- ensure that agreements between doctor and patient are documented;
- record all details of medication prescribed and duration of treatment;
- ensure that clear, effective and speedy communication concerning benzodiazepine usage takes place between prescribing professionals both within and between services.



# Good practice guidelines III

## ***For patients dependent upon benzodiazepines or patients in receipt of continuing prescribing***

- Issue small quantities at a time (usually not more than one week);
- review regularly (usually monthly);
- use a long acting benzodiazepine in dosages no higher than diazepam 5 mg three times daily or equivalent;
- ensure that all patients are made aware of the risks of long term benzodiazepine use and document this communication;
- use signed consent forms where appropriate;
- encourage all patients with dependency to withdraw and offer them a detoxification programme at regular intervals (at least annually) and document all communication;
- seek specialist advice before prescribing to patients who have become dependent as a result of substance abuse.

# Strategies for reducing benzo prescribing

- Write to patients suggesting a reduction in their benzodiazepines
  - Cormack et. al. J R Coll Gen Pract 1989; 39:408-411
  - Cormack et. al. BJGP 1994; 44: 5-8
  - Morgan et. al. Pharm World Sci 2002; 24:231-251
  - Voshaar et. al. Fam Pract 2003; 20: 370-372
- Interventions in consultations
  - Bashir et.al. BJGP 1994; 44: 408-412
  - Baillargeon et.al. CMAJ 2003; 169: 1015-1020
  - Morin et.al. AmJPsy 2004; 161: 332-342
- Compliance aid
  - Drake J Curr Med Res Opin 1991; 12: 394-400
- Interventions targetting GPs have not been shown to work particularly well

# Conclusions

- Benzodiazepines are troublesome drugs
  - Difficult to use safely
  - Very prone to inducing dependence
- Benzodiazepine use is still very extensive in Irish (GMS) practice
- Guidelines on good practice and on withdrawal have been published
- Writing to patients and inviting them to reduce their benzo's and brief interventions in consultations have proven surprisingly effective in reducing benzo consumption (in some patients)
- Tapering doses  $\pm$  cognitive behaviour therapy required for more challenging cases