Prescribing Tips and Tools for Benzodiazepines and Z-drugs (BZRA) for the treatment of Anxiety and Insomnia

### Treatment of Anxiety
- 1st line non-pharmacological interventions e.g. The Good Relaxation Guide & online cognitive behavioural therapy (CBT) resources (see below).
  - Benzodiazepines are only indicated for the short-term relief of anxiety that is severe, disabling or causing extreme distress.
  - Prescribe for the shortest possible duration to a maximum period of 2-4 weeks.
- 1st line pharmacological treatment of generalised anxiety disorder (GAD): SSRI (or SNRI). Refer to individual SmPCs for licensed indications and dosing.
  - Benzodiazepines should not be considered for GAD except as a short-term measure during crises.

### Treatment of Insomnia
- 1st line non-pharmacological interventions e.g. The Good Sleep Guide.
- Underlying cause of insomnia should be identified & treated before prescribing a BZRA.
  - BZRA are only indicated when insomnia is severe, disabling or causing extreme distress.
  - Prescribe for the shortest possible duration, for a period of a few days to 2 weeks.

- Avoid long-acting benzodiazepines (e.g. flurazepam & nitrazepam) due to next day residual effects.
- Lack of evidence that z-drugs (zolpidem & zopiclone) offer clinically significant differences over shorter acting benzodiazepine hypnotics.
- Zolpidem (short half-life) should only be prescribed for sleep onset insomnia.
- Zopiclone (longer half-life) may be prescribed for continuous sleep disturbances however may have noticeable hangover effects.

### BZRA Prescribing Tips

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<tr>
<th>Prescribing BZRA for the 1st time</th>
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<tr>
<td>✓ Consider other strategies: relaxation techniques, exercise, Good Sleep Guide</td>
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<td>✓ Delay 1st prescription or limit number of days</td>
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<td>✓ Initiate with the lowest recommended dose (&amp; adjust according to response)</td>
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<tr>
<td>✓ Prescribe for shortest possible duration</td>
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<td>✓ Use phased dispensing where appropriate</td>
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<td>✓ Record all details of prescription &amp; duration of treatment</td>
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<th>Prescribing BZRA for dependent patients</th>
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<td>✓ Issue small quantities at a time</td>
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<td>✓ Review regularly, usually monthly</td>
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<tr>
<td>✓ Ensure all patients are made aware of the risks of long-term use &amp; document</td>
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<tr>
<td>✓ Encourage all patients with dependency to withdraw &amp; offer detoxification programmes at regular intervals</td>
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See MMP guidance (section 11) for information & resources on de-prescribing BZRA

### BZRA Safety Concerns

#### Side-effects of BZRA
- Forgetfulness, confusion
- Irritability
- Aggression & paradoxical disinhibition
- Impairment of judgement & dexterity
- Psychomotor impairment & increased risk of motor vehicle accidents & falls

Caution in OLDER PEOPLE as side-effects are likely to be enhanced e.g. sedation, memory impairment. REVIEW REGULARLY.

#### Associated problems
- Misuse
- Diversion
- Driving impairment
- Morbidity & mortality related to overdose
- Dependency
- Tolerance
- Withdrawal

#### Z-drugs

### Useful Non-pharmacological Resources

Non-pharmacological supports should be used before & in addition to BZRA prescribing.

The Good Sleep Guide & The Good Relaxation Guide are available: [www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines).

Online CBT Resources (free of charge)

Aware: Life skills [www.aware.ie/life-skills](http://www.aware.ie/life-skills)

Lust for life [www.alustforlife.com/section/mental-health/cbt-online-course](http://www.alustforlife.com/section/mental-health/cbt-online-course)


Well-being [www.wellbeing-glasgow.org.uk](http://www.wellbeing-glasgow.org.uk)


Abbreviations: BZRA: Benzodiazepines and z-drugs; CBT: Cognitive behavioural therapy; GAD: Generalised anxiety disorder; SmPC: Summary of Product Characteristics; SNRI: Serotonin noradrenaline reuptake inhibitor; SSRI: Selective serotonin reuptake inhibitor