

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**.



Z-drugs

- 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

Prescribing BZRA for the 1st time

- ✓ Consider **other strategies**: relaxation techniques, exercise, Good Sleep Guide
- ✓ **Delay 1st prescription** or **limit number of days**
- ✓ Initiate with the lowest recommended dose (& adjust according to response)
- ✓ Prescribe for **shortest possible duration**
- ✓ Use **phased dispensing** where appropriate
- ✓ **Record** all details of prescription & **duration** of treatment

Prescribing BZRA for dependent patients

- ✓ Issue **small quantities** at a time
- ✓ **Review** regularly, usually monthly
- ✓ Ensure all patients are made aware of the **risks of long-term use** & document
- ✓ Encourage all patients with dependency to **withdraw** & offer detoxification programmes at regular intervals

See MMP guidance (section 11) for information & resources on deprescribing BZRA



Counsel patients that their ability to drive safely may be reduced by BZRA. Refer patients to the Road Safety Authority leaflet 'Medicines and driving'.

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**

Side-effects can largely be prevented by prescribing **LOW DOSES & courses of SHORT DURATION**



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**

Dependency is a significant risk with BZRA use for > 1 month.

Tolerance to benzodiazepine hypnotic effects may develop quickly (within days/weeks of regular use) while tolerance to the anxiolytic effects may develop more slowly (over months).

Withdrawal syndrome may develop at any time up to 3 weeks after stopping a long-acting benzodiazepine but may occur within a day in the case of short-acting agents.

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.

Online CBT Resources (free of charge)

Aware: Life skills www.aware.ie/life-skills

Lust for life www.alustforlife.com/section/mental-health/cbt-online-course

Mood Gym Programme www.moodgym.com.au/

Well-being www.wellbeing-glasgow.org.uk

Self help Booklets available at <http://web.ntw.nhs.uk/selfhelp/>

References: •British National Formulary (BNF) April 2017. •Summary of Product Characteristics (SmPCs): individual BZRA. •Department of Health. Benzodiazepines: Good Practice Guidelines for Clinicians (2002). •All Wales Medicines Strategy Group. Educational Pack: Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics across Wales (2016). •National Institute for Health and Care Excellence (NICE) Guidance CG113: Generalised Anxiety Disorder and Panic Disorder in Adults: management (2011). •National Institute for Health and Care Excellence (NICE) TA77: Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia (2004).

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

Version 1.0 MMP February 2018. Full guidance document available at www.hse.ie/yourmedicines.