



Reduction in benzodiazepine prescribing in primary care

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Background

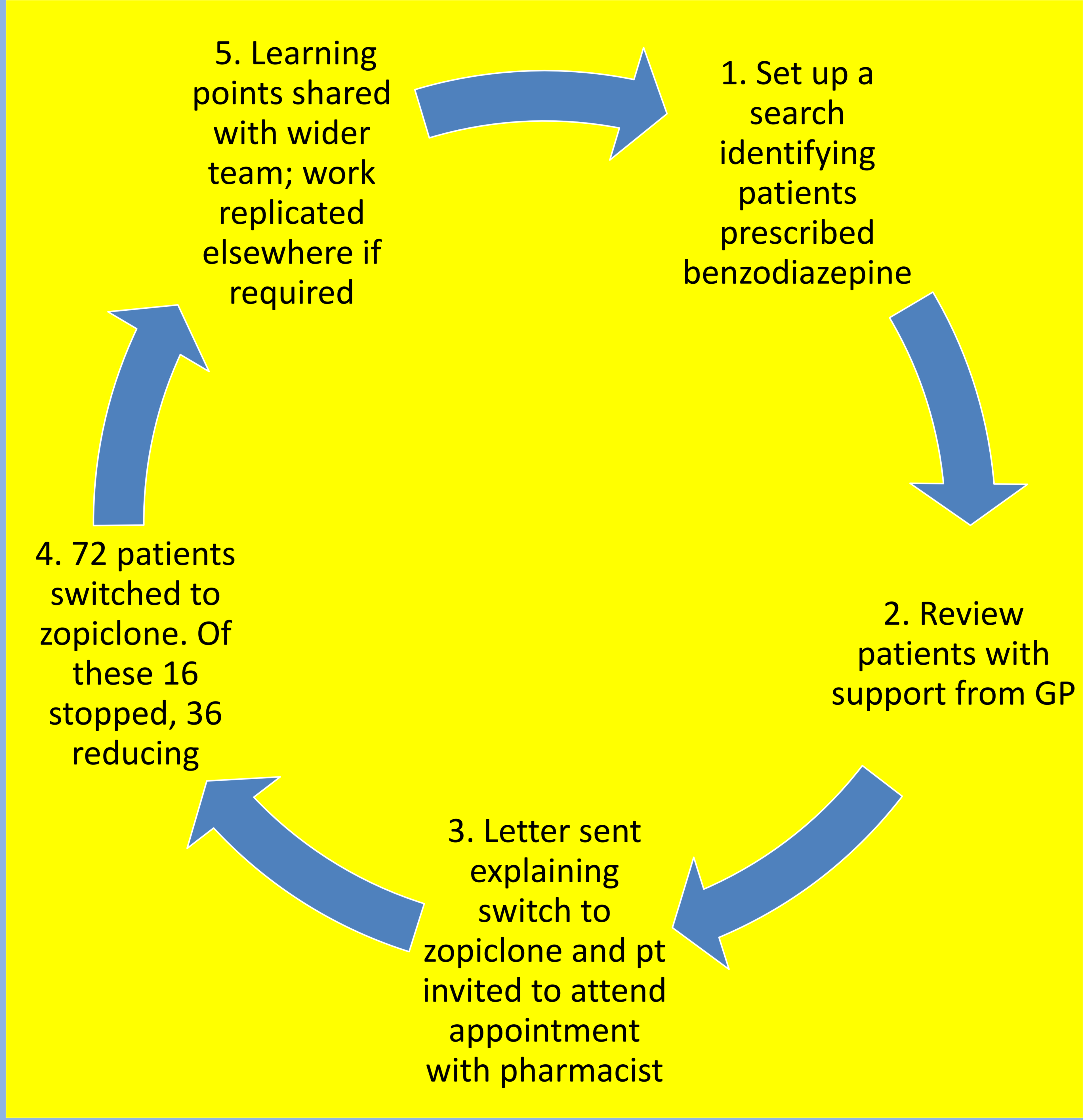
Despite various initiatives and NICE guidance on hypnotics in 2004 a substantial number of patients continue to take hypnotics long term in Primary Care. Some of these have been initiated in Psychiatry but many appear to have been initiated by their GP; one survey of 1600 patients taking hypnotics found that over 85% had been started by the GP.

Aim

To review patients on temazepam and switch to the equivalent dose of zopiclone, and supporting patients on a pharmacist led withdrawal program.

Benefits to the patient

No long term effect on sleep or anxiety symptoms. Improved memory and reaction times. Increased alertness and improved quality of life. Reduce risks of falls, accidents, fractured bones and other injuries, reduced hospital admissions



Benefits to the Pharmacist

This is a greater use of the education, training and skills of the pharmacist. A great degree of autonomy and responsibility is required to work as part of the primary care team. Excellent communication with GPs, patients and practice team is essential.

Discussion

3 studies investigated the effects of switching patients from benzodiazepine hypnotics to zopiclone intending to help discontinue hypnotic use altogether. Zopiclone appeared to substitute for benzodiazepines and reduce the appearance of 'rebound' and withdrawal effects that are often associated with patients who try to reduce or discontinue their use of benzodiazepine hypnotics. 66 patients of 75 prescribed temazepam were successfully switched to zopiclone. 16 patients stopped and 36 are currently reducing, greatly improving quality of life and reducing risks

Conclusion

This audit demonstrated that pharmacists can provide a pivotal role in benzodiazepine reduction clinics improving relationships between GPs and practice pharmacists.