

Hypnotic Prescribing –Reducing & Stopping

<p>What is the advice for prescribing hypnotics?</p> <ul style="list-style-type: none"> • Should be used only if insomnia is severe, disabling or subjecting the patient to extreme distress • Use lowest dose, for maximum of four weeks (including tapering off) • Use intermittently, if possible, for insomnia • Taper off gradually <p>MHRA advice on benzodiazepines in insomnia CSM. Curr Problems Pharmacovigilance. January 1988, No. 21</p> <p>BNF 65 (March- Sept 2013)</p>	<p>Hypnotics are:-</p> <ul style="list-style-type: none"> ▪ Temazepam ▪ Nitrazepam ▪ Zopiclone ▪ Zolpidem ▪ Zaleplon ▪ Loprazolam ▪ Lormetazepam
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<p>Patients presenting with insomnia for the first time</p> <ul style="list-style-type: none"> • First line treatment should be non-pharmacological measures. • Where benzodiazepine or “Z” drug treatment is indicated, first line options should be zopiclone <p>NICE guidance/ CCG Prescribing Protocol</p> <ul style="list-style-type: none"> ▪ The indication for starting a hypnotic or anxiolytic will be documented. ▪ Other possible causes of sleep disturbance will be recorded (e.g. pain, dyspnoea, depression) and treated appropriately. ▪ All patients will receive advice on non-drug therapies for anxiety and insomnia. ▪ Patients will be advised on the potential problems of dependence (i.e. addiction). ▪ A second prescription will not be issued without a follow-up visit to the GP. <p>Benzodiazepines or “Z” drugs should not be taken for more than 2-4 weeks (including tapering off).</p>	<p>Patients already on regular prescriptions for hypnotics</p> <ul style="list-style-type: none"> - Prescribers in the practice to agree that patients will be assessed and, if appropriate, counselled for a withdrawal scheme with the aim to gradually reduce drug dosage to zero. <p>There may be a small cohort of patients who need to be on a maintenance dose of a benzodiazepine. Examples are patients:</p> <ul style="list-style-type: none"> ▪ with severe mental health problems under care of a psychiatrist; ▪ on benzodiazepines for treatment of epilepsy; ▪ who are seriously or terminally ill.
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Possible strategies for reduction

Each practice will decide a way to reduce prescribing which best suits the practices and patients needs. Example include:-

- Reviewing all patients at once, or breakdown into groups e.g. younger patients, elderly patients, patients on high doses etc
- Setting up a dedicated hypnotic reduction clinic within the practice
- Inviting patients to attend clinic or for a review by letter
- Sending patients a letter which includes a reduction schedule
- Prescriber selecting and inviting one or two patients they feel they can work with each month for medication review, gradually building up patients on reduction schedules.

Reduction schedules and ideas for support

Note that the dosage reduction withdrawal schedule is flexible and should be tailored to each individual patient.

- **examples of reduction schemes are available in the Welsh pack** (link below) e.g. gradual reduction of same medication by small doses over several weeks, or converting to equivalent doses of diazepam, and gradual reduction
- Lost prescriptions will not be replaced.
- Patients should be allocated a “usual doctor” and will only deal with this person.
- If a patient takes higher doses than prescribed, and runs out of medication before the next prescription is due, they will not be prescribed extra tablets.
- Temporary residents should note that:
 - patients not currently on an anxiolytic or hypnotic will be treated according to NICE guidelines and the practice policy
 - regular users will not receive prescriptions without proof of dosage, frequency and date of last prescription; this can be obtained from the patient’s surgery. If they remain with the practice for more than two weeks, they should enter the reducing scheme and the policy should be followed as for a registered patient.

Any new patients currently on hypnotics or anxiolytics will be informed that they will be placed on a withdrawal regime (unless they fall into the exclusion criteria above), when they register with the practice

Useful Links & resources

Benzo.org website (<http://www.benzo.org.uk/>)

Northumberland, Tyne&Wear NHS Foundation Trust Sleep Guide (<http://www.ntw.nhs.uk/pic/leaflets/Sleeping%20Problems%20A4%202010.pdf>)

First Steps (Cumbria Partnership NHS Foundation Trust) (<http://www.cumbriapartnership.nhs.uk/uploads/First%20Step/sleeping%20problems.pdf>)

– Sleeping Problems Self Help Guide (based on above material)

Sleep Diary (<http://www.patient.co.uk/health/Sleep-Diary.htm>)

Welsh Education Pack (<http://www.wales.nhs.uk/sites3/Documents/371/H&A%20Educational%20Pack%20website.pdf>)

Welsh Practice Guide (http://www.wales.nhs.uk/sites3/Documents/582/Guide_Hypnotics%20%26%20Anxiolytics%20Practice%20Guide_version02.pdf)