Medicines Optimisation Update

Hypnotic Prescribing

Partners in improving local health

NHS Cumbria Clinical Commissioning Group

What this includes:

Hypnotics AQD/STAR PU: Number of average daily quantities (ADQs) for benzodiazepines (indicated for use as hypnotics) and "Z" drugs per hypnotics (BNF 4.1.1 sub-set) ADQ based on STAR-PU (Specific Therapeutic group Age-sex Related Prescribing Units). To ensure that hypnotics are prescribed for short durations, at the lowest dose and are reviewed on a regular basis if prescribed on a repeat prescription.

Identifying the problem:

A care bundle to support this update is available on the NECS medicines optimisation website: http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

Background:

- Hypnotics are temazepam, nitrazepam, zopiclone, zolpidem zaleplon, loprazolam and lormetazepam).
- Complications relating to long-term use of hypnotics include depression or reduction in coping skills. Adverse effects include drowsiness, falls, increased risk of road traffic accident (proven), forgetfulness, confusion, irritability, aggression, paradoxical disinhibition – the last two are good examples for young males who believe that reducing will make them more aggressive.
- Older people are far more vulnerable to the adverse effects especially falls and cognitive impairment: stopping has been found to improve their working memory and reaction times, increase levels of alertness, and improve concentration.
- For every 13 people who take a hypnotic, it makes no difference in the sleep of 12 people, it helps one person but two people have an adverse effect that wouldn't have occurred with placebo.
- Patients taking hypnotics are more likely to die.: all cause mortality increases with the number of doses.

Suggested actions – New patients requesting hypnotics/presenting with insomnia for the first time:

- Only prescribe short term (maximum 2-4 weeks) for anxiety that is severe, disabling, or causing the patient unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic, or psychotic illness. There is never ANY absolute indication to prescribe benzodiazepines or Z-drug.
- Resist new prescribing and only prescribe if absolutely essential: 7 days' supply only on acute and give good sleep guide or good relaxation guide. Offer Cognitive Behavioural Therapy (CBT) style self-help or refer for psychosocial interventions. It is much easier to start these drugs than stop them.
    - Short-term use as muscle relaxant is not supportable.
    - Do not use to calm e.g. distressed patient/bereaved relative. Hypnotics can block normal emotional development.
    - Do not prescribe for patients with an addiction history or an addict in family or circle of friends.
    - Avoid short acting benzodiazepine which can cause patients to develop anxiety between doses.
    - Patients transferring from other practices should have their hypnotic reviewed at initial consultation.
- Saying NO:
    - Avoid premature reassurance with patient – don't say "You will be fine".
    - Recap what they have said to let them know you have heard.
    - Search for common ground and summarise the two perspectives e.g. "on the one hand we don't agree on you reducing but on the other we agree that these are bad for you"; ask patient for help in reaching common ground.
    - If no common ground assert own right to decide what is best for patient and explain that you are non-negotiable as concisely as possible.
    - Avoid the word no, use "not" e.g. not for now, not like that that, may not be necessary.
    - Anticipate excuses e.g. I can't possibly stop/I tried and it didn't work/I never actually got started with the plan we agreed/I've been off it a while and am not coping/Why now, I've been on them for years and Dr X was happy/can I just try drug X/I'm desperate/I'm not suffering any adverse effects.
    - Feedback specific words and behaviours.
    - Repeat back the reasons for stopping each time they use an excuse.
    - Offer support in the form of leaflets, self-help CBT guide, First Step referral or mental health referral.

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Suggested actions - Patients currently prescribed a hypnotic on repeat prescription:

- Prescribers in the practice should first agree that patients will be assessed and, if appropriate, counselled for a withdrawal scheme with the aim to gradually reduce drug dosage to zero. There may be a small cohort of patients who need to be on a maintenance dose of a benzodiazepine. Examples are patient: with severe mental health problems under care of a psychiatrist, on benzodiazepines for treatment of epilepsy or who are seriously or terminally ill.
- Review patients currently prescribed hypnotics. The majority of prescribing is unlicensed as these drugs are licensed for 2-4 weeks maximum and therefore not in patients' best interests. When a GP prescribes any drug outside the licensed indications the legal responsibility falls to them.
- Consider controlled withdrawal. Withdrawing is rarely medically dangerous. The risk of seizures on even SUDDEN withdrawal is less than 2% and this includes self-reported seizures. The dosage reduction withdrawal schedule should be flexible and should be tailored to each individual patient.
- Examples of reduction schemes are a gradual reduction of same medication by small increments over several weeks, or converting to equivalent doses of diazepam, then gradual reduction.

Each practice should decide a way to reduce prescribing which best suits the practices and patients' needs. Examples 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.

- Most patients can be withdrawn; conversations with them are crucial and consistent behaviour from all staff is essential.
- Remember:
  - Symptoms of anxiety and insomnia may worsen for up to 1 week after stopping but by week 5 they are usually better.
  - Recovery is not linear, it is individual, and difficult to predict how quickly symptoms will stop for good. People expect to be completely better after a certain period of time, and often get discouraged and depressed when they feel this time has passed and they are not completely better. Patients should anticipate 6 months to a year for recovery after a taper has ended. But some people feel better a few months after they stop; for others it takes more than a year. It takes time for the central nervous system to heal and for neurotransmitters to stop being sensitive.
  - There is no way around benzodiazepine withdrawal and recovery—you have to go through it. People try all sorts of measures to try to make the pain stop: nothing can shortcut the process, although some strategies can make it easier. Person centred care, including shared decision making and motivational interviewing techniques can help the patient identify strategies that may be helpful to them. Our body and brain have their own agenda for healing, and it will take place if the patient accepts and engages with this.

Resources:

- Hypnotics – Reducing and Stopping: A Practice Guide. Cumbria Clinical Commissioning Group and North East Commissioning Support Unit. http://medicines.necsu.nhs.uk/download/gp_hypnotic_guide_doc_-pdf/
- NICE advice. Hypnotics. [KTT6] Published date: January 2015 Last updated: February 2016. https://www.nice.org.uk/advice/ktt6
- Clinical Knowledge Summaries: Benzodiazepine and z-drug withdrawal. http://cks.nice.org.uk/benzodiazepine-and-z-drug-withdrawal
- Welsh Hypnotics & Anxiolytics Practice Guide http://www.wales.nhs.uk/sites3/Documents/582/Guide_Hypnotics%20%26%20Anxiolytics%20Practice%20Guide_version02.pdf
- The Ashton Manual at benzo.org: www.benzo.org.uk/manual
- Prescqipp https://www.prescqipp.info/hypnotics/category/97-hypnotics

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