

Benzodiazepine & 'Z' drugs withdrawal protocol

Rationale

- ☞ The NSF for Older People has highlighted the issues of dependence, sedation and fall in the elderly when taking these types of medications.
- ☞ It has been demonstrated by other PCTs and individual practices nationally that withdrawal clinics and written communication with patients, inviting them to reduce or gradually stop their benzodiazepines or related drugs, have been very effective and successful methods of withdrawing patients from medication.

Procedure

- ☞ Identify all patients currently taking/ordering a benzodiazepine or related drugs for >28 days (ie. on repeat prescription) who may be contacted by letter about withdrawal of treatment.
- ☞ Exclude any of the following patients:
 - x History of drug/alcohol abuse
 - x Suicide risk
 - x Major psychiatric disorder
 - x Epileptics (danger of seizures on withdrawal)
 - x Terminal
 - x Recurring chronic depression
 - x Dementia
 - x An upper age limit (eg. Over 85, decide on individual basis)
 - x Care Homes (Only exclude if patients are being reviewed as part of a structured medication review programme in the home).
- ☞ Looking at patient notes for exclusion criteria, produce a patient list for signed approval/further exclusion for each GP using 'Flow chart for review of patients prescribed benzodiazepines and related drugs' (Appendix 1)
- ☞ Send out approved letter (Appendix 2) on practice paper, signed by the patient's usual GP. Also send out a 'Sleep Advice' sheet (Appendix 3) to facilitate a move to drug withdrawal.
- ☞ Record in the notes that the standard letter has been sent.
- ☞ Some practices may have designated staff trained specifically for benzodiazepine or related drug withdrawal.
- ☞ Discuss and decide amongst the partners whether new prescriptions for benzodiazepines or related drugs should be kept on the acute list, and only put onto repeat if patients fall into the exemption categories listed above. Patients should be informed of the risks of long-term use along with regular review.
- ☞ Extra care must be taken post hospital discharge. Patients requiring medication to sleep in the unknown environment of a hospital may be unlikely to need it at home.
- ☞ See Appendix 4 for details of Clinical Withdrawal Guidelines.

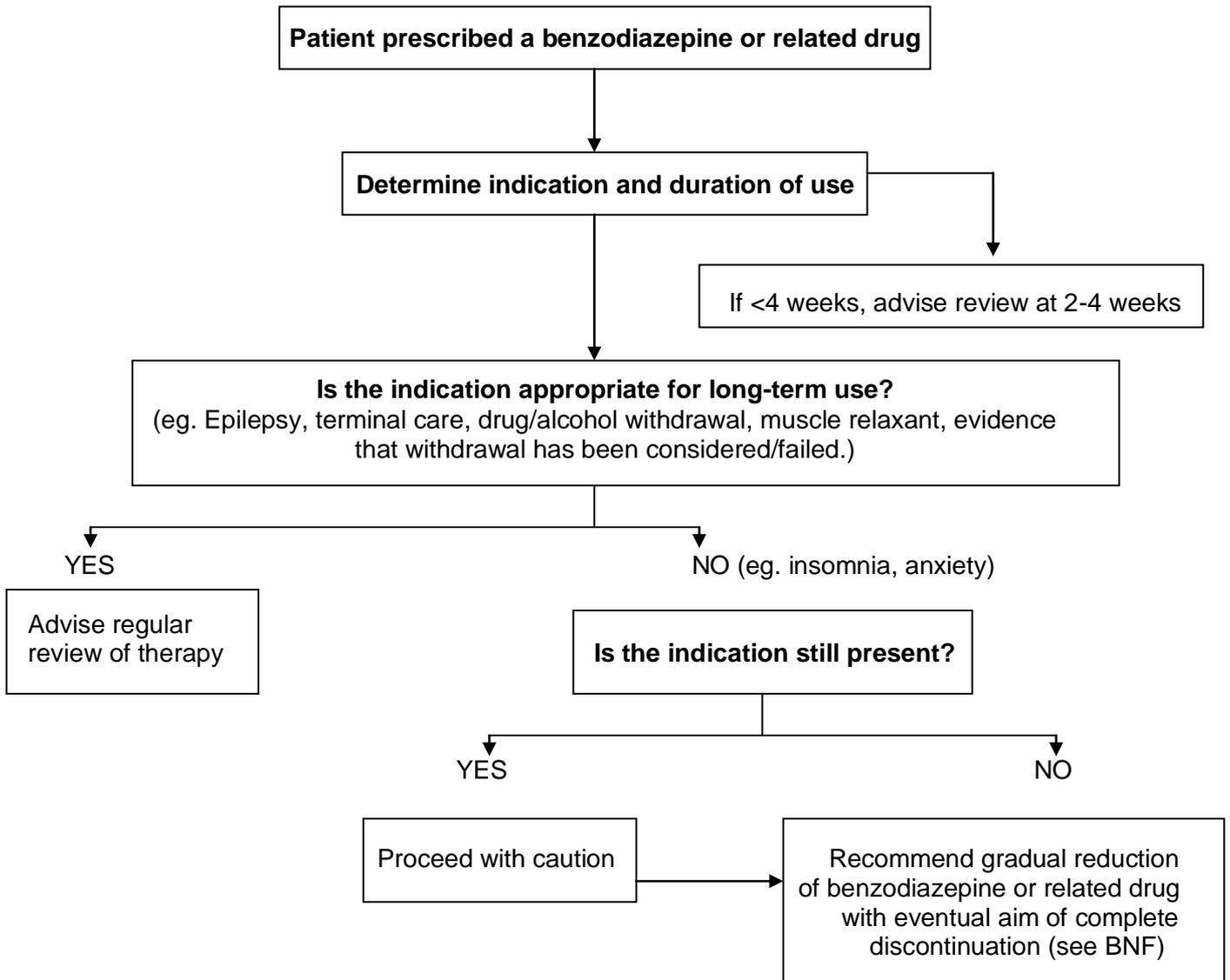
During the Consultation:

- ☞ Explain to the patient why they have been invited to reduce/stop their benzodiazepine/'z' drug. That some of the drugs were marketed as safe and non-addictive ('z' drugs), but after several years of use, we now know that they have the addictive potential of benzodiazepines.

- ☞ Explain that these drugs become less effective and induce dependence after several weeks' treatment.
- ☞ Explain that withdrawal symptoms may be similar to the original symptoms (eg. insomnia, anxiety and loss of appetite) and that some symptoms may persist for weeks after stopping the drug.
- ☞ Ask if they have missed a dose/tried to stop previously. It is likely that they experienced withdrawal effects and thought it was the previous insomnia returning. This withdrawal should only last for 7-10 days, and then sleep will return to normal.
- ☞ Explain that people have a more natural and refreshing sleep without a medication.
- ☞ Explain to elderly/approaching elderly people about falls from prolonged effects.
- ☞ Discuss the patient's quality of sleep and provide them with a 'Sleep Advice' leaflet (Appendix 3) (if not already received and read one).
- ☞ Agree a stop date for the patient. There may be a more appropriate date eg. after an interview/holiday etc..
- ☞ Agree that you will ring the patient in two weeks to check their progress. Also offer to ring on their stop date, if this is at a later date.
- ☞ Offer the patient another clinic appointment(s) if necessary. It may be helpful to arrange a follow-up appointment here.
- ☞ Provide a two week prescription if the patient does not have sufficient medication.
- ☞ Provide written details of the withdrawal dosing using the calendar chart (Appendix 5).

APPENDIX 1

Flow chart for review of patients prescribed benzodiazepines or related drug



APPENDIX 2

<Practice letterhead>

Date as postmark

Dear,

I am writing to you because I note from our records that you have been taking<drug>.... for some time now. Recently, family doctors have become concerned about this kind of tranquilising medication when it is taken over long periods. Our concern is that the body can get used to these tablets so that they no longer work properly.

If you stop taking the tablets suddenly, there may be unpleasant withdrawal effects, which you will experience. Research work done in this field shows that repeated use of the tablets over a long time is no longer recommended. More importantly, these tablets may actually cause anxiety and sleeplessness and they can be addictive.

I am writing to ask you to try cutting down on your dose of these tablets with the aim of stopping them in the future. The best way to do this is to take the tablets only when you feel they are absolutely necessary. Try to take them only when you know that you have to do something that might be difficult for you. It may be that you then do not need to order them quite so often.

Once you have begun to cut down, you might be able to think about stopping them altogether. It would be best to cut down very gradually and then you will be less likely to have withdrawal symptoms.

Yours sincerely,

<signature of patient's own GP>

APPENDIX 3



SLEEP ADVICE

The following is a list of things you can do to help you to sleep:

1. Take regular exercise.
2. Avoid sleeping (including naps) during the day.
3. Try to keep a regular time for going to bed and getting up to establish a routine.
4. Make sure your bedroom is warm but well ventilated and that your bed is comfortable.
5. Block out light and noise in your bedroom or, if this is not possible, try using a sleep mask and ear plugs.
6. Avoid tea, coffee, cola, alcoholic drinks and smoking for a couple of hours before bedtime. Caffeine (in tea, coffee and cola) and nicotine (in cigarettes) act as stimulants and can stop you getting to sleep. Alcohol may interrupt your sleep by making you thirsty, or by making you visit the toilet during the night; it can also make you wake up early.
7. Having a hot, milky drink (without caffeine) before going to bed can help you to feel sleepy. It is also best to avoid eating a meal just before bedtime.
8. Having a warm bath before bed can also help by making you more relaxed.
9. If you lie awake in bed for more than half an hour, do not stay in bed. Get up and try reading or listening to some soothing music until you feel tired.
10. When you get into bed, try to clear your mind of thoughts. If you find yourself worrying or going over the day's activities in your mind, try setting aside some time earlier in the evening for clearing your head.
11. Relaxation tapes can also help.



APPENDIX 4

Guidelines for Benzodiazepine Prescribing in Primary Care

Prescribing recommendations:

- ☞ Indicated for the short-term relief (2-4 weeks) of anxiety that is severe, disabling or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic or psychotic illness.
- ☞ Use of benzodiazepines to treat short-term 'mild anxiety' is inappropriate and unsuitable.
- ☞ Benzodiazepines should be used to treat insomnia only when it is severe, disabling, or subjecting the individual to extreme distress.
- ☞ First line treatment for non-severe anxiety and insomnia is non-drug treatment and self-help advice.

If a benzodiazepine or related drug is considered essential:

- ☞ The lowest possible dose should be used for the shortest possible duration.
- ☞ Patients should be advised to take the drug only when they feel it is necessary – prescribe PRN.
- ☞ Self-help advice should be offered or re-enforced in addition to drug treatment.
- ☞ Patients should be advised of the potential for dependence and other side effects; stress that the prescription is for short-term use only.
- ☞ Only small quantities should be prescribed and repeat prescriptions should not be issued without regular patient review.
- ☞ The relevant diagnosis should be recorded in the patient's notes.
- ☞ Hypnotics: Ideally use short-acting drugs for less hangover effects and daytime sedation, especially in the elderly. Temazepam is currently the least expensive short-acting hypnotic benzodiazepine drug and should therefore be used as the drug of choice where necessary.
- ☞ Anxiolytics: Long-acting drugs require fewer daily doses and are less likely to cause withdrawal problems; they may therefore be preferred. Diazepam is currently the least expensive long-acting anxiolytic benzodiazepine drug and should therefore be used as the drug of choice where necessary.

APPENDIX 4

Clinical Withdrawal Guidelines – Reduction of Benzodiazepine and Related Drugs.

Discontinuation of benzodiazepine and related drugs should be gradual to minimise the risk of withdrawal effects. The following stepwise discontinuation schedule, adapted from the BNF, can be used as a guide. The reduction schedule may be tailored to the individual patient as required.

Step 1:

Transfer the patient onto an equivalent daily dose of diazepam, ideally taken as a single dose at night. Diazepam 5mg is approximately equivalent to:

Temazepam 10mg	Oxazepam 15mg	Lormetazepam 0.5-1mg	Chlordiazepoxide 15mg
Nitrazepam 5mg	Lorazepam 500microg	Loprazolam 0.5-1mg	

N.B. Some patients may prefer to be withdrawn from their hypnotic benzodiazepine rather than by transferring to diazepam. There is no published evidence for this method but it has been used widely successfully with in other PCTs using the 'z' drug method.

Step 2:

Reduce diazepam dose in fortnightly steps of 2mg or 2.5mg; if withdrawal symptoms occur, maintain this dose until symptoms improve.

Step 3:

Reduce the dose further, if necessary in smaller fortnightly steps; it is better to reduce slowly rather than too quickly. Steps may be adjusted according to initial dose and duration of treatment and can range from diazepam 500 micrograms (one quarter of a 2mg tablet) to 2.5mg.

If a patient is dependent on higher doses, reduce diazepam in fortnightly/monthly steps of 1/8 to 1/4 of the daily dose, according to clinical judgement of the individual's needs and withdrawal symptoms. Caution should be taken with supra-therapeutic doses: reduce by around 5-10mg per month, with smaller reductions when lower doses are reached.

Step 4:

Stop completely; time needed for withdrawal can vary from about 4 weeks (or less) to a year or more.

Alternative drugs should not be used, as there have been reports of dose escalation, dependence and withdrawal reactions for both zopiclone and zolpidem. These drugs are best avoided in patients withdrawing from benzodiazepines. Other drugs such as antihistamines, low-dose antidepressants and antipsychotics are associated with a risk of CNS depression and should also be avoided.

Zopiclone, Zolpidem & Zaleplon

Based on experience by other PCTs, some patients may need to be withdrawn more slowly than recommended below. Always tailor to the patient's needs.

Step 1: Halve the dose at the appointment

Step 2: Ask the patient to stop taking this dose after 1-2 weeks depending on the severity of their withdrawal effects.

Step 3: If withdrawal effects continue after 2 weeks, the patient should remain on this low dose until the effects cease.

Chlormethiazole

Caution as withdrawal can take considerably longer than 'z' drugs or benzodiazepines ie. months rather than weeks.

APPENDIX 5

CALENDAR DOSING CHART

Name: Date of Birth: / /

Original medication and dose:

Tablet / Liquid * for gradual reduction: (*Delete as appropriate)

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Week 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							
Week 5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date:							