

# Benzodiazepine and Z-Drugs Prescribing Policy

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## 1. General Principles

- 1.1. Prescribers will prescribe hypnotics and anxiolytics (benzodiazepines and z-drugs) in line with national and local guidelines.
- 1.2. The practice will review and, where necessary, audit the prescribing of benzodiazepines and z-drugs to ensure compliance with national and local guidelines.
- 1.3. First-line treatment should be non-pharmacological measures.
- 1.4. Where benzodiazepine or z-drug treatment is indicated, first-line options should be:
  - 1.4.1. Anxiolytic: diazepam
  - 1.4.2. Hypnotic: temazepam or zopiclone
- 1.5. Zaleplon has an extremely short half-life, has been implicated as a date-rape drug, and will not be prescribed.
- 1.6. Prescriptions for benzodiazepines and z-drugs will not be routinely available on repeat.
- 1.7. Lost medicines or prescriptions will not be replaced. It is the responsibility of the patient and/or their carer to ensure that controlled drugs are stored securely. In the case of stolen medicines, the practice will only consider issuing a replacement prescription when the patient or carer has reported the theft to the police and obtained an incident number.
- 1.8. If a patient takes higher doses than prescribed and runs out of medication before the next prescription is due then extra medication will not be prescribed.

## 2. Patients New to Benzodiazepines and Z-Drugs

- 2.1. Hypnotics and anxiolytics will be prescribed for a maximum of 14 days at the lowest effective dose, where clinically appropriate and where other interventions have not been successful.
- 2.2. The indication for starting a hypnotic or anxiolytic will be recorded in the patient's notes.
- 2.3. In the case of hypnotics, other possible causes of sleep disturbance will be investigated (*e.g.* pain, dyspnoea, depression) and treated appropriately.
- 2.4. All patients will receive advice on non-drug therapies for anxiety and insomnia.
- 2.5. Patients will be advised on the potential problems of dependence and addiction.
- 2.6. A second prescription will not be issued without follow-up by a clinician. Benzodiazepines or z-drugs should not be taken for more than 2–4 weeks (including tapering off).

### 3. Patients Established on Long-term Benzodiazepines and Z-drugs

- 3.1. Patients who are already on a regular benzodiazepine or z-drug prescription will be assessed and, if appropriate, counselled for a withdrawal scheme with the aim to gradually reduce drug dosage to zero.
- 3.2. Patients who are unable or unwilling to reduce drug dosage *via* a managed withdrawal scheme (or who use more than one drug of abuse potential, or who are dependent on alcohol) may be referred to the substance misuse service if appropriate.

### 4. Fear of Flying

- 4.1. Diazepam is not licensed as a sedative for aircraft flights and will not be prescribed for this purpose. Diazepam is a sedative, which means it makes most patients sleepy and more relaxed. If there is an emergency during the flight, it may impair ability to concentrate, follow instructions and react to the situation. This could have serious safety consequences for the patient and those around them.
- 4.2. Sedative drugs can make patients fall asleep. However, it is an unnatural non-REM sleep. This means the sedated person won't move around as much as during natural sleep. This increases the risk of developing a blood clot (DVT) in the leg or even the lung. DVT is a serious (sometimes life-threatening) medical condition and risk of a DVT increases with longer flights.
- 4.3. Whilst most people find benzodiazepines sedating, a small number experience paradoxical agitation and aggression. They can also cause disinhibition and lead patients to behave in a way that they would not normally. This could impact on the safety of other passengers as well as the patient and could also precipitate trouble with the law. This is particularly likely if diazepam is combined with alcohol.
- 4.4. For all of the reasons above, patients who experience fear of flying are recommended to address it with a Fear of Flying course run by the airlines.

### 5. Sedation for Radiological Procedures

- 5.1. Anxiolytics will not be prescribed by the practice for patients undergoing radiological procedures (e.g. MRI scans) in secondary care, in keeping with Local Medical Committee (LMC) advice.<sup>1</sup>
- 5.2. The Royal College of Radiologists has published detailed guidance<sup>2</sup> which states "*Safe and effective analgesia and sedation should be delivered by an appropriately trained and credentialed team with good access to anaesthetics, pre-procedural assessment, sedation plan and checklist, with appropriate monitoring and availability of resuscitation equipment and reversal agents.*" We therefore expect the Radiology or Anaesthetics Teams to arrange sedation according to the hospital's in-house policy.

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<sup>1</sup> Kernow LMC Newsletter, Oct 2018, p.4.

<sup>2</sup> The Royal College of Radiologists, *Sedation, Analgesia and Anaesthesia in the Radiology Department (2<sup>nd</sup> Ed.)*, available at [https://www.rcr.ac.uk/system/files/publication/field\\_publication\\_files/bfcr182\\_safe\\_sedation.pdf](https://www.rcr.ac.uk/system/files/publication/field_publication_files/bfcr182_safe_sedation.pdf) (accessed 03/01/2020).

## 6. Temporary Residents

- 6.1. Temporary residents should contact their existing surgery to arrange electronic transfer of a prescription for their regular medicines to a local pharmacy wherever practicable.
- 6.2. Temporary residents not currently on a benzodiazepine or z-drug will be treated according to NICE guidelines and this practice policy.
- 6.3. Temporary residents who are regular users of benzodiazepines or z-drugs will not receive prescriptions without proof of dosage, frequency and date of last prescription. This information can be obtained from the patient's surgery or from their Summary Care Record. If such a temporary resident remains with the practice for more than two weeks, they will normally be treated according to section 3 above.

## Organisational Approval

Role	Name	Signature	Date
GP Partner	J P Garman		03/03/2020

## Reviews

Date	Version	Reviewed by	Reviewed or Updated
03/01/2020	1.00	D J Jenkins	Written