Hypnotic and Anxiolytic Prescriptions to the Patients on the Older Persons Mental Health Wards Heddfan Unit, Wrexham

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Introduction
There are concerns regarding the high volumes of prescription of benzodiazepines and Z-drugs within NHS Wales. This is because benzodiazepines have been associated with numerous adverse effects including memory impairment, increased risk of falls, dependence and a withdrawal syndrome. Benzodiazepines act as both anxiolytics and hypnotics whereas Z-drugs act exclusively as hypnotics. There is a general consensus that Z drugs are more effective and associated with fewer adverse effects compared to benzodiazepines in the treatment of insomnia, however evidence for any difference is lacking. Elderly patients are most susceptible to the effects of these drugs. An audit was carried out to see whether these drugs were being prescribed appropriately to patients on the older persons mental health wards in the Heddfan Unit, Wrexham.

Results
- Lorazepam was the most commonly prescribed benzodiazepine.
- Zopiclone was the most commonly used Z-drug.
- Some patients were prescribed more than one benzodiazepine.
- There were no significant differences between patients taking Z drugs/benzodiazepines and those who were not, except those taking benzodiazepines had a significantly shorter length of stay (mean 60.0 day vs 110.6 days, p value = 0.036).

Discussion
- The use of benzodiazepines and Z drugs is widespread amongst patients. These high levels are particularly concerning amongst this age group due to their numerous adverse effects.
- One reason for the high volume of use is that most patients had an organic condition such as dementia where benzodiazepines can be used to control symptoms of agitation/aggression.
- Some of the guidelines are being followed on the unit; the majority of patients had an accurate diagnosis, a PRN prescription, clear indication for use and the lowest dose.
- However, the GP was informed about the use of these drugs in only around half of cases. This is important to ensure appropriate follow up of their use, to avoid continued inappropriate prescriptions or abrupt discontinuation leading to withdrawal effects.
- Guidelines emphasise the use of non-pharmacological treatments first but this was impossible to assess.

Recommendations
- Distribute the results of this audit to all staff on the unit.
- Create and distribute a benzodiazepine and Z-drug prescribing protocol based on the Welsh Medicines Partnership recommendations, for use within the unit.
- Include in this a specific discharge protocol for patients who have been prescribed these drugs, highlighting the information to be included in the GP discharge letter.
- Provide training for staff on the unit to reinforce the protocol and emphasise the use of non-pharmacological therapies.
- Re-audit 6 months after these recommendations have been implemented.

Audit Standard
Welsh Medicines Partnership recommendations for the use of benzodiazepines and Z-drugs in Wales: 10
- Where BZD/Z drugs are initiated in hospital the GP should receive details of this.
- Accurate diagnosis made.
- Prescribe BZDs/Z-drugs 'when required' for the majority of patients and specify when they should be given.
- Use the lowest possible dose.
- Non-pharmacological treatments should be tried first.

Methods
The audit was registered and approved by the local audit committee.

Case notes of 50 patients consecutively discharged since 01/11/13 were retrospectively reviewed in May/June 2014.

All data was anonymised through a coded reference list kept at a secure location within the hospital only accessible to the primary auditor.

Frequencies and percentages were calculated for each variable.

T-tests and Pearson’s chi square tests were performed using IBM SPSS version 20 to explore differences between patients prescribed benzodiazepines/Z-drugs and those who were not. Statistical significance was considered as p-value <0.05.

Audit Results

Patient Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n (%)</th>
<th>% of patients</th>
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<tbody>
<tr>
<td>Number of patients</td>
<td>50</td>
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</tr>
<tr>
<td>Age</td>
<td>Mean 75.4, SD 7.1. Range 63-93</td>
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<tr>
<td>Sex</td>
<td>Male 26 (52.0) 52.0</td>
<td>Female 24 (48.0) 48.0</td>
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<tr>
<td>Diagnosis</td>
<td>Organic mental disorders 27 (45.0) 54.0</td>
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<tr>
<td></td>
<td>Schizophrenia, schizotypal and delusional disorders 9 (15.0) 18.0</td>
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<td></td>
<td>Affective disorders 11 (18.3) 22.0</td>
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<tr>
<td></td>
<td>Neurotic, stress-related and somatoform disorders 8 (13.3) 16.0</td>
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<tr>
<td></td>
<td>Other 5 (8.4) 10.0</td>
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<tr>
<td>Length of Stay (days)</td>
<td>Mean 71.0, SD 71.4. Range 2-351</td>
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<tr>
<td>Psychotropic drug prescriptions</td>
<td>Antidepressant 28 (41.2) 56.0</td>
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<tr>
<td></td>
<td>Antipsychotic 28 (41.2) 56.0</td>
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<tr>
<td></td>
<td>Mood stabiliser 5 (7.4) 10.0</td>
<td></td>
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<tr>
<td></td>
<td>None 7 (10.3) 14.0</td>
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References

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