

The use of Zopiclone in LD patients under the care of Lincolnshire Partnership Foundation Trust (East, South and West Hub), UK

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Introduction

Sleep is an important component of one’s global health status as it allows us to not only rest, but repair and prepare our mental, physical and metabolic functions for the next day (*Thomas and Shea, 2026*). Those with intellectual disabilities (ID) tend to experience more issues with their sleep compared to the general population(*Browne, King and Surtees, 2023*). Although the causes underlying may initially be attributed to behavioural issues related to their disability, the true nature is likely multifactorial. Hence, it is important that the full nature of the sleep is thoroughly explored and non-pharmacological methods have been trialled and failed before resorting to support from medications. This audit investigates the Zopiclone users under the care of the LPFT Learning disability Psychiatry service (East, South and West hubs) and analyses whether their prescriptions abide to the standards set by the local guidelines.

Aim

The aim of this audit was to scrutinise the ‘LPFT anxiolytics and hypnotics guidelines’ and correlate this with the Zopiclone prescriptions of the LD patients under the East, South and West Hub service users. This is to assess whether the prescribing habits are in line with the local guidelines and if there are any areas which require more attention/improvement.

Methods

The audit reviewed the 10 prescribing standards stated in the 'LPFT Anxiolytics and Hypnotics guidelines:'

- 1.Benzodiazepines as insomnia treatment should only be considered if the sleep difficulties are severe; disabling or causing the patient significant distress.
- 2.Must be started on the lowest effective dose (check the BNF or SmPC for the licensed indications, dose and duration.
- 3.Intermittent dosing regimens should be used, eg alternative nights or less if possible.
- 4.Only prescribe for a short period of time, ideally 1 week with a maximum of 4 weeks.
- 5.Consider with caution for patients with respiratory disease or severe hepatic impairment.
- 6.In elderly patients, ensure to be cautious in those with ataxia, prone to falls, and confusion. If essential, consider a short acting formulation at a reduced dose.
- 7.Consider with great caution in patients who are addiction-prone and/or have personality disorders. Ensure to emphasise at the start that they are only prescribed for a short period of time.
- 8.Highlight the role of potential tolerance, dependence and withdrawal to all patients prior to commencing treatment.
- 9.Inform patients about the drug interactions with alcohol as well as other sedating drugs.
- 10.Avoid abrupt withdrawal if patient has been taking a hypnotic for 2 weeks or more.

Points 2-7 were audited, and points 1, 8-10 were searched for in patient notes and commented on quantitatively as it depended on whether they were addressed in the doctors' documentation or not. All this information was derived manually from the caseloads of 4 Consultant Psychiatrists on 'Rio', the LPFT electronic medical record keeping platform.

Conclusion & Discussion

This audit has concluded that the current Zopiclone users are those whose medical history comply with the considerations set out by the LPFT anxiolytic and hypnotic prescription guidelines. Although it is reassuring that 70% of Zopiclone users are on PRN prescriptions, it became apparent that it was quite difficult to identify crucial information such as duration of prescription and whether this medication was even effective for the user. To address the lack of standardised documentation of a controlled drug, the below proforma was developed for implementation in routine practice.

- ☐ Sleep diary for 2 weeks completed?

☐ Nature and pattern of sleep disturbances noted?
- ☐ Alternative sleep hygiene practices trialled and failed in achieving sufficient outcomes.
- ☐ Prescription review for no concurrent sedative use.

☐ Health criteria points as stated by ‘LPFT anxiolytic and hypnotic prescribing’ guidelines met?

☐ Discussed treatment does/duration/review dates with patient/carers?

☐ Duration of treatment:

☐ Time period till next review:

☐ Informed user and carers of the addictive potential of Zopiclone and hence how to strictly control its use.

☐ Parent/carers +/- patient asked to monitor nature of effectiveness via a sleep diary for discussion at next review consultation.

Results

The 4 caseloads consisted of a total of 505 patients, of which 30 (5.9%) were Zopiclone users. A detailed breakdown of the Zopiclone prescriptions and their compliance with the ‘LPFT anxiolytics and hypnotics guidelines’ are presented in the tables below.

No.of patients on PRN Zopiclone	21 (70%)
3.75mg PRN	7 (33%)
7.5mg PRN	14 (67)
Date started available?	17 (81%)
Predicted duration stated?	N/A
Effective?	Yes = 9 (43%) No = 0 Not stated = 12 (57%)
No.of patients on regular Zopiclone	9 (30%)
3.75mg nocte	4 (44%)
5mg nocte	1 (11%)
7.5mg nocte	4 (44%)
Date started available?	6 (67%)
Predicted duration stated?	3 (33%) (2 weeks, 2 weeks, 28 days)
Effective?	Yes = 1 (11%) Minimal = 1 (11%) No = 0 Not stated = 7 (78%)
Previous sedative trialled?	Prochlorperazine = 1 Promethazine = 2 Melatonin = 2 Mirtazapine = 2

Standard	Compliance rating
Sleep difficulties are deemed severe.	
Must be started on the lowest effective dose.	
Intermittent dosing regimens should be used, eg alternative nights or less if possible.	
Only prescribe for a short period of time, ideally 1wk-4wks.	
Consider with caution for pts with respiratory disease or severe hepatic impairment.	
Use with caution in elderly pts with ataxia/falls/confusion.	
Consider with great caution in patients who are addiction-prone and/or have personality disorders.	
Highlight the role of potential tolerance, dependence, and withdrawal prior to commencing treatment.	
Inform pts about drug interactions with alcohol and other sedating drugs.	
Avoid abrupt withdrawal if pt has been taking hypnotics for 2wks or more.	

Limitations

1. Retrospective study design.
2. Manual data extraction of a large dataset.
3. Variability in clinical documentation highlighting the details of the Zopiclone prescriptions.
4. Single centre audit.

References

1. Thomas, M. and Shea, S. (2026). Sleep matters: Supporting healthy sleep for children and youth with neurodevelopmental disabilities (NDDs). *Paediatrics & Child Health*, [online] 31(2), pp.174–182. Available at: <https://academic.oup.com/pch/article/31/2/174/8438602> [Last accessed: 8/7/26].
2. Browne, E.G., King, J.R. and Surtees, R. (2023). Sleep in people with and without intellectual disabilities: A systematic review and meta-analysis. *Journal of Intellectual Disability Research*, 68(1), pp.1–22. doi:10.1111/jir.13093 [Last accessed: 25/6/26]