



## Important New Evidence Service In Partnership with The Centre for Medicines Optimisation at Keele University

ScriptSwitch<sup>™</sup> Rapid Update 2 – September 2017

### Benzodiazepines and Z-drugs: GP survey suggests long-term prescribing may be common in the UK

A GP surgery survey conducted in Bradford, UK found that 0.69% of people aged 16 to 80 years were prescribed a benzodiazepine or a Z-drug for more than 1 year. Applied to the population of the UK, this would mean that approximately 300,000 people may be on long-term treatment, a proportion of whom may wish to try and stop taking these medicines. Although caution is required when extrapolating local survey results to a national level, this study suggests that, despite efforts to reduce inappropriate prescribing of these drugs, potentially harmful, long-term use of hypnotics is not uncommon. Improving prescribing in this area should remain a key medicines optimisation priority at a local and national level.

**Reference:** Davies J, Rae TC and Montagu L. [Long-term benzodiazepine and Z-drugs use in the UK: a survey of general practice](#). British Journal of General Practice. 17 July 2017; bjgp17X691865. DOI: 10.3399/bjgp17X691865

#### What do we know already?

- The risks associated with benzodiazepines and 'Z-drugs' (zolpidem, zopiclone, zaleplon) include falls, cognitive impairment, dependence and withdrawal symptoms. A recent observational study suggested that some of these risks may also apply to melatonin ([Frisher et al. 2016](#)).
- [Prescribing data from England](#) show that in 2016 nearly 16 million prescriptions for hypnotics and anxiolytics (BNF section 4.1) were dispensed in primary care. This volume of prescribing has remained relatively consistent for the last decade, although prescribing patterns are changing, with a reduction in benzodiazepine and Z-drug prescribing and an increase in the use of melatonin in recent years (see *Keele's analysis overleaf*). This pattern appears similar for [Scotland](#).
- The [BNF](#) states that the prescribing of benzodiazepines and other sedatives is widespread, and that physical and psychological dependence can occur. This may lead to difficulty in withdrawing the drug after a person has been taking it for more than a few weeks. The BNF recommends that hypnotics and anxiolytics should be reserved for short courses (2 to 4 weeks) to alleviate acute conditions after causal factors have been established ([BNF: hypnotics and anxiolytics](#)).
- The [NICE key therapeutic topic on hypnotics](#) advises that hypnotics should be used only if insomnia is severe, using the lowest dose that controls symptoms for short periods of time, and that prescribers should review and, if appropriate, optimise prescribing of hypnotics to ensure that it is in line with national guidance.
- Benzodiazepine and Z-drug withdrawal is discussed in a [NICE Clinical Knowledge Summary](#).

#### What does this evidence add?

- A recent GP survey conducted in Bradford, UK estimated that approximately 0.69% of people aged 16-80 years are prescribed benzodiazepines or Z-drugs for more than 12 months ([Davies et al. 2017](#)). If these local results were representative of the national picture, around 300,000 people in the UK may be prescribed benzodiazepines or Z-drugs long-term. The results also suggested that around a third of all people prescribed these drugs are ending up taking them over the long term, for at least 12 times longer than the duration of prescribing recommended in the BNF and the NICE guidance.
- There are limitations to the study that should be considered. Although the survey covered urban and semi-rural GP surgeries, it was conducted over a single geographical area, which may not be representative of the UK as a whole. In addition the data were self-reported, which may make them less reliable compared with those gathered by other means.
- The authors estimated that around almost half of people on long-term treatment would be willing to accept help to try and stop their medication. This was based on the proportion of people in the survey area who consented to

support from the Bridge Project – a local drug treatment charity. The authors do not provide any further detail on this estimate, and it's not clear which medicines were involved, or whether they are representative of those people involved in the Bradford survey.

## Study details

### Participants:

- Data were collected from GP surgeries in Bradford, UK in 2014-15 by the [Bridge Project](#), a prescribed-drug withdrawal support charity.
- The survey included people aged between 16 and 80 years. People receiving palliative care, those suffering illness at the time of the survey, people with epilepsy and people with severe mental health issues were excluded.

### Intervention and comparison:

- The survey captured the number of people taking benzodiazepines or Z-drugs. Long-term treatment was defined as those taking the medication for more than 12 months, considerably longer than the 2-4 weeks advised by the BNF.

### Outcomes and results:

- The survey found that from a total of 97,798 registered patients, 0.69% (95% [confidence interval](#) 0.54 to 0.84) were being treated with a benzodiazepine or Z-drug for 12 months or more. Assuming the same volume of prescribing at a national level, the investigators estimated that there are 296,929 people (95% CI 232,553 to 361,305) in the UK taking benzodiazepines or Z-drugs long-term.
- These results suggest that 35% of all people prescribed benzodiazepines and Z-drugs are taking them for more than 12 months
- The authors report that 43% of patients in the survey area consented to support from the Bridge Project (to help them with their prescribed drug dependency). Extrapolated to a national level, the authors estimate as many as 119,165 long-term benzodiazepine or Z-drug users in the UK may accept services to help them stop taking this medication.

**Level of evidence:** Level 3 (other evidence) according to the [SORT](#) criteria.

**Study funding:** None

### Trends in prescribing of benzodiazepines, Z-drugs and melatonin in England (source: Keele University Centre for Medicines Optimisation analysis of PACT data [Aug-17])

