Appropriate and cost-effective prescribing of short acting hypnotics

In this briefing, we encourage you to take a look at your hypnotic prescribing. Further information, audits and leaflets are contained in the full bulletin which is available on the PrescQIPP website at https://www.prescqipp.info/hypnotics/category/97-hypnotics

Key recommendations

- For new patients, offer non-drug measures such as a 'good sleep hygiene guide' before prescribing medication. Identify and treat underlying causes.[1,2]
- Benzodiazepines and the Z–drugs (zopiclone and zolpidem) should be avoided in the elderly who are at greater risk of becoming ataxic and confused, leading to falls and injury.[3]
- Should a prescription be considered appropriate (non-drug measures have failed and the patient's insomnia is severe, disabling or causing extreme distress), use a benzodiazepine or Z-drug at the lowest dose and for up to two weeks only.[1,2]
- Do not routinely add hypnotics to repeat prescribing systems.
- As there is little to choose between short acting benzodiazepines and Z-drugs choose a hypnotic with the lowest acquisition cost. Currently, generic zopiclone 7.5mg tablets are the lowest cost hypnotic.[1,4] Avoid long acting hypnotics, e.g. nitrazepam due to increased risk of residual effects the following day.
- If a patient does not respond to one benzodiazepine or Z-drug, do not switch to another hypnotic in an attempt to get a response as there is no evidence to suggest that switching works.[1]
- For chronic hypnotic users, review their need for a hypnotic and offer them support to withdraw from their hypnotic.[5]
- Collaborate with substance misuse services, community mental health teams and voluntary agencies if necessary.

Supporting information

Insomnia is a common complaint and NICE advocates non-drug measures such as advice on bedtime routine and relaxation techniques for the initial management.[1,2] Hypnotics used for insomnia include: short acting benzodiazepines, Z-drugs, which are non-benzodiazepines that act at the benzodiazepine receptor and melatonin, a pineal hormone. Risks associated with the long term use of benzodiazepines and Z-drugs have been well recognised for many years. These include falls, accidents, cognitive impairment, dependence and withdrawal symptoms.[1,5,6]

Recent observational studies suggest that benzodiazepine use is associated with an increased risk in mortality and dementia.[7-10]

Switching from one Z-drug to another should only occur if a patient experiences a drug-specific adverse effect. Circadin® (melatonin PR) may appear to be an option where there is a concern over dependence, however the licensing authority noted that the treatment effect was small and it is more expensive than other hypnotics.[11]

Costs and savings

In England and Wales, the total annual spend for hypnotics is over £45.1 million (ePACT August to October 2016). If a 40% reduction in prescribing is achieved by reviewing and stopping hypnotic prescribing then the **annual savings would be over £18 million, which equates to £29,532 per 100,000 patients.**

Where an appropriate clinical decision has been made to prescribe a short acting benzodiazepine or Z-drug, use the least costly hypnotic such as zopiclone 7.5mg tablets or zolpidem 10mg tablets.[1] Long acting benzodiazepines nitrazepam and flunitrazepam should be avoided as they can lead to residual effects the next day especially in the elderly. Current spend on long acting benzodiazepines is almost £3.2 million and use should be reviewed.

Additional resources available: https://www.prescqipp.info/hypnotics/category/97-hypnotics

 Bulletin

 Data pack

 Audit, contract, patient letters, policies

Useful resources

The All Wales Medicine Strategy Group (AWMSG) has produced a very comprehensive education pack with "best practice" examples that have been used to help with the problem of long-term prescribing of hypnotics and anxiolytics. It is available on their website at: http://www.awmsg.org/docs/awmsg/medman/Educational Resource Pack - Material to support appropriate prescribing of hypnotics and anxiolytics across Wales.pdf

References

1. National Institute for Health and Care Excellence. NICE TA77. Zaleplon, zolpidem and zopiclone for the management of insomnia. 2004. Available at www.nice.org.uk/guidance/ta77 accessed on 7/8/16.
2. NHS Clinical Knowledge Summary, Insomnia – Management. Available at http://cks.nice.org.uk/insomnia#!management accessed on 7/8/16.
3. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press; December 2016. Available via https://www.medicinescomplete.com/about/ accessed on 20/12/16.
4. Prescription Pricing Division (PPD). NHS Business Services Authority. Drug Tariff August 2016. Available at www.nhsbsa.nhs.uk accessed on 10/8/16.
5. National Institute for Health and Care Excellence. Key therapeutics topics KTT6. Hypnotics. January 2015. Available at https://www.nice.org.uk/advice/ktt6/chapter/Options-for-local-implementation accessed on 10/8/16.
6. Medicines Health and Regulatory Agency (MHRA) Drug safety update. Addiction to benzodiazepines and codeine. July 2011. Available at https://www.gov.uk/drug-safety-update/addiction-to-benzodiazepines-and-codeine accessed 6/8/16.
7. Weich S, Pearce HL, Croft P et al. Effect of anxiolytic and hypnotic drug prescriptions on mortality hazards: retrospective cohort study. BMJ 2014; 348 doi: http://dx.doi.org/10.1136/bmj.g1996 (Published 19 March 2014). Available at http://www.bmj.com/content/348/bmj.g1996?etoc accessed on 6/8/16.
8. Billioti de Gage S, Bégaud B, Bazin F et al. Benzodiazepine use and risk of dementia: prospective population based study. BMJ 2012; 345: e6231. Available at http://www.bmj.com/content/345/bmj.e6231 accessed on 6/18/16.
9. Billioti de Gage S et al. Benzodiazepine use and risk of Alzheimer's disease: case-control study. BMJ 2014; 349: g5205. Available at http://www.bmj.com/content/349/bmj.g5205 accessed on 6/8/16.
10. Glass J, Lanctot KL, Herrmann N et al. Sedative hypnotics in older people with insomnia: meta-analysis of risks and benefits. BMJ 2005; 331: 1169. Available at http://www.ncbi.nlm.nih.gov/pubmed/16284208 accessed 6/8/16.
11. European Medcines Agency. Assessment Report for Circadin. 2007. Procedure No. EMEA/H/C/695. Available at http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/medicines/000695/human_med_000701.jsp&mid=WC0b01ac058001d124 accessed on 10/8/16.

Contact help@prescqipp.info **with any queries or comments related to the content of this document.**

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). Terms and conditions

PrescQIPP Community Interest Company