

## Dependence Forming Medications

Dependence forming medicines (DFMs) are primarily opioids, Z-drugs (zopiclone and zolpidem), benzodiazepines, gabapentin and pregabalin.<sup>1</sup> Antidepressants are not addictive but may be associated with withdrawal symptoms.<sup>2</sup> This briefing provides an overview of potential DFMs and signposts to PrescQIPP resources which support medicines optimisation projects in this area.

### Recommendations

- Prescribers need to be aware of the harm associated with DFMs.<sup>3</sup>
- Review patients prescribed DFMs:<sup>3</sup>
  - » 120mg\* morphine daily dose equivalent or greater and
  - » Pregabalin or gabapentin, long-term benzodiazepines or Z-drugs.

\*SIGN guidelines state that all patients receiving opioid doses of >50 mg/day morphine equivalent should be reviewed regularly (at least annually). Pain specialist advice or review should be sought at doses >90 mg/day morphine equivalent.<sup>4</sup>
- Effective, personalised care should include shared decision making with patients and regular reviews of whether the treatment is working. Patients who want to stop using a medicine must be able to access appropriate medical advice and treatment and must never be stigmatised.<sup>2</sup>
- Prescribers need to have an open and honest discussion with the patient regarding the risks and benefits of the DFM in the short term (i.e. benzodiazepines <4 weeks; opioid analgesics <3 months) and long term. This must be recorded, information provided and the patient signposted to appropriate resources. It is necessary to improve information, informed choice and shared decision making between clinicians and patients or carers.<sup>2,3</sup>
- Inappropriate limiting of medicines may increase harm, including the risk of suicide, and lead some people to seek medicines from illicit or less-regulated sources. There needs to be increased public and clinical awareness of other interventions, such as cognitive behavioural therapy.<sup>2</sup>
- Prescribers must work within their competence and consider if the patient would benefit from specialist led care or prescribing.<sup>3</sup>
- Medication needs to be reviewed regularly, added onto acute (not repeat) records and a clear indication for the medication recorded in the patient's notes. The total morphine daily dose equivalent must be recorded.<sup>3</sup>
- Prescribers should be alert to signs of drug-seeking behaviour and emerging dependence or addiction.<sup>3</sup>
- If the DFM is not benefitting the patient or if the underlying condition is resolved, review and stop the medication (with tapering if necessary), recording the reasons clearly in the patient's notes.<sup>3</sup>
- Be aware of polypharmacy and co-morbidities, for example, other DFMs, diabetes, sedatives, patients with COPD, renal disease, and older patients.<sup>3</sup>

### Background

Public Health England (PHE) reports that from 2017 to 2018, one in four adults in England were prescribed DFMs.<sup>2</sup> Prescribers must be responsible for prescribing and ensure safety of prescribing.<sup>3</sup> Some people are more at risk from DFMs including those with COPD, elderly and debilitated, diabetes, CKD, mental health problems, substance misuse issues, and homeless or at risk of homelessness.<sup>3</sup>

### Further resources

This bulletin should be read in conjunction with other PrescQIPP resources and support tools on hypnotics and anxiolytics, opioids, pregabalin, gabapentin, antidepressants and polypharmacy and deprescribing. These are available at [www.prescqipp.info](http://www.prescqipp.info)

## References

1. Cartagena Farias J, Porter L, et al. Prescribing Patterns in Dependence Forming Medications. Public Health Research Consortium. 2017. Available at [http://qna.files.parliament.uk/qna-attachments/825285/original/PHRC\\_014\\_Final\\_Report.pdf](http://qna.files.parliament.uk/qna-attachments/825285/original/PHRC_014_Final_Report.pdf) Accessed 02/06/19
2. Public Health England. Dependence and withdrawal associated with some prescribed medicines. An evidence review. 2019. Available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/829777/PHE\\_PMR\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829777/PHE_PMR_report.pdf) Accessed 25/09/19
3. Royal College of General Practitioners. Top Ten Tips: Dependence Forming Medications. April 2019. Available at <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/dependence-forming-medications.aspx> Accessed 02/06/19
4. Scottish Intercollegiate Guidelines Network. Management of Chronic Pain. SIGN 136. December 2013. Revised August 2019. Available at [https://www.sign.ac.uk/assets/sign136\\_2019.pdf](https://www.sign.ac.uk/assets/sign136_2019.pdf) Accessed 02/06/19

Additional resources available	  Bulletin & Implementation resources	<a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-256-dependence-forming-medications/">https://www.prescqipp.info/our-resources/bulletins/bulletin-256-dependence-forming-medications/</a>
	 Data pack	<a href="#">High dose opioids data pack</a> <a href="#">Benzodiazepines data pack</a> <a href="#">Hypnotics data pack</a> <a href="#">Pregabalin and gabapentin data pack</a>

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