Professional Practice Guideline 5

Guidance for the use of benzodiazepines in psychiatric practice

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The Royal Australian & New Zealand College of Psychiatrists

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Introduction

As with all pharmacological treatments, benzodiazepines offer a range of beneficial, therapeutic effects, and also some potentially disadvantageous effects. Given the particular problems associated with dependence and risk of overdose, it is important to apply a clinically informed and evidence-based approach when prescribing benzodiazepines, to ensure treatment is safe and appropriate (RACGP, 2015). The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has developed this resource to provide guidance to clinicians considering pharmacological treatment using benzodiazepines.

Recommendations

1. The prescription of benzodiazepines should be based on a comprehensive assessment of the patient that identifies a specific diagnostic reason or target symptoms for which good evidence exists for the efficacy of benzodiazepines. The situations where benzodiazepines may be considered include: acute mania, agitation (for example in acute psychosis or agitated depression), severe anxiety, catatonia, insomnia, alcohol withdrawal, akathisia.

2. In acute and long-term treatment the comparative benefits and disadvantages of benzodiazepines and of alternative treatments should be taken into account as part of a comprehensive management plan. A plan for ceasing the medication should be documented. These drugs should not be discontinued abruptly.

3. In general, benzodiazepine use should be restricted to short term periods only. Longer term use should only be considered in patients who do not respond to adequate trials of other evidence-based pharmacological and psychological treatments.

4. Clinical experience indicates that there are a small number of patients, such as those with severe Generalised Anxiety Disorder (GAD), who are helped by long term benzodiazepine use, who do not escalate the dose, and for whom no other treatments prove as effective.

5. Patients should be advised that benzodiazepines may produce both tolerance and dependence, with the risk of withdrawal symptoms. Patients should also be informed of the full range of possible side effects, including cognitive impairment. Advice that the dosage and period of prescription are not to be exceeded should be clearly documented in the medical records. Patients should provide informed, formal consent when long term prescription of benzodiazepines is being considered and this should be documented in the notes.

6. The dosage used should be the lowest effective dose necessary to achieve symptomatic relief. Prescribers should be aware of the risk of dose escalation in long term use and ensure this does not happen.

7. Benzodiazepines are commonly associated with sedative side effects. Sedentary and elderly individuals and other vulnerable groups are at particular risk of developing problems due to sedation, as well as other motor effects such as ataxia, weakness and heightened risk of falls.

8. Benzodiazepine use in conjunction with anti-epilepsy medication may result in additive sedative effects and potentiation of central nervous system (CNS) depression with impaired psychomotor and cognitive function, particularly in elderly populations. Further risks may include falls, impaired swallowing, absence seizures, neutropenia, and agranulocytosis.

9. Caution should be exercised given benzodiazepines' effects on psychomotor coordination and the increasing understanding of medication contribution to motor vehicle accidents. Patients should be made aware of the dangers of driving motor or sea vehicles of any kind or operating machinery particularly at times of initiation or dose changes, and that under certain circumstances use of benzodiazepines may affect employment. Patients should be made aware that use of other drugs, including alcohol, will increase the likelihood of these risks. Combined use of benzodiazepines with alcohol has been shown to increase the sedative and CNS depressive effects of the medication. This has been represented by increased risk of falls, disinhibition and alcohol and drug related presentations to emergency departments.

10. Benzodiazepine use has been associated with disinhibition and aggressive behaviour in some individuals. Caution should be exercised in prescribing benzodiazepines to patients who present with these risks.

11. Benzodiazepines are known to have contraindications for patients with sleep apnoea. Caution should be exercised in prescribing when any conditions with respiratory depression are present.

12. The concurrent prescription of more than one benzodiazepine should generally be avoided and if necessary requires justification.

13. Caution should be exercised where a history of misuse of alcohol and illicit or prescribed drugs is present. Individuals with a history of substance use disorder have a greater risk of developing benzodiazepine dependence[1].

14. When benzodiazepines are prescribed, universal precautions should be applied to minimise the risk of dependence and diversion. These include having one prescriber, dose limits, controlled scripting and consideration of urine drug testing. Repeat prescriptions for benzodiazepines should not generally be provided without a clinical review.

15. Benzodiazepines are a common drug of abuse and have a significant black market value. The potential for diversion of prescribed medications should be considered with confirmation of use through urine drug screening.

16. Benzodiazepines are highly represented in patients presenting with intentional and accidental overdose. The risk can be reduced by use of controlled scripting and consideration of additional substance misuse.

17. The amnestic effects of benzodiazepines can confound clinical assessment. This is particularly relevant in the context of risk assessment following overdose.

[1] The SafeScript prescription monitoring system will become mandatory for prescribers in Victoria from April 2020: The prescription of benzodiazepines will be actively monitored, with the safe script system providing a patient prescription history.
Other jurisdictions also have, or are implementing, real time prescription monitoring systems.

Disclaimer

This information is intended to provide general guidance to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

Sources

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REVISION RECORD

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