

Prescribing...

Benzodiazepines and the risk of dementia

- A new study has indicated that there may be a link between new use of benzodiazepines and other hypnotics, and a 60% increased risk of developing dementia.
- Whilst the study was not sufficiently powered to prove cause and effect, prescribers may wish to bear its results in mind when reviewing the cohort of patients already on hypnotics.
- Trials that have been carried out under controlled conditions have shown that the benefit of these drugs is small even in new users.
- The benefit for chronic users is likely to be even smaller and needs to be balanced against the very real risk of harms.
- Latest prescribing data indicate that each Guernsey Primary Care practice now has between six and seven hundred patients on these drugs.

Overview

Dementia is associated with a major social burden worldwide. Because treatment options are so limited identifying the factors contributing to dementia is considered extremely important. The role of hypnotics has been subject to several pieces of guidance, dating back to 1988 when the then Committee on Safety of Medicines advised that benzodiazepines should be used only if insomnia is severe, disabling or causing the patient extreme distress. The MHRA reinforced the issues regarding addiction to benzodiazepines in the July 2011 edition of Drug Safety Update. Locally we have had workshops, guidelines, presentations and benchmarking of prescribing at doctor and practice level.

Any underlying cause of insomnia such as pain or depression should be identified and treated. Non-drug therapies are recommended, but if the use of hypnotics is truly unavoidable a short one-off prescription of a benzodiazepine or a Z-drug may be issued. NICE guidance on general anxiety disorder in adults recommends that benzodiazepines should not be used except as a short-term measure during crises.

What is the new information ?

A prospective population-based cohort study assessed whether there was an association between starting benzodiazepines and similar drugs, and risk of subsequent dementia in 1063 people aged 65 years and over. The mean age of the people studied was 78.2 years. The total study duration was 20 years including a 5 year observation period and a 15 year assessment period. Patients could join the study if they were dementia free at 5 years and did not start taking hypnotics until at least year 3.

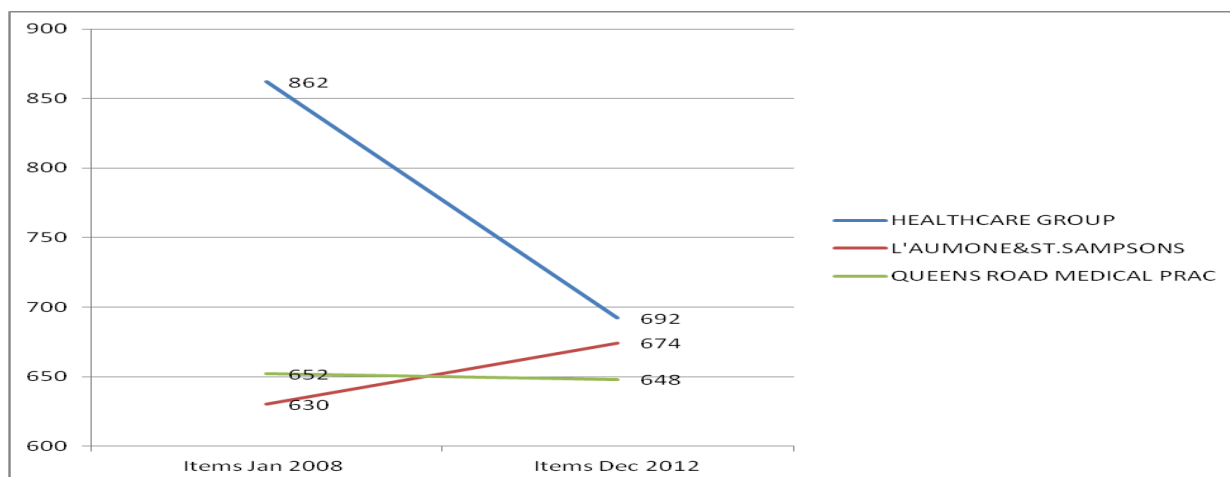
During the 15 year follow up 253 or 23.8% cases of dementia were confirmed. There were 30 or 32% in the benzodiazepine users group and 223 or 23% in the non-user group. After adjusting for possible confounders, new use of benzodiazepines was associated with about a 60% increased risk of dementia. The adjusted hazard ratio was 1.60 and the 95% confidence interval 1.08 to 2.38, compared

with non-users. When further adjusted for depressive symptoms the results were unchanged, HR = 1.62 , 95% CI 1.08 to 2.43.

So what ?

This study indicates that there may be a link between new hypnotic use and dementia, but does not prove cause and effect. At a minimum it adds to the concerns regarding the use of benzodiazepines and other hypnotic agents. These are well known and include falls, accidents, cognitive impairment, reduced coping skills, dependence and diversion onto the illicit drug market.

Local primary care practices have been actively trying to reduce or stop the prescribing of these drugs. Between January 2008 and December 2012 there was a 9% fall in the prescribing of hypnotics and benzodiazepines by MSG and the primary care practices in the Bailiwick. This was mostly driven by a near 20% fall in Healthcare's prescribing, as well as an impressive fall of over 40% by both of Alderney's primary care practices. In England in the same period there no change. The changes in monthly prescribing patterns of these drugs by the large Guernsey practices , are shown below.



These data would suggest that most clinicians are ensuring that new prescriptions are in line with NICE and MHRA advice and are reserved for the short term management of anxiety or insomnia which is severe, disabling and causing unacceptable distress to patients.

Interventions which have been shown elsewhere to further reduce the use of these drugs include letters to patients, advice from pharmacists as well as cognitive behaviour therapy. Computerised CBT is popular with patients and is available on line either free of charge or for a fee.

Most of the users of these drugs have been taking them for many years, so are unlikely to be deriving much real benefit from them. However with the passage of time they are increasingly vulnerable to their adverse effects such as cognitive impairment, falls and accidents at home or whilst driving.

Prescribers may wish to include the results of the latest study in discussions about the harms of these drugs with their patients.

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References : EPACK.net February 2013, NHS Evidence Eyes on Evidence February 2013