

Best Practices in Prescribing Benzodiazepines

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Objectives

- To review current practice guidelines in benzodiazepine prescribing
- To review current practice guidelines for treating Panic Disorder and Major Depressive Disorder
- To review the relevance of OARRS in prescribing benzodiazepines

FDA Warning/Regulatory Alert

- August 31, 2016 – Opioid pain and cough medicines combined with benzodiazepines: A U.S. Food and Drug Administration (FDA) review has found that the growing combined use of opioid medicines with benzodiazepines or other drugs that depress the central nervous system (CNS) has resulted in serious side effects, including slowed or difficult breathing and deaths.

FDA Warning/Regulatory Alert

- FDA is adding Boxed Warnings to the drug labeling of prescription opioid pain and prescription opioid cough medicines and benzodiazepines

OARRS

- Ohio law requires all prescribers to register and use the Ohio Automated Rx Reporting System (OARRS) before initially prescribing or personally furnishing an opioid analgesic or a benzodiazepine to a patient, unless exempted by Ohio law. A prescriber must also make periodic requests for patient information from OARRS if treatment with an opioid analgesic or benzodiazepine continues for more than 90 days.

OARRS

- The requests must be made at intervals not exceeding 90 days, determined according to the date the initial request was made.

CDC guideline for prescribing opioids for chronic pain United States, 2016

- When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage
- Why should we treat benzodiazepines differently?

CDC guideline for prescribing opioids for chronic pain

- Clinicians should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Usually three days or less will often be sufficient; more than seven days will rarely be needed.
- Long-term opioid use often begins with treatment of acute pain

CDC guideline for prescribing opioids for chronic pain

- Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation.
- When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well

CDC guideline for prescribing opioids for chronic pain

- As other controlled prescription drugs and illicit drugs
- Clinicians should avoid prescribing opioid pain medications and benzodiazepines concurrently whenever possible
- Offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder

Current Practice Guidelines

- National Guideline Clearinghouse
 - When making decisions about prescribing controlled substances take into account
 - The benefits of controlled drug treatment
 - The risks of prescribing, including dependency, overdose and diversion
 - All prescription and non-prescription medications, particularly centrally acting agents
 - Whether the person may be naive

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When Prescribing Benzodiazepines

- Document the indication and regimen for the benzodiazepine in the medical record
- Assess the individual's current clinical needs and adjust the dose to balance risks and benefits
- Discuss with the patient reviewing and monitoring of treatment
- Be prepared to discuss the prescribing decision with other health care professionals

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When Are Benzodiazepines prescribed in Psychiatry?

- Anxiety Disorders (PTSD, Panic Disorder, GAD)
- Mixed Depression and Anxiety
- Augmentation of Bipolar Disorder
- Augmentation of Schizophrenia

Practice Guideline for the Treatment of Patients with Panic Disorder

- Use of Selective Serotonin Reuptake Inhibitor (SSRI), Serotonin-Norepinephrine Reuptake Inhibitor (SNRI), Tricyclic Antidepressant (TCA), Benzodiazepine (appropriate as monotherapy only in the absence of a co-occurring mood disorder), or cognitive-behavioral therapy (CBT) as the initial treatment for panic disorder
- Above recommended with substantial clinical confidence

Practice Guideline For The Treatment of Patients With Acute Stress Disorder and PTSD

- SSRIs are recommended as first-line medication treatment for PTSD [I]
- In both male and female patients, treatment with SSRIs has been associated with relief of core PTSD symptoms in all three symptoms clusters (reexperiences, avoidance/numbing, hyperarousal)

Practice Guideline for the Treatment of Patients With Acute Stress Disorder and PTSD

- Other antidepressants, including tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs), may also be beneficial in the treatment of PTSD [II]
- Benzodiazepines may be useful in reducing anxiety and improving sleep [III]
- Benzodiazepines cannot be recommended as monotherapy in PTSD due to increased

Practice Guideline for the Treatment of Patients with Acute Stress Disorder and PTSD

- Of PTSD after early treatment with these medications, possibility of dependence, and worsening of PTSD symptoms after withdrawal of these medications.
- May be recommended on the basis of individual circumstances [III]

Practice Guideline for the Treatment of Major Depressive Disorder

- An antidepressant medication is recommended as an initial treatment choice for mild to moderate major depressive disorder [I] and definitely should be provided for those with severe major depressive disorder unless ECT is planned
- For most patients a SSRI, SNRI, mirtazapine, or bupropion is optimal
- Bupropion can be anxiogenic

Benzodiazepine Challenges

- If uncomfortable managing the patient, refer to Psychiatry
- If dose of Benzodiazepine is high, recommend elective medical detox
- Do not lower total daily dose of any benzodiazepine by more than 25% per week

Resources

- **Controlled Drugs: Safe Use and Management.** National Institute for Health and Care Excellence. 2016 April 12. National Clearinghouse Guideline:010956
- **American Psychiatric Association, Practice Guideline For The Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, November 2004.**

Resources

- American Psychiatric Association, Practice Guideline For The Treatment of Patients With Panic Disorder, January 2009.
- American Psychiatric Association, Practice Guideline For The Treatment of Patients With Major Depressive Disorder, Third Edition, November 2010.