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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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Detection of benzodiazepine dependence in the elderly

The prevalence of benzodiazepine (BZD) use increases with age. The prevalence rates in community settings are reported to be between 10-40%. Elderly patients are at risk of adverse effects including dependence, which occurs to some extent in 15-44% of those prescribed benzodiazepines. Detection of benzodiazepine dependence in patients, especially the elderly, is very important as this helps in reducing the impact of withdrawal syndrome when discontinuation is initiated with gradual dose reduction. Other serious adverse effects of benzodiazepines in the elderly include cognitive impairment, psychomotor effects, increased risk of falls, motor vehicle accidents and urinary incontinence. Adverse effects tend to be more significant amongst the elderly because of comorbidities, polypharmacy, and altered pharmacodynamic and pharmacokinetic characteristics.

A recent study showed that health professionals (nurses in particular) were able to successfully screen for benzodiazepine dependence among community living elderly. The screening instrument used only two questions:

1. Over the past 12 months, have you noticed any decrease in the effect of this medication? Yes/No
2. Have you tried to stop taking this medication? Yes/No

Answering yes to both questions in the study of 707 benzodiazepine users showed a specificity of 94.9% and sensitivity of 97.1% in the detection of benzodiazepine dependence (in comparison to the DSM -IV-TR criteria for substance dependence). DSM -IV criteria for substance dependence is established with at least three of the following from thorough interview: (1) tolerance; (2) withdrawal symptoms; (3) increasing use; (4) attempt to stop; (5) time spent obtaining the medication or recovering from its effects; (6) having abandoned important activities; and (7) drug is still used in spite of known negative effects.

Other tools for detecting BZD dependence available are the Benzodiazepine Dependence Self- Report Questionnaire (Bendep-SRQ), the Benzodiazepine Dependence Questionnaire (BDEPQ) and the Severity of Dependence Scale (SDS). These instruments usually include 5-30 items and use Likert-like scales. The advantage of these instruments is that they provide a means to be able to assess severity of dependence.

Studies suggest that the efficacy of benzodiazepines relative to placebo may be lost after as little as four weeks of continuous use. Even so, patients may use benzodiazepines for many years and this continuation may well be associated with dependence. Health professionals are reminded not to overlook the possibility of dependence with ongoing use of these agents. Regular review of patients taking benzodiazepines is essential, and integrating appropriate screening methods into clinical practice may be time saving and useful to identify patients for thorough assessment and appropriate withdrawal programs.

This E-Bulletin is based on work by Dr Brian Simmons, DATIS, RGH

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