

Audit of 'Z' Drugs or Short Acting Benzodiazepines for the Short Term Management of Insomnia

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Abstract

Aims: To assess the use of 'Z' drugs and short-acting benzodiazepines and compare with NICE guidelines (Nice Guidelines: Zalephon, Zolpidem and Zopiclone for the short term management of insomnia TA 107 and CSM advice on benzodiazepines in insomnia and national guidance BNF Edition 59) to improve prescribing and make any changes necessary. **Method:** Audit design is to capture a 'snap shot' of current practice and visualize prescribing habits. Audit took place at Margaret Stanhope Centre, Burton-on-Trent (General Adult inpatient) March 2010 of current inpatients 22 of which 11 met criteria for audit. This was a re-audit of which initially completed in December 2005. Data collected via collection tool which involved a series of questions aimed at reasons for prescriptions and quality of prescriptions written upon cardex. **Results:** Of the 11 service users included in the study, 10 had had a hypnotic started upon admission to the ward with no patient being offered a ward sleep scale or any objective evidence of sleep disturbance. Further to this no sleeping care plan were put in place. In all of the patients there was no evidence that non-pharmacological measures made any improvement. It was seen that 8 of the 11 service users were also given short acting benzodiazepines though given for the treatment of anxiety. It was noticed that of the 'Z' drugs available, Zopiclone was the drug of choice with all patients being prescribed. It was found that the majority of prescriptions were not in accordance with NICE guidelines with no reason for prescription for 4/11, no maximum duration for 8/11, and no stop or review date for 8/11. **Conclusions:** It was found from the audit that 'Z' drugs are not used in concordance with NICE guidelines, from this it can be queried whether 'Z' drugs should be prescribed on admission without prior observation of sleep disturbance. To that effect, patients should be monitored on a sleep scale to give objective evidence of sleep disturbance and non-pharmacological measures to be tried first.

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