

BENZODIAZEPINES AND Z-DRUGS DEPRESCRIPTION BY A MULTIDISCIPLINARY PHARMACOTHERAPY REVISION FOCUSED ON THE PATIENT

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BACKGROUND

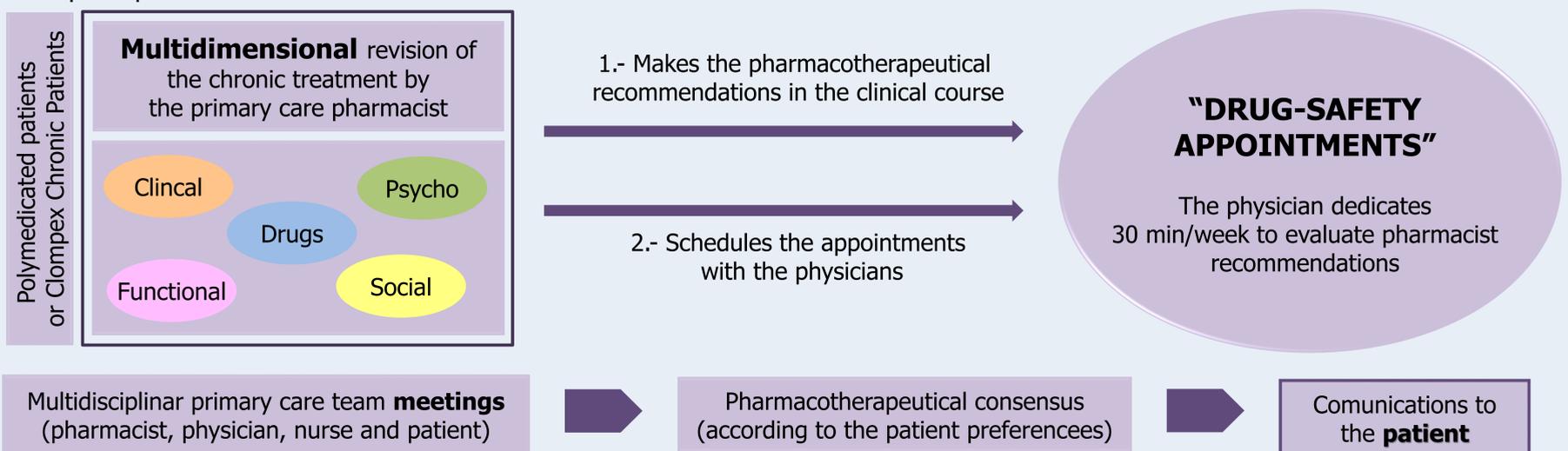
Chronic treatment revisions optimize drug treatment and prevent potential drug-related problems. Therefore, we started a new health care model based in a multidisciplinary team work, integrated and focused on the patient. This program is a tool to revise the benzodiazepines/Z-drugs prescriptions, which are increasing in older patients, and may cause adverse effects.

OBJECTIVES

Evaluate the potentially inappropriate prescribing associated to benzodiazepines/Z-drugs in polymedicated patients and determine the deprescription rate after the multidimensional pharmacotherapy revision.

MATERIAL AND METHODS

The primary care pharmacist checks the chronic treatment through a multidimensional pharmacotherapy revision with clinical, functional and psycho-social variables and establishes recommendations. The physician, according to the patient preferences, revises the recommendations through weekly drug-safety appointments. Multidisciplinary primary care team (pharmacist, physician, nurse and patient) decides the deprescription procedure.



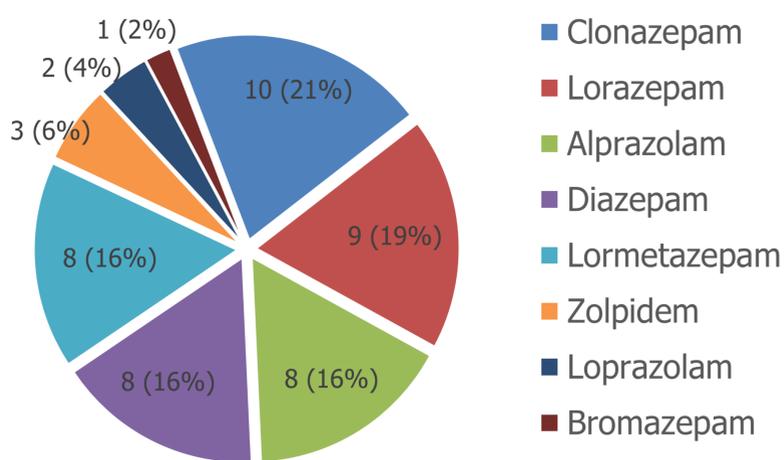
Data collected: demographics, total number of drugs, number of drug-related problems, number and type of benzodiazepines/Z-drugs before and after the revision. Data are expressed as median (Q1-Q3).

RESULTS

Patients revised: 125. Age: 79.5 (75.8-84.0) years; females: 30 (75%). Number of drugs: 15 (13-17). Number of drug-related problems/patient detected upon revision: 3 (2.0-3.25).

Patients with a benzodiazepine/Z-drug prescribed >6 months: 40 (32%); and out of these: 9 (22.5%) taking 2 benzodiazepines/Z-drugs. Total deprescription interventions: 49.

Classification of benzodiazepines/Z-drugs



A third of our patients has a prescription of benzodiazepines/Z-drugs and a half of benzodiazepines/Z-drugs prescribed present a long half-life.

In 4 (10%) patients the deprescription was completed successfully.

Benzodiazepines/Z-drugs desprescribed:

PATIENTS	BENZODIAZEPINE/Z-DRUG
2	Lorazepam
1	Loprazolam
1	Clonazepam

In 8 (20%) other patients benzodiazepines/Z-drugs were switched to a better profile drug.

Benzodiazepines/Z-drugs switched:

PATIENTS	FROM	TO
1	Alprazolam	Lorazepam
1	Alprazolam	Zolpidem
2	Clonazepam	Lorazepam
2	Diazepam	Lorazepam
1	Diazepam	Lormetazepam
1	Lormetazepam	Zopiclona

The benzodiazepines/Z-drugs switching rate is higher than the deprescription rate.

CONCLUSIONS

Multidisciplinary pharmacotherapy revision permits potentially inappropriate prescribing detection and drug-related problems identification to optimize the chronic treatment. New strategies are being implemented to increase the benzodiazepines/Z-drugs deprescription rate such as raising patient's consciousness or closer monitoring.

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References: Pollmann AS, Murphy AL, Bergman JC, Gardner DM. Deprescribing benzodiazepines and Z-drugs in community-dwelling adults: a scoping review. *BMC Pharmacology and Toxicology*. 2015;16(1):19.