

BENZODIAZEPINES AND HYPNOTIC ANTIPSYCHOTICS IN A PSYCHIATRIC HOSPITAL

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Background and importance: Benzodiazepines are the most prescribed psychotropic drugs as anxiolytics (with excessive sedation as the main adverse effect), which leads to their possible abuse and dependence, and constitutes a major problem especially among patients who are under regular psychopharmacological treatment.

Aim and objectives: To analyze the prevalence of prescription benzodiazepines (BZD) prescribed in a psychiatric hospital, as well as its association with other hypnotic drugs.

Material and methods: Descriptive cross-sectional study of the prescriptions of admitted patients. A database was created with the information: history, sex, age, diagnosis, prescribed BZD and concomitant sedative antipsychotics. Statistical analysis was performed with the SPSS® program, degree of significance $p \leq 0.05$.

Results: 150 patients, 87 (58.0%) men and 63 (42.0%) women, with a mean age of 44.2 ± 12.8 years. 52.8% with schizophrenia (F20), 20.4% with schizoaffective disorder (F25), 15.1% personality disorder (F60), 7.9% bipolar disorder (F31) and 3.8% with other diagnoses (according to DSM-IV, ICD-10). 37.3% were in the Short Stay Unit and the rest (62.7%) in Half Stay. 44.0% had toxic addiction, 92.1% of whom had an active prescription for BZD.

Mean BZD / patient of 1.9 ± 0.8 . Total number of prescriptions with BZD was 138 (92.0%), of which 2 (2.3%) corresponded to BZD of short duration, 78 (56.5%) to BZD of intermediate duration and 102 (73.9%) at least one long-acting BZD.

43.3% (n = 65) received monotherapy, and a combination of hypnotic BZD plus anxiolytic 49.3% (n = 74) ($\chi^2 = 24.1$; $p < 0.01$).

Prevalence of each BZD: use as hypnotics (flurazepam, lorazepam and ketazolam) 98 (65.3%) and as anxiolytics (clorazepate, diazepam and lorazepam) 115 (76.7%). 63.9% of prescriptions were conditional on whether the patient needed them.

The significantly ($p < 0.05$) hypnotic antipsychotic most used in conjunction with BZD was clonazepam 35 (23.3%), followed by levomepromazine 9 (6.0%), quetiapine 5 (3.3%), olanzapine 3 (2.0%) and haloperidol 2 (1.3%).

Conclusion and relevance:

- High percentage of long-acting BZD prescriptions (73.9%). Being the most frequent side effects when using BZD of long-half life, when the duration of the treatment is prolonged and if they are combined with other psychoactive substances such as alcohol or toxic substances.
- BZDs are significantly more associated with clonazepam than other antipsychotics with a sedative profile such as levomepromazine, quetiapine or olanzapine.
- The available scientific evidence indicates that BZDs are effective in the short-term treatment of anxiety and insomnia, and their prolonged use is considered, in general, inappropriate as it is not exempt from risks: mental and physical dependence, tolerance and withdrawal syndrome, relationship with increased risk of traffic accidents, falls, hip fractures and cognitive impairment. Its use should not last more than 2-4 weeks in insomnia and 8-12 weeks in anxiety.
- Possible interventions aimed at suspending BZDs include: substitution with other drugs, psychological support, oral recommendations, written review of medication guidelines, educational interventions, and dose reduction.