

Interdisciplinary follow-up of benzodiazepines withdrawal in primary health care

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What was done?

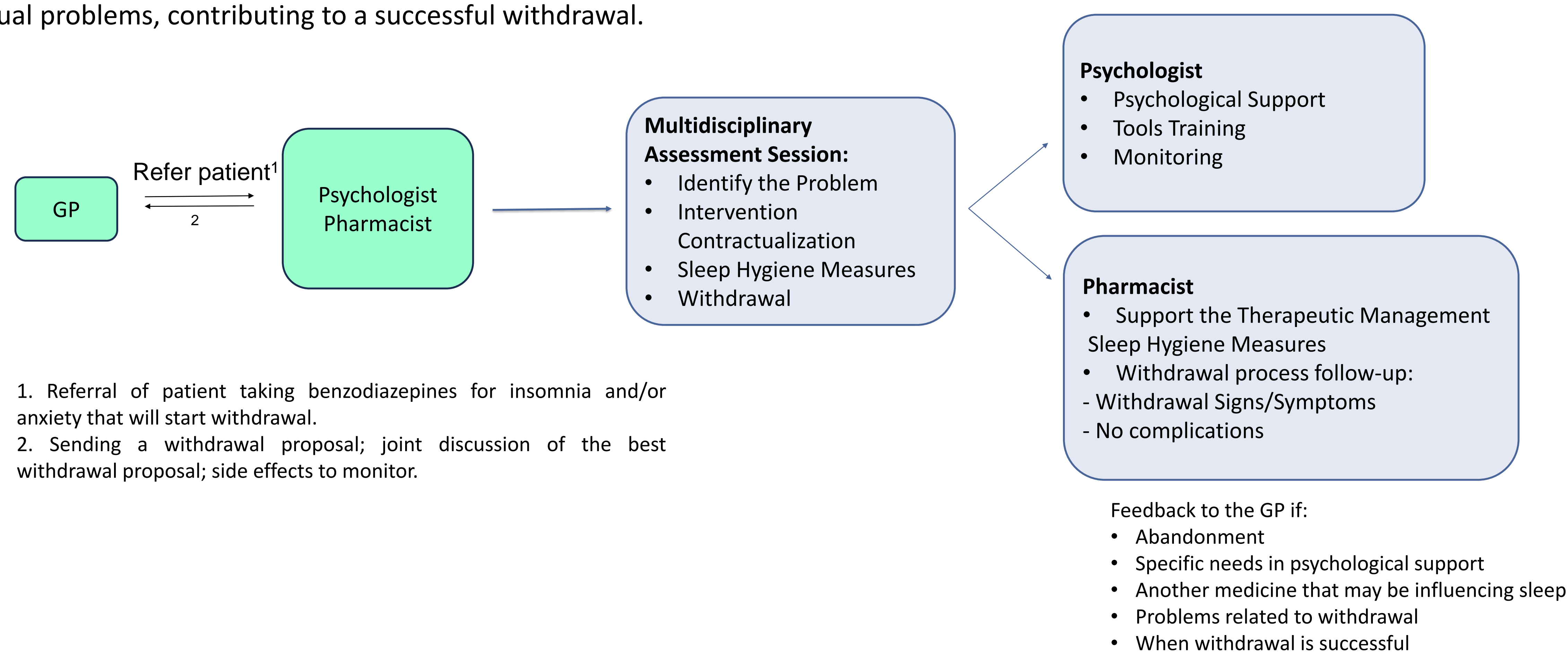
An interdisciplinary team was created, involving a psychologist, a clinical pharmacist and a general practitioner (GP), of Primary Health Care (PHC) for patients with insomnia or anxiety who accept to participate in the benzodiazepines (BZD) withdrawal process.

Why was it done?

Anxiolytics, sedatives and hypnotics consumption in Portugal, represents 6,1% of the drug market. Their prescription, which should be limited in time (12 weeks maximum) is often prolonged. As a result, patients may experience cognitive deterioration, falling risk increase, tolerance and dependence. Withdrawal phenomena may occur, making it difficult to stop BZD. Addressing this problem at the beginning of BZD use is imperative, in order to avoid chronic use.

How was it done?

In December 2021, PHC's GP started eligible patient's selection and their referral. The dose reduction scheme is selected by pharmacists and agreed with GP. During the process, psychologists help patients developing skills to overcome psychological barriers and pharmacists monitor the withdrawal process, supporting deprivation management. The interdisciplinary team is in permanent contact to manage individual problems, contributing to a successful withdrawal.



What has been achieved?

Thirteen patients were appointed and ten still remain in follow-up. The medium age is 48 years and 79% are female. Anxiety, insomnia and depression episodes characterize indications for the first prescriptions, continuing over time. Other events in personal life's and concomitant medicines adjustments conditioned delays in withdrawal process. On average, we managed to reduce BZD dose by 25% every 12 weeks with 9 pharmacist appointments. Despite difficulties, patients' motivation and effective BZD reductions and/or ending are the desired health outcomes, suggesting the success of this intervention.

Patient	Diagnose	Central Nervous System Therapeutic	Drug	1st Appointment	Achieved
1	anxiety/insomnia	antidepressant + benzodiazepine	mexazolam	dec/21	Total withdrawal in jul/22
2	anxiety/insomnia	antidepressant + benzodiazepine	diazepam	fev/22	Drop out in jun/22
3	anxiety/insomnia	antidepressant + beta-blocker + benzodiazepine	alprazolam	mar/22	Drop out in aug/22
4	anxiety/insomnia	antidepressant + benzodiazepine	hydroxyzine + alprazolam	mar/22	Hydroxyzine withdrawal in set/22; 33% alprazolam dose reduction in feb/23
5	anxiety	antidepressivo + antipsychotics + benzodiazepine	alprazolam	abr/22	Drop out in aug/22
6	anxiety	antidepressant + benzodiazepine	clonazepam	abr/22	Total withdrawal in sep/22
7	anxiety	antidepressant + benzodiazepine	mexazolam	mai/22	25% dose reduction in feb/2023
8	depression	antidepressivo + antipsychotics + benzodiazepine	alprazolam	mai/22	50% dose reduction in feb/2023
9	anxiety/insomnia	benzodiazepine	loflazepate	ago/22	50% dose reduction in feb/23
10	anxiety	antidepressant + benzodiazepine	mexazolam	jun/22	Follow-up suspension in set/22
11	anxiety	antidepressant + beta-blocker + benzodiazepine	alprazolam	nov/22	Total self-withdrawal in Jan/22
12	insomnia	benzodiazepine	alprazolam	jan/23	17% dose reduction in feb/23
13	anxiety	antidepressant + benzodiazepine	zolpidem + buspirone	jan/23	Total self-withdrawal in feb/23



What next?

Currently, we are adjusting the method and the referral process, minimizing some of the difficulties faced. We are also presenting the project to new healthcare units, as we intend to guarantee equity in access to the BZD withdrawal programme for all eligible patients.

