

# Guidance on Appropriate and Cost-effective Prescribing of Short Acting Hypnotics

Insomnia is a common complaint and non-drug measures such as advice on bedtime routine and relaxation techniques are advocated for the initial management<sup>1</sup>. Hypnotics can be prescribed for up to 2 weeks only after non-drug measures have failed and the patient's insomnia is severe, disabling or causing the patient extreme distress<sup>1</sup>. The purpose of this guidance is to offer advice to prescribers on managing new patients with insomnia; recommend cost-effective prescribing choices; and encourage reviewing chronic hypnotic users with a view to helping them withdraw from treatment.

## Recommendations<sup>1</sup>

### Non-drug therapy

- "Sleep hygiene" aims to make people more aware of behavioral, environmental and temporal factors that may be detrimental or beneficial to sleep.
- NHS Clinical Knowledge Summaries (CKS)<sup>2</sup>, Insomnia – Management, *What advice should I give regarding good "sleep hygiene" available at <http://cks.nice.org.uk/insomnia#!scenario recommendation:2>*
- In line with NHS CKS<sup>2</sup> for new patients, prior to hypnotic drug therapy offer non-drug measures such as a good "sleep hygiene" guide by advising patients to:
  - Establish fixed time for going to bed and waking up (avoid sleeping in after a poor night's sleep).
  - Try to relax before going to bed.
  - Maintain a comfortable sleeping environment: not too hot, cold, noisy or bright.
  - Avoid napping during the day.
  - Avoid caffeine, nicotine, and alcohol within 6 hours of going to bed.
  - Consider complete elimination of caffeine from diet.
  - Avoid exercise within 4 hours of bedtime (although exercise earlier in the day is beneficial).
  - Avoid a heavy meal late at night.
  - Avoid watching or checking the clock throughout the night.
  - Only use the bedroom for sleep and sexual activity.

### Hypnotic Drug therapy

- Should a prescription be considered appropriate if non-drug measures have failed, use a hypnotic at the lowest dose and for up to 2 weeks only, in strict accordance with their licensed indications<sup>1</sup>. Prescribers should familiarise themselves with the hypnotic drug indication, dose, administration, contra-indications, cautions, side-effects, interactions and preparation by referring to the current version of the Summary of Product Characteristics (SPC) (<http://www.medicinescomplete.com/mc/index.htm>) or the BNF (<http://www.medicinescomplete.com/mc/index.htm>)
- With respect to hypnotic action there is lack of compelling evidence between benzodiazepines and Z-drugs (zopiclone, zolpidem and zaleplon). Choosing non-benzodiazepine Z-drugs has advantages in terms of unintended side effects such as tolerance, dependence, cognitive impairment and increased risk of falls<sup>2</sup>.
- If a patient does not respond to one Z-drug, do not switch to another hypnotic in an attempt to get a response as there is no evidence to suggest that switching works<sup>1</sup>.
- Switching should only be considered if a patient experiences adverse effects directly related to a specific agent<sup>1</sup>.
- Melatonin may appear to be an attractive option where there is a concern of dependence but the treatment effect is small and is more expensive than other hypnotics<sup>1</sup>.

- Also according to WSCCG Traffic Light System (TLS) melatonin (Circadin<sup>®</sup>) is:
  - double red drug (no prescribing) for patients aged 55 years and older
  - amber drug (shared care prescribing under shared care agreement) for children and adolescents.

## Hypnotic Withdrawal

- Development of tolerance, dependence potential and withdrawal causing rebound insomnia are well known problems associated with benzodiazepines and Z-drugs. Problems are less likely if withdrawal is slow, patient-led and well supported<sup>1</sup>.
  - The benzodiazepine withdrawal syndrome may develop at any time up to 3 weeks after stopping a long-acting benzodiazepine, but may occur within a day in the case of a short-acting one. A suggested protocol for withdrawal for prescribed long-term benzodiazepine patients is described in the British National Formulary (BNF)<sup>3</sup> (<https://www.medicinescomplete.com/mc/bnf/current/PHP2093-hypnotics-and-anxiolytics.htm>)
  - For chronic hypnotic users, the need for a hypnotic should be reviewed. A support for gradual withdrawal from hypnotic should be offered using techniques such as patient letters from the General Practitioner (GP) explaining the disadvantages of regular use of hypnotics<sup>3</sup>.
  - A shared care approach with specialist advice from Suffolk Recovery Network, Turning Point<sup>§</sup> may be required for more complex patients with:
    - a history of drug use or dependence
    - a history of drug withdrawal seizures - these generally occur in people who suddenly stop high doses of the drugs. Slow tapering is recommended for these individuals.
- <sup>§</sup>Suffolk Recovery Network, Turning Point ([Suffolk@turning-point.co.uk](mailto:Suffolk@turning-point.co.uk)) 03001230872.
- The ALL Wales Medicine Strategy Group (AWMSG)<sup>4</sup> comprehensive educational pack with “best practice” examples for prescribers to support problem of long term hypnotics and anxiolytics is available at [www.wales.nhs.uk/sites3/page.cfm?orgid=371&pid=53297](http://www.wales.nhs.uk/sites3/page.cfm?orgid=371&pid=53297).

## Hypnotic Product Comparisons<sup>1</sup>

Table 1: provides a comparison between short acting benzodiazepines, Z-drugs and melatonin modified release (MR).

Hypnotic	Drug Class	Duration of Effect	Dose	Licensed length of treatment	Cost per pack (October 2015 Drug Tariff <sup>5</sup> )
Zopiclone tablets	Z-drug	Short acting	7.5mg (bedtime)	Few days to 2 weeks, max 4 weeks including tapering off.	£1.56
Zolpidem tablets	Z-drug	Short acting	10mg (bedtime)	Few days to 2 weeks, max 4 weeks including tapering off.	£1.48
Temazepam tablets	Benzodiazepine	Short acting	10-20mg (bedtime)	Not exceeding 4 weeks	10mg - £8.10 20mg - £8.34
Zaleplon capsules	Z-drug	Very Short acting	10mg (bedtime)	Maximum 2 weeks	£3.76
Melatonin MR tablets	Pineal hormone	Short acting (MR formulation only)	2mg (1-2hrs before bedtime for over 55 yrs)	Maximum 13 weeks	£15.39
Loprazolam tablets	Benzodiazepine	Short acting	1mg (bedtime) – increase to 1.5 - 2mg if needed	Maximum 4 weeks	1mg - £18.00
Lormetazepam tablets	Benzodiazepine	Short acting	0.5-1.5mg (bedtime)	Few days to 2 weeks, max 4 weeks including tapering off.	0.5mg - £20.88 1.5mg- £23.68

### References:

1. PrescQIPP bulletin 41 appropriate and cost-effective prescribing of short acting hypnotics.
2. NHS Clinical Knowledge Summaries (CKS), Insomnia – Management, What advice should I give regarding good sleep hygiene. Available at <http://cks.nice.org.uk/insomnia/#scenario/recommendation:2>
3. BMJ Group and Royal Pharmaceutical Society of Great Britain July 2015. British National Formulary (BNF 69). Available at <https://www.medicinescomplete.com/mc/bnf/current/>
4. ALL Wales Medicine Strategy Group (AWMSG). Educational pack with “best practice” examples to support problem of long term hypnotics and anxiolytics. April 2011. Available at [www.wales.nhs.uk/sites3/page.cfm?orgid=371&pid=53297](http://www.wales.nhs.uk/sites3/page.cfm?orgid=371&pid=53297)
5. NHS BSA, Electronic Drug tariff October 2015 <http://www.drugtariff.nhsbsa.nhs.uk/>