

STRUCTURED MEDICATION REVIEW (SMR) – Benzodiazepines and hypnotics

AIMS	Supporting patients to be involved in their own health care decisions Empowering patients to manage their medicines Keeping patients safe N.B. Agree exclusion criteria eg drug or alcohol problems, terminal illness, acute crisis, risk of suicide, severe mental illness (liaise with psychiatrist), organic brain disease, epilepsy requiring benzodiazepines as part of anticonvulsant therapy
1	Reason for the medication review <ul style="list-style-type: none"> • Explain why the appointment has been offered (benefits < risks, side effects) • Anxiolytics & hypnotics treat symptoms of a condition, not the cause • National guidance (and drug licence) limits use to 2-4 weeks Discuss potential side effects – tolerance, addictive, drowsiness, clumsiness, forgetfulness, confusion, falls (24% increase hip fractures), impaired judgement, not safe to drive (double RTAs), cancer increased by 35%, especially at high doses, increased risk of dementia
2	Long term use = Dependence. Medication needed to carry out usual day to day activities, even though original indication may no longer be relevant. Reduction in coping skills. Anxiety when thinking about reducing or stopping, or medication being unavailable.
3	Motivation question 1: How important is it for you to take back control? (0-10)
4	Motivation question 2: How do you think you will feel if you manage to reduce/stop? (0-10)
5	Timing: Is this a suitable time to consider reducing dose? Home life, support, general health
6	Ideas, Concerns & Expectations <ul style="list-style-type: none"> • Patient ideas about their medication • Patient concerns and expectations regarding dose reduction / stopping
7	Support <ul style="list-style-type: none"> • Identify, assess & help to manage any underlying causes of anxiety & insomnia • Prioritise management of depression • Optimise treatment of exacerbating conditions: e.g., pain, CVD, respiratory disease, nocturia, and consider exacerbation of insomnia/anxiety by existing medication • Mood. Consider life stresses which may be addressed in other ways • Offer self-help patient information leaflets, CBT, IAPT, Sleepio, social prescribing • Involvement of patient support network (partner, friends, family)
8	Negotiate a gradual withdrawal schedule (if appropriate, switch shorter acting medication to diazepam)
9	Review frequently – patient in control <ul style="list-style-type: none"> • Advise avoid taking extra in times of stress or compensating with alcohol • Pause at any point to reassess
10	Information on withdrawal symptoms - patient leaflet about managing withdrawal <ul style="list-style-type: none"> • With slow tapering, many experience few or no withdrawal symptoms • An initial small reduction may help to realise concerns are unfounded. • Withdrawal symptoms often similar to original complaint and usually mild and managed • Any anxiety/insomnia likely to be temporary • Consider slowing or suspending withdrawal until symptoms manageable
11	If stopping is unachievable, reducing dose is still beneficial Revisit benefits – book another appointment – phone or clinic?