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Sedative Hypnotics Practice Guidelines

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Policy

It is the policy of the San Bernardino County (County) of Department of Behavioral Health to establish practice guidelines for the use of sedative hypnotics in the provision of client treatment.

Purpose

The DBH Sedative Hypnotics Practice Guidelines are intended to provide guidance for providers to increase the effectiveness and safety of sedative hypnotics use. These Guidelines are not intended to be comprehensive in scope and are not a substitute for clinical judgment. In making decisions about client care physicians must carefully consider the clinical characteristics and circumstances of each individual. As Benzodiazepines are the most commonly prescribed sedative hypnotics by psychiatric medical providers, this classification of medications will be the focus of these practice guidelines.

Introduction

Benzodiazepines are used for various indications including anxiety, panic, alcohol withdrawal, catatonia, mania, agitation and insomnia. This guideline primarily pertains to the use of benzodiazepines for anxiety and insomnia. The use of benzodiazepines for other indications is beyond the scope of this guideline. Other sedative/hypnotics that are commonly used in practice for treatment of insomnia or anxiety are also included for reference.

Benzodiazepines work by binding to the GABA-A receptor, thereby causing an allosteric modification of the receptor which increases the receptor activity. By doing so, benzodiazepines increase the frequency of channel opening events, increasing chloride ion conductance and inhibiting the action potential.

Due to the delayed onset of therapeutic action for antidepressant medications, benzodiazepines can be used for rapid, symptomatic treatment of anxiety. They can also be used for insomnia, due to their sedating effects.

Different benzodiazepine medications largely differ in their onset of action, duration of action, and relative potency.

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Introduction, continued

Prior to prescribing a benzodiazepine to a patient, a medical provider should ensure the following have been completed:

1. Psychiatric evaluation of the patient, including the clinical rationale for prescribing a benzodiazepine;
2. Obtain a report of patient's current and recently prescribed controlled substances via the Controlled Substance Utilization Review and Evaluation System (CURES), California's prescription drug monitoring program, to identify any other prescribed scheduled substances.

Note: CURES is not a real-time report and does not include methadone from methadone treatment facilities.

Specific risk factors are associated with poor outcomes with this class of medications. These risk factors include:

- Current or previous alcohol or substance use disorder
- History of overdose
- Risk of falls
- Traumatic brain injury
- Memory problems or Cognitive impairments
- Sleep apnea
- Age >60 years
- Chronic obstructive pulmonary disease

Note: Benzodiazepines are not recommended for use in Post-Traumatic Stress Disorder as they are associated with lack of efficacy, poor outcomes, aggression, depression and substance use.

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Diagnoses and Disorders

The following diagnoses and disorders can be treated with sedative hypnotics:

- Adjustment disorders
- Anxiety disorders
- Depressive and bipolar disorders with anxiety or agitation
- Sleep disorders
- Select substance-induced mental disorders
- Mental disorders due to general medical conditions
- Psychotic disorders with agitation or anxiety
- Certain Substance Use related disorders (alcohol withdrawal)
- Seizure disorders
- Catatonia

Drugs and Doses

The following table provides names and doses of different sedative hypnotics:

Type	Medication Name	Dosage Range
Benzodiazepines	Alprazolam	0.25 mg – 6 mg daily
	Chlordiazepoxide	10 mg – 100 mg daily
	Clonazepam	0.5 mg – 6 mg daily
	Diazepam	2 mg – 30 mg daily
	Flurazepam	15 mg – 30 mg daily
	Lorazepam	0.5 mg – 6 mg daily
	Oxazepam	10 mg – 90 mg daily
	Temazepam	7.5 mg – 30 mg daily
Non- Benzodiazepines Hypnotics	Eszopiclone	1 mg – 3 mg daily
	Zaleplon	5 mg – 10 mg daily
	Zolpidem	5 mg – 10 mg daily
	Suvorexant	10 mg – 20 mg daily
	Daridorexant	25 mg –50 mg daily
Non-Sedative Hypnotics Agents for Insomnia	Doxepin	3 mg – 300 mg daily
	Gabapentin	100 mg – 3600 mg divided daily
	Mirtazapine	7.5 mg – 60 mg daily
	Ramelteon	8 mg daily
	Trazodone	50 mg – 400 mg daily
Non-Sedative Hypnotics Agents for Anxiety	Buspirone	5 mg – 60 mg daily
	Clonidine	0.1 mg – 1 mg daily
	Hydroxyzine	50 mg – 200 mg daily
	Propranolol	10 mg – 160 mg daily

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Side Effects and Safety Issues

Benzodiazepines with faster onsets of action and shorter half-lives tend to have higher abuse potential and increased risk and severity of withdrawal syndromes.

Common adverse effects of benzodiazepines include confusion, dizziness, sedation, short-term memory loss, disinhibition, ataxia, blurred vision, slurred speech and muscle weakness. Benzodiazepines are associated with an increased risk of hip fractures in the elderly. Benzodiazepines can impair the ability to drive a vehicle or operate heavy machinery.
Long term use of benzodiazepines is associated with depression, cognitive impairment, increased rates of motor vehicle crashes, increased rates of falls and hip fractures and increased rates of mortality. Chronic exposure to benzodiazepines alters the regulation of GABA-A receptor subunits and can lead to tolerance, physical dependence and withdrawal.

In the event benzodiazepines need to be discontinued, a slow, gradual taper should be used to limit risk of withdrawal symptoms and complications, especially if the patient has been taking a benzodiazepine for a prolonged period. Resources such as the Ashton Method/Manual may be helpful to consult in these situations.

Research into the association between use of benzodiazepines and cognitive decline have yielded mixed results. There is some evidence suggesting chronic benzodiazepine use is associated with cognitive decline and dementia.

Related Policy or Procedure

DBH Standard Practice Manual:

- Antidepressant Prescribing Guidelines (MDS2035)
- Mood Stabilizer Prescribing Guidelines (MDS2038)
- Antipsychotic Practice Guidelines (MDS2039)

Reference(s)

Sedative/Hypnotic Agents Therapeutic Class Review (TCR)