

DRAFT 1

**Audit of
Benzodiazepines\Night Sedation
in
Elderly Mental Health**

**Audit Leader: Dr Janet B. Daoud
Senior Registrar
Old Age Psychiatry
St Christophers' Hospital
Fareham**

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INTRODUCTION

Background to the audit

It is well established that discontinuation of benzodiazepines may result in a withdrawal syndrome (Hallstrom 1981). This occurs not only with benzodiazepine abuse but also following small to moderate doses used clinically and reported in some cases to be accompanied by psychotic symptoms in the elderly (Spencer 1996).

Closser, 1991, has reviewed the potential problems of benzodiazepine use in the elderly. These include dependence, withdrawal, cognitive and psychomotor impairment all of which are proportionally greater in the elderly. There are also studies suggesting that the cognitive deficits may persist after withdrawal of long term benzodiazepines (Tata et al 1994).

Aims and Objectives

These were to review whether:-

1. On admission benzodiazepine\night sedation was being reviewed and documented.
2. If benzodiazepines\night sedation were commenced during the admission it was being clearly documented.
3. Prior to discharge benzodiazepine\night sedation prescriptions were being reviewed and documented.
4. The review and any changes in the above medications were communicated to General Practitioners in the discharge summary.

Rationale

In view of the wide ranging effects of benzodiazepines and the frequency of night sedation prescribed to the elderly, often as a repeat prescription, it was felt that hospital admission was an ideal time to review this. In addition it is important that we closely monitor our own prescriptions of these medications and ensure they do not become regular prescriptions by default. □

METHODOLOGY

Sample type

The sample consisted of consecutive discharges from Mulberry A ward (predominately functional illnesses) and from Mulberry C ward (predominately organic illnesses). These 2 wards were chosen because the needs and management are quite different and it was felt that any difference in prescribing practices would be clearly seen.

Sample size

Data collection forms were completed on 20 patients, 10 from Mulberry A and 10 from Mulberry C.

Data collection method

Retrospective review of case notes and discharge summaries by audit leader.

RESULTS AUDIT CYCLE 1

Background Data

Diagnosis (recorded in discharge summary)

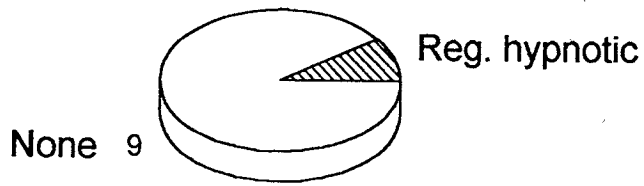
Mulberry A:-

Depression	5
Schizophrenia	1
Anxiety & Depression	1
Bipolar Affective Dis.	1
Frontal Lobe Syndrome	1
Depression & Dementia	1

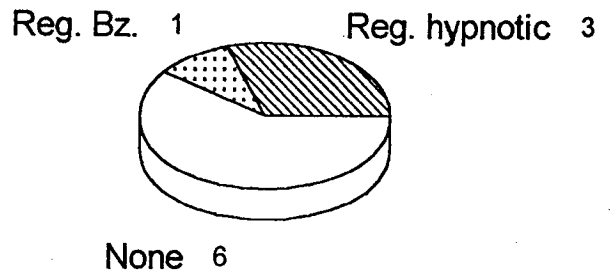
Mulberry C:-

Dementia	2
Depression & Dementia	4
MID	2
SDLT	1
Dementia & Schizophrenia	1

Taking Medications on Admission

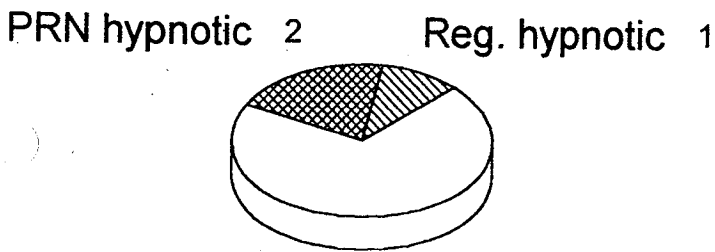


Mulberry A

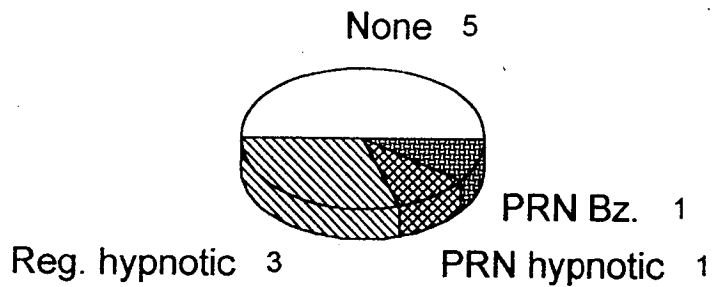


Mulberry C

Commenced during Admission



Mulberry A



Mulberry C

The medications included:-

- lorazepam (regularly on admission)
- diazepam (prn during admission)
- temazepam
- triclofos

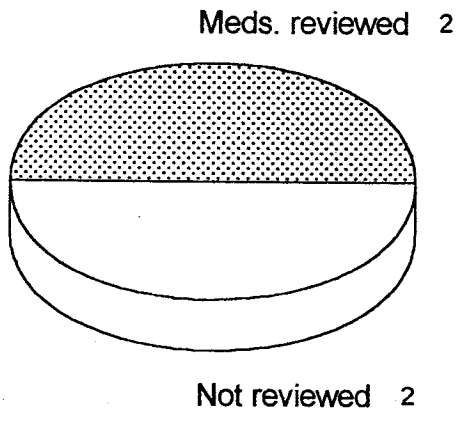
STANDARD 1

On admission benzodiazepine\night sedation should be reviewed and this should be documented in the notes.

Expected standard: 100%
Exceptions: None

Audit Findings - Cycle 1

Mulberry A - Standard met 100%
(1 case)
Mulberry C - Standard met 50%
(4 cases)



Mulberry C

STANDARD 2

If benzodiazepine\night sedation is commenced during the admission this should be documented in the notes giving reasons.

Expected standard: 100%

Exceptions None

Audit Findings - Cycle 1

Mulberry A - Standard met 0%

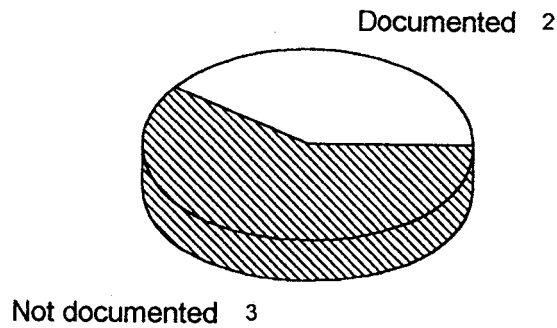
(3 cases)

Mulberry C - Standard met 0%

(5 cases)

Mulberry C - partially met standard , medication documented but no reason given - 40%

Mulberry C



Partially met Standard

STANDARD 3

Prior to discharge any benzodiazepine\night sedation prescription should be reviewed and either discontinued or if continued documented with reasons why appropriate in the notes.

Expected standard: 100%

Exceptions: None

Audit Findings - Cycle 1

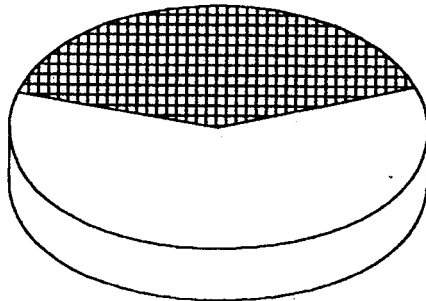
Mulberry A - Standard met 100%

(3 cases)

Mulberry C - Standard met 40%

(5 cases)

Meds. stopped 2



Meds. contd. no reas 3
given

Mulberry C

STANDARD 4

If a benzodiazepine\night sedation is continued this should be:-

- i) documented in discharge summary with a reason why this was appropriate
- ii) recommendations on how long the prescription should continue
- iii) review date

Expected standard: 100%

Exceptions: None

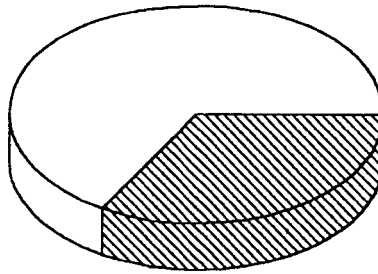
Audit Findings - Cycle 1

Mulberry A - not applicable no prescriptions continued

Mulberry C - standards met 0%

partially met 33% - reasons given 4 i)

Std. not met 2



Reas. given 1

Mulberry C

CONCLUSION

1. A significant proportion of patients are being admitted to our wards who are already receiving benzodiazepine\night sedation prescriptions from their GP's. Standard 1 results show that the opportunity to review these is not being fully recognised.
2. A high proportion of inpatients do get prescribed benzodiazepines\night sedation during their admission but standard 2 shows this is often not documented and when it is reasons were not given. It is probable that this is often by a busy duty doctor and not by the ward doctor which may be one reason why documentation is often poor but highlights how this medication can be initiated and then overlooked.
3. Review of medication prior to discharge is not always occurring and could therefore allow a prescription to continue by default on the TTO'S rather than by intent.
4. The results on standard 4 illustrate that clear communication is not always occurring via the discharge summary with the patient's GP who will then be responsible for prescribing medication.

ACTION PLAN

1. Feedback results to medical staff of EMH team.
- February 1996
2. Discussion and agreement of standards with both senior and junior medical staff
- February 1996
3. Distribution of copies of standards to all medical staff in team.
- February 1996

RE-AUDIT

It was agreed that a re-audit should take place within 2-3 months
- cycle 2 May/June 1996

RE-AUDIT CYCLE 2

Background Data

Diagnosis (recorded in discharge summary)

Mulberry A:-

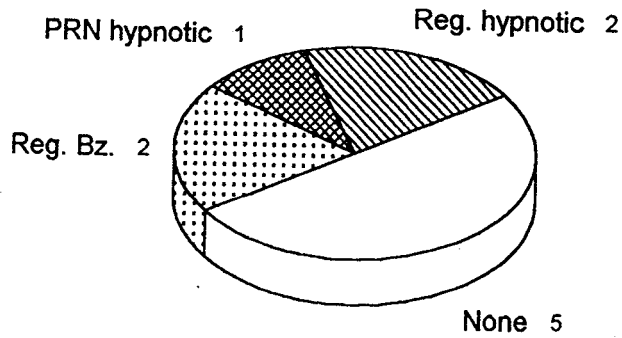
Depression	7
Depression\Senile Chorea	1
Dementia\Alcohol Dep.	1
No diag. given	1

Mulberry C:-

Dementia	1
Dementia\Depression	3
Dementia\Alcohol Dep.	1
Dementia\Schizophrenia	1
SDLT	1
MID	1
Pre-senile dementia	2

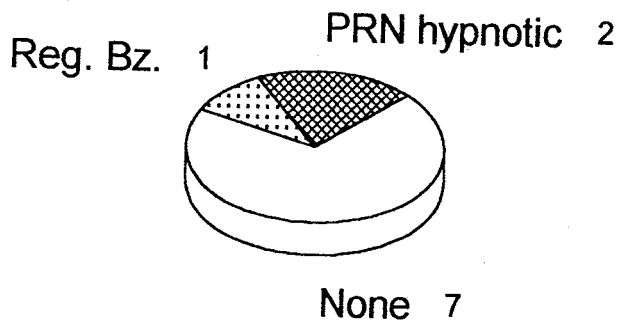
Taking Medications on Admission

Mulberry C - no patients were taking benzodiazepine\night sedation .

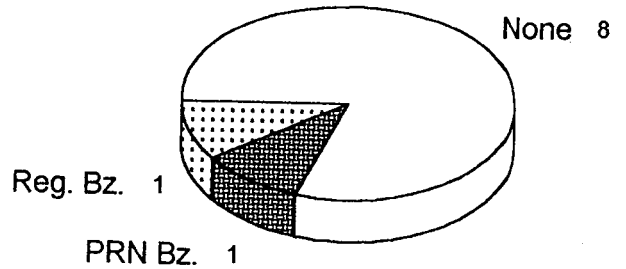


Mulberry A

Commenced during Admission



Mulberry A



Mulberry C

The medications included:-

- diazepam(regularly on admission.)
- temazepam
- nitrazepam
- triclofos
- zimmovane

STANDARD 1

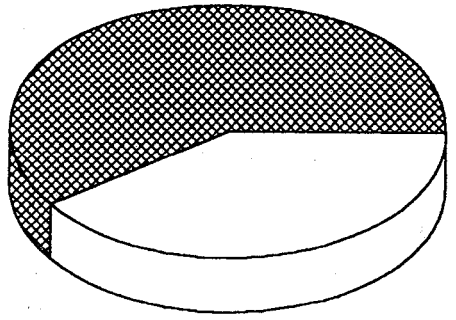
On admission benzodiazepine\night sedation should be reviewed and this should be documented in the no

Expected standard: 100%
Exceptions: None

Audit Findings - Cycle 2

Mulberry A - Standard met 60%
(5 cases)
Mulberry C - Not applicable
(0 cases)

Meds. Reviewed 3



Not reviewed 2

Mulberry A

STANDARD 3

Prior to discharge any benzodiazepine/night sedation prescription should be reviewed and either discontinued or if continued documented with reasons why appropriate in the notes.

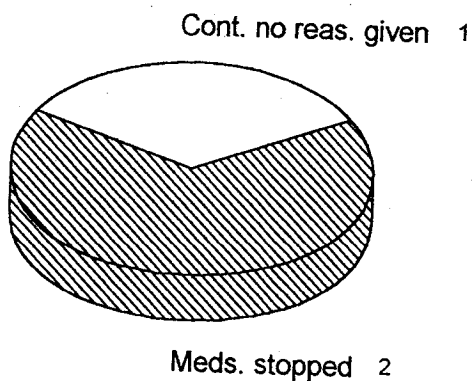
Expected Standard: 100%

Exceptions: None

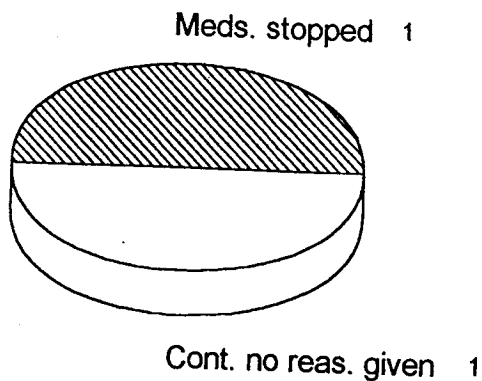
Audit Findings - Cycle 2

Mulberry A - Standard met 66%
(3 cases)

Mulberry C - Standard met 50%
(2 cases)



Mulberry A



Mulberry C

STANDARD 4

If a benzodiazepine/night sedation is continued this should be:-

- i) documented in discharge summary with a reason why this was appropriate
- ii) recommendations on how long the prescription should continue
- iii) review date

Expected standard: 100%

Exceptions: None

Audit Findings - Cycle 2

Mulberry A - standards met 0%

(1 case)

Mulberry C - standards fully met 0%

(1 case)

- standards partially met 100%, reasons for continuation given but no recommendation given on how long the prescription should continue or a review date.

Comparison of Audit Cycle 1 and Audit Cycle 2

Mulberry A

	Cycle 1	Cycle 2
Standard 1	100%	60%
Standard 2	0%	33%
Standard 3	100%	66%
Standard 4	N/A	0%

Mulberry C

	Cycle 1	Cycle 2
Standard 1	50%	N/A
Standard 2	0%	100%
Standard 3	40%	50%
Standard 4	0%	0%

CONCLUSION

1. The most notable improvement was seen in standard 2 in the documentation, including reasons, of benzodiazepine\night sedation prescriptions commenced during admission.
2. Overall in standards 1, 3 and 4 there was either no change or in some cases a decline.
3. Cycle 2 of the audit did not show the improvements in meeting the standards despite discussion and distribution of these expected standards with medical staff in the team.

ACTION PLAN

1. Feedback results to medical staff of EMH team.
- July 1996
2. It was agreed to adjust the standards to facilitate their implementation:-
 - i) Standards 1 and 3 will be included in the first and last ward rounds. There is already a list of requirements to be discussed and documented on these occasions and this will ensure that these prescriptions are not overlooked on admission or on discharge.
 - ii) rather than giving a review date in the discharge summary it would be stated who would be monitoring the ongoing need for the prescription.
3. Update guidelines for ' Documentation in Case Notes '
- September 1996
4. Discuss with medical staff and distribute guidelines to relevant personnel and areas.
- September 1996
5. Ensure new medical staff are aware, and have a copy, of these guidelines.
6. Re-audit within the next 6 months.

REFERENCES

Closser, MH. 1991 'Benzodiazepines and the Elderly : A Review of Potential Problems'
Journal of Substance Abuse, Vol. 8, pp 35-41

Hallstrom, C. & Lader, M. 1981 'Benzodiazepine Withdrawal Phenomena '
Int. Pharmacopsychiat., Vol. 16: pp 235-244

Spencer, G. & Yuvarajan, R 1995 ' Psychotic Symptoms After Benzodiazepine Withdrawal '
Int. Journal of Geriatric Psychiatry, Vol. 10: pp 901-902

Tata et al, 1994 ' Lack of cognitive recovery following withdrawal from long- term
benzodiazepine use '
Psychological Medicine, Vol. 24: pp 203-213

Appendix 1 Data Collection Forms

Mulberry Area -

Date of admission -

Date of discharge -

Diagnosis (from discharge summary) -

Medication on admission -

Medication on discharge -

REG. PRN

1. Were they taking a benzodiazepine or night sedation on admission?
2. Was this reviewed and documented with reasons in notes?
3. Was this documented in discharge summary?
4. Were they commenced on a benzodiazepine or night sedation during admission?
5. Was this documented in notes?
6. Was a reason stated in notes?
7. Was the prescription reviewed prior to discharge?
8. If continued were the following stated in the notes:-
 - a) reasons why appropriate?
 - b) recommendations for how long?
 - c) review date specified?
9. If continued were the following stated in discharge summary?
 - a) reasons why appropriate?
 - b) recommendations for how long?
 - c) review date specified?

Appendix 3 Revised Guidelines for documentation in case notes

The following guidelines outline documentation that has been deemed 'good practice' by the old age psychiatry team.

1. Clerking on admissions

- a) make a note as to whether admission discussed with admitting doctor by referrer.
- b) were notes available at time of admission?

2. First ward round after admission

- a) note if admission was appropriate.
- b) if patients are on benzodiazepines\night sedation, team to discuss this at ward round and document decision to continue or discontinue with reasons.

** if benzodiazepines\night sedation commence during admission document when and why in notes.

3. Last ward round prior to discharge

Note:-

- a) Diagnosis
- b) If patient and family have had diagnosis discussed with them
- c) Follow up plans
- d) Full or minimal CPA
- e) Drugs on discharge
- f) If on benzodiazepine\night sedation review, and continue or discontinue with reasons.
If continue whether this is expected to be long term or short term and who will be reviewing this.

4. Discharge summary

Document benzodiazepine\night sedation use i.e. why started or stopped, how long expected to continue and who will review this.