

# DOING MORE TO REDUCE THE USE OF BENZODIAZEPINES IN HIGH FALLS RISK PATIENTS

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## Background

Falls account for 40% of all injury-related deaths and over 80% of all injury admissions to hospital.<sup>1</sup> While the risk of falls is multifactorial the use of benzodiazepine increases the risk of hip fracture by 50%.<sup>2</sup>

## Aim

To reduce the prescribing of benzodiazepines to High Falls Risk Patients (HFRP) in a regional hospital by placing a restriction on the e-formulary.

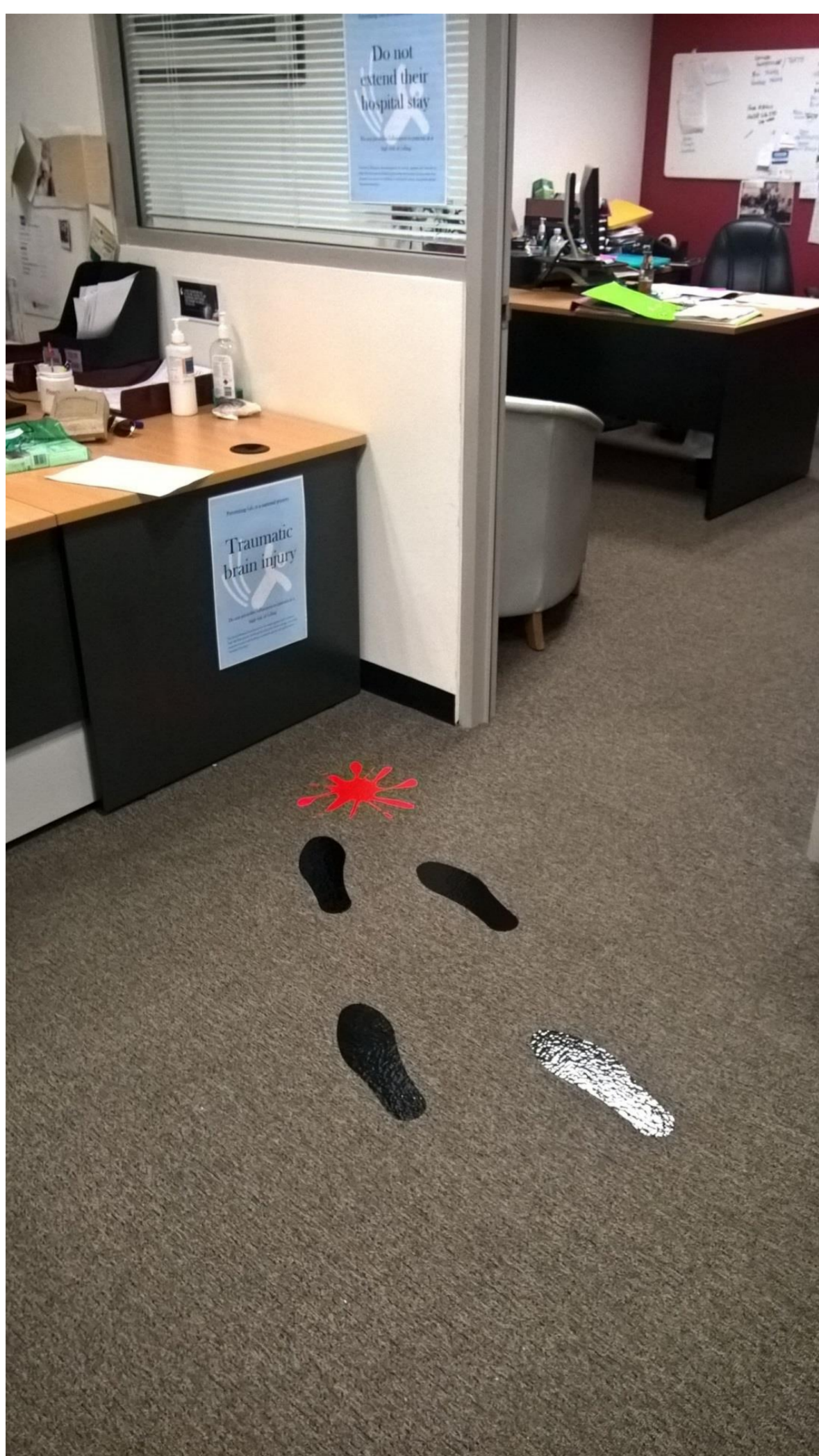
## Method



### Approved Formulary indication:

**Prescribing benzodiazepines for anxiety, agitation and insomnia in High Falls Risk patients, should only be as a short-term measure during a crisis where symptoms are severe and disabling or causing the patient unacceptable distress.**

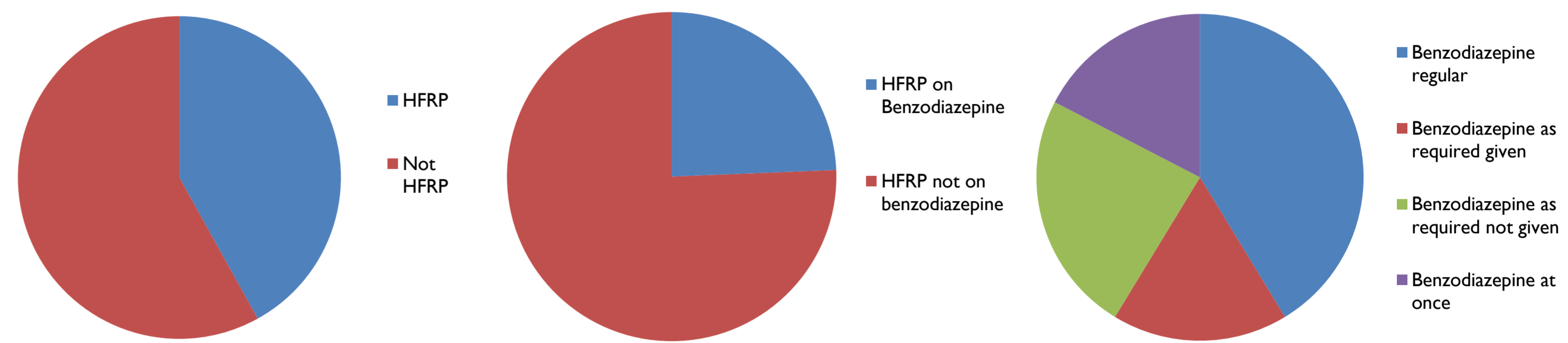
In April Falls week 2017, 'footsteps and splat' floor decals were placed on all wards in doctor's offices. Ten junior doctors and two consultants were engaged in conversation about the formulary change and the use of benzodiazepines in high fall risk patients. Posters were left to reinforce the message. A short, narrated power-point was uploaded to the hospital intranet as a nurse training resource.



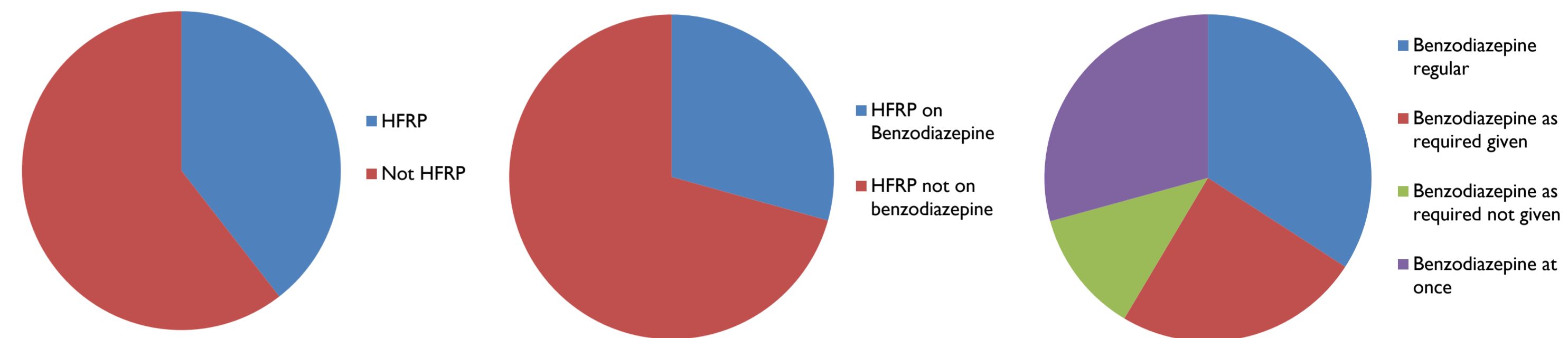
Two examples of 'footsteps and splat' with posters in doctor's offices

## Results

2016



2017



There was a 22% reduction in an 'as required' standing order and a 50% increase in 'at once' prescribing. There was a noticeable reduction on one ward and this was attributed to de-prescribing by a consultant.

## Discussion

There is a clear risk that the prescribing of benzodiazepines to high falls risk patients will increase the number of falls within hospitals. Sound reasons should be formally documented when using benzodiazepines in High Falls Risk Patients.

Identifying, analysing and evaluating the risk of benzodiazepine prescribing within a Regional Hospital pinpointed an opportunity to limit 'prn' prescribing of benzodiazepines in patients identified as having a high falls risk. This was formalised resulting in a tightened Formulary listed indication which encouraged staff to try other approaches and reserve benzodiazepines as a 'last resort'.

An education programme to the RMO's and nurses has highlighted the risk and brought about small changes in practice. There is now a supportive structure for junior medical staff to de-prescribe benzodiazepines. Raising nurses' awareness of the falls risks associated with benzodiazepines supports junior medical staff by relieving the pressure to prescribe.

A multidisciplinary and multi-factorial approach, with strong clinical leadership, is required for a sustainable solution to prevent harm to High Falls Risk Patients from the prescribing of benzodiazepines.

## Future implementation

The attempts to change practice through hierarchical structures in the face of clinical autonomy and tolerance of individual practices always fails.<sup>3</sup> Peer to peer review, of colleagues reviewing colleagues, should be part of normal practice. Case studies from the May 2017 audit will be used in junior doctor training from 2018.

## References

1. Peel N., 2011. Epidemiology of falls in older age. Canadian Journal of Aging. Epub 15 Mar.
2. Cumming R, Le Couteur D., 2003. Benzodiazepines and the risk of hip fractures in older people: a review of the evidence. CNS Drugs. 17:825-837
3. Braithwaite J, Runicman W, Merry A., 2009. Towards safer, better healthcare: harnessing the natural properties of complex sociotechnical systems Quality Safety Health Care 18: 37-41