Cross Cultural Newsletter

"Benzodiazepine Misuse in the Asian population: Prevention and Management of Dependence"

Presenter: Dr Vicki Macfarlane

22nd March, 2016

Dear Members

This is again to report that we had a very informative and eye-opening evening. More than 60 of our members attended. There were five more persons joining us on our web-cast.

The topic for the night was: **"Benzodiazepine use in the Asian Population: Prevention and management of dependence.**" The speakers were Dr Vicki Macfarlane and Mr David Prentice. Both are members of the CADS team. The following is highlight of the presentation. For those who are interested in details, please send for the DVD or the power-point. Please also note that the topic generates such an interest that we intend to devote another session to case studies illustrating the whole spectrum of problems with Asian patients ranging from the difficult to engage persons to the multiple-Benzodiazepine users.

Dr Macfarlane's talk covers several important areas including: information about the nature of benzodiazepines; the harms associated with benzodiazepines including dependence and addiction; management of dependency; the work of CADS team; and case vignettes to illustrate the range of problems.

After introducing herself, Dr Macfarlane gave **a history of the development of benzodiazepine** medications (BZs) including the latest range of "**Z" (Zopiclone)** drugs. In passing, she **also** mentioned about **Quetiapine,** an antipsychotic increasingly being used by clinicians in low doses as sedative drugs. She briefly mentioned that this is, unlike it's popularity, not without problems including withdrawal.

She then gave **a summary of the nature of Benzodiazepines** such as the site of **action on GABA** sites, and more importantly, although similar chemically, they vary in their **half-lives**, an important aspects related to the ease of developing dependency, (the shorter acting one has a higher potential). **Half-lives** range from the shortest such as Alprazolam to the longest such a diazepam (over 45 hours).The long acting ones are not without problems i.e. there is a tendency to accumulate with regular doses. The BZs also varies in **potency** ranging from the higher ones such as alprazolam and lorazepam to Diazepam. In this regard, Dr Macfarlane presented the term **"equivalent**" dosage i.e. the equivalent doses of other BZs as compared to Diazepam. This knowledge is important in treatment of dependency by changing over to Diazepam for the process of "gradual withdrawal." (See later). Transfer from one BZ to another might also be difficult and would often take a long time. Dr Macfarlane also discussed the issue of drug interaction.

In Qingming Festival, people usually worship their ancestors by burning incense and 'paper money' in their ancestors' grave sites.

After having painted an overall picture on the nature of BZs, Dr Macfarlane then expounded on the **harm BZs could do**. There is a growing world-wide tendency for **the increase in prevalence of BZ usage**, especially in the States. Most people started on BZs **because of stress or anxiety**. Although **antidepressants** are also used to treat anxiety disorders, compared to BZs, they **take much longer time to work** whereas BZs work quickly albeit with waning effect after 12 weeks. The quick action becomes the attractive point for use of BZs. However, with some patients, BZs keep on working at similar dosages for a long time. Dr Macfarlane then talked about the **harm BZs can do: viz harm to self and harm to others.** The **latter** involves physical harm such as **motor accidents** but more commonly BNs caused upsets in **psychosocial relationships and pressures hurting significant others**.

As to harm to the **individua**l, there are the problems related to **misuse**; and more importantly **a plethora of problems causing physical and psychological harm.** In regards to misuse/abuse, the patient uses more than prescribed or not according to indications. Regarding the latter problems about **physical and psychological harm** , Dr Macfarlane listed the following **: cognitive effects (such as memory problems); psychomotor effects such as problems with co-ordination and concentration leading to motor accidents; and higher mortality rates related to higher number of doses. Last but not least important is the problems related to dependency**. Dependency is both psychological having a compulsion to take despite lacks of need; and worse a physical dependency such as tolerance and withdrawal when stopping the drug.

Having enlightened the audience on the harms of BZs, Dr Macfarlane then highlighted the **management** approaches. With the less severe form of therapeutic dependence, **brief intervention** such as stepped care, psycho-education, counselling and conversion to diazepam with a **slow reduction** would achieve **a success rate of 50-75 %.** However, with **those on a high dose** of BZs for long durations, the **success is about** ½ that of the former. Besides requiring longer time to substitute with diazepam and long slow process of reduction, some **might need a different strategy** such as brief stabilisation on BZs followed by partial detox to therapeutic dose, with ultimate detoxification only when patient's life becomes more stable. It behoves the clinician to remember that it is better to be slow than fast and never achieving. As regarding the rate of reduction, please consult the power point slide or DVD. **Adjuncts to assist detoxification included the use of antidepressants, beta blockers, ?carbamazepine and melatonin** for the older patient. Admission to the detox unit might be another option when closer monitoring is required. Dr Macfarlane then described the psychoeducational counselling and detoxification **roles of the CADS**.

Lastly, both Dr Macfarlane and **David presented 4 cases** illustrating the various scenarios and success rates. Unfortunately, the lack of time prevented full in depth discussions. There would be a full session dedicated to such in the future.

Much discussion followed. It was pointed out **that motivating an Asian patient to go through the process of withdrawing from the BZ requires continued patience, support and encouragement**. These issues would, again, be discussed in the next session.

Dr Macfarlane has kindly agreed to help with our next session, the date of which awaits further finalisation.

For those interested in further details, please send you request for the DVD.

Please click on the attached for handouts from the presentation.

(1) Benzodiazepine harm: how can it be reduced? Malcolm Lader

Benzo and harm M Lader bcp4418.pdf

(2) Benzodiazepine Pharmacology and Central Nervous system – Mediated Effects. Charles E Griffin III, Adam M Kaye

Benzo pharmacology 1524-5012-13 2.pdf

(3) Benzodiazepines revisited – will we ever learn? Malcolm Lader

benz-when will we learn.pdf

HIGHLIGHT OF FUTURE SESSIONS

26th April (the day after ANZAC day), John Davison would lead a panel discussion on **" Case studies in cross cultural therapy : commonalities and differences in experience encountered by an ethnic -majority clinician and a minority one.** " Various scenarios and modification of techniques would be discussed.

At the end of May, we would have another panel session on case studies in the management of the refugee patient.

It is also hoped that we can invite Dr Macfarlane to chair another panel discussion on management of a range of commonly encountered BZ misuse and abuse problems among Asian patients. This would cover examples such as how to motivate and manage those who are reluctant to undergo withdrawal and those on multiple BZ use.

Please look out for the flyers.

On behalf of the Group, I look forward to seeing you all.

Yours sincerely

Sai Wong

Cross Cultural Interest group.

For a more accurate rendition of the presentation, ***please request the DVD*** *from Diane Evans at dianee@adhb.govt.nz (please send $2 stamps to help cover costs). Post stamps to ADHB CMHS, Cross Culture, Bldg 7, Level 4, GCC, Greenlane, 1051.*

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link:
http://adhbintranet/Mental_Health/Resources/CrossCulture.htm