Exploring chronic sedative-hypnotic prescribing in a community mental health clinic

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Background

- There is growing consensus against the chronic use of sedative-hypnotics due to concerns of abuse and dependence, memory impairment, decreased cognitive functioning, respiratory depression, rebound insomnia, falls, and withdrawal symptoms
- Concerns about sedative-hypnotics have led medical organizations to develop guidelines that discourage their use
- San Francisco County's Community Behavioral Health System (CBHS) recently implemented a multi-modal intervention designed to decrease chronic sedative-hypnotic prescriptions
- Following this intervention, chronic sedative-hypnotic prescriptions for severely mentally ill patients served across the county's CBHS clinics decreased from 15.3% (1,746) to 9.8% (1,108)
- Analysis of these results showed no significant differences in the rate of chronic sedative-hypnotic prescriptions by patients' gender, race, or diagnoses
- A more detailed exploration of of these results can be used to inform future practices and recommendations both for our system and for others interested in replicating our approach

Objectives

- To identify factors associated with those patients who remain on chronic sedative-hypnotic prescriptions in one county clinic following a systemic effort to reduce this practice
- To inform best practices related to the prescribing of sedative-hypnotics in a county-based system of specialty mental health care serving a low-income, diverse patient population with severe mental illness

Methods

- Retrospective cohort study
- Subjects: all patients seen at Mission Mental Health, a specialty mental clinic in San Francisco, who were prescribed chronic (60/90 days) sedative-hypnotic medications during the first 3 quarters of 2016
- Data abstracted from EMR
- We collected basic demographic information as well as the presence of specific symptoms, historical factors, and secondary diagnoses
- We used descriptive statistics to examine cross-sectional data
- Qualitative data was collected from quotes in progress notes as well as group interview with clinic providers

Table 1: Demographics (N= 58)

Age	**% (N)**
26-40	10% (6)
41-55	45% (26)
56-70	41% (24)
71-85	3% (2)
Race/Ethnicity	
White	22% (13)
Black	19% (11)
Hispanic/Latino	50% (29)
Asian	2% (1)
Other	7% (4)
Primary Language	
English	67% (39)
Spanish	31% (18)
Other	2% (1)
Gender	
Male	52% (28)
Female	48% (30)

Table 2: Psychiatric Diagnoses and Symptoms

Primary Diagnosis	**% (N)**
Schizophrenia/Psychosis	52% (30)
Bipolar Disorder	9% (5)
Depression	29% (17)
Anxiety Disorders (including PTSD)	10% (6)
Active Substance Use	
Alcohol	5% (3)
Polysubstance	2% (1)
History of Trauma	52% (30)
Past Suicide Attempts	31% (18)
Symptoms	
Anxiety	55% (32)
Insomnia	53% (31)
Auditory Hallucinations	43% (25)
Paranoid Ideation	41% (24)
Panic Attacks	17% (10)
Suicidal Ideation	15% (9)
Mention of Personality Disorder	10% (6)

Qualitative data:

- Among providers, there was consensus of agreement with the city's guidelines
- Primary reasons for continuing chronic scripts were the following:
  - Patient resistance to taper/ discontinuation
    - Often due to personality disorder (usually not documented)
    - Prescriber bargains to maintain treatment alliance
  - "Brittle" patients with severe symptom load
  - Hospitalization with reversal of previous taper.
- Providers expressed gratefulness for the guidelines as they gave them an "out" from pressure to prescribe by patients, often with implicit threat of legal action— "I feel like the city is backing me up."

From the providers:

- *"Declines to have her Klonopin decreased because it helps with her anxiety though she notes it significantly slows down her thought process and makes her inattentive and forgetful."*
- *"The big difference was whether they agreed with the idea."*
- *"We reviewed the risks of her benzodiazepine use and she is concerned about her ability to sleep as she has tried to lower the dose before."*

From the patients:

- *The one medication that helps me is the clonazepam."*
- *"It's been hell without my Ativan."*
- *"In the hospital they ended my taper."*

Results

- Diverse sample of 58 patients with SMI were prescribed chronic sedative-hypnotics during study period
- Majority (52%) had some type of Psychotic Disorder as their primary psychiatric diagnosis
- Many patients had a history of past trauma (52%) and past suicide attempts (31%)
- Rates of active substance use were low (7%)
- Majority had ongoing symptoms of anxiety (55%) or insomnia (53%)
- Demographics, primary psychiatric diagnosis, past trauma/suicide attempts, and current symptoms were not associated with whether or not a taper was documented or planned
- Most charts did not include documentation of current or planned taper

Discussion

- One reason providers may continue chronic sedative-hypnotic prescriptions is due to patient resistance to change rather than clinical assessment of need.
- Along these lines, future efforts to reduce chronic scripts could include increased campaigns aimed at patient education about risks of long-term use.
- Reversal of a taper during inpatient hospitalization is a systems issue that deserves its own focused attention.

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