

Driving Advice with Prescription of Benzodiazepines and Z-drugs

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Dear Sir,

Benzodiazepines and Z-drugs are prescribed for indications including anxiety, sleep disturbance and management of alcohol withdrawal.¹ The DRUID project of the European Union included a meta-analysis of six hundred and five papers assessing the impact of various prescription and illicit drugs on driving.² Benzodiazepines and Z-drugs were found to impair driving, without subjective feelings of reduced alertness or drowsiness.² Benzodiazepines are detected by the Garda oral fluid preliminary test and subsequent blood or urine testing.³ If a driver was found to be driving under the influence of medications and impaired as a result, they can be convicted, fined up to five thousand euro, banned from driving and/or imprisoned.³

This audit aimed to improve rates of documentation of driving advice in Park Medical Practice, Killarney, Co. Kerry in relation to prescriptions of benzodiazepines and Z-drugs. A standard was set that a note should be made that the patient was advised not to drive or documented as not driving in relation to at least 80% of prescriptions of these medications.

A search was performed of all patient records in Park Medical Practice (via HealthOne database queries) from 1/3/2018 to 30/6/2018 to identify all prescriptions of oral benzodiazepines and Z-drugs in adult patients. Nursing home patients were excluded. The records were examined to check if a note about driving advice (or that the patient did not drive) had been made regarding a prescription of a benzodiazepine or Z-drug or within the year prior to the prescription being issued (some patients may previously have been advised re: driving).

Education was provided to all doctors in the practice. The consultation template was modified to include a field to document driving advice and act as a reminder.

The audit was then repeated from 1/10/2018 to 31/1/2019 as per the first interval.

Total prescriptions were counted and rates of documentation were calculated per prescription. The chi-square test was used to assess for statistically significant difference between intervals.

In the first interval ninety-one prescriptions were counted in relation to sixty-five patients. Eleven additional prescriptions in relation to five nursing home patients were excluded. Nineteen (20.21%) prescriptions had documentation of driving advice.

In the second interval one hundred and thirty-six prescriptions for benzodiazepines and Z-drugs were counted in relation to sixty-nine patients. Prescriptions for three additional nursing home residents were excluded. Forty-six prescriptions (33.82%) had documentation of driving advice.

There was a 13.61% (p=0.026, CI 1.66%-24.45%) absolute increase in driving advice/non-driver documentation between the first and second interval.

In this audit we see a modest but statistically significant increase in rates of documentation following the intervention. However the intervention was not sufficient to bring the rate of documentation to the standard of 80%.

Reasons for this may include time pressures affecting the overall detail of the notes and focus on other significant side of effects of these medications including dependence and falls risk. An additional education intervention addressing clarity of documentation may bring the rate closer to the applied standard.

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