Benzodiazepine prescribing: A qualitative cross-national comparative pilot between Australia and South Africa

Therése Kainz1 and Ilse Truter2

1 College of Medicine and Dentistry, James Cook University, Townsville, Queensland, Australia; 2 Drug Utilisation Research Unit (DURU), Department of Pharmacy, Nelson Mandela Metropolitan University, Port Elizabeth, South Africa

BACKGROUND TO THE STUDY

Benzodiazepines have anxiolytic, sedative, hypnotic and muscle-relaxant effects and are used to treat anxiety, panic and sleep disorders. They may result in an altered mental state, including euphoria, resulting in misuse and abuse. Misuse includes pharmacological dependence, especially when used for more than one month. Drugs with a shorter half-life are associated with more severe withdrawal symptoms and dependence, although symptoms vary between patients.1

Abuse includes behavior that accompanies physiological dependence,2 and includes drug-dispensation for illicit purposes. Legal restrictions on prescribing and dispensing limit misuse and abuse. Legal restrictions on prescribing and dispensing limit misuse and abuse. Withdrawal symptoms and dependence2, although symptoms vary between patients.3

LIMITATIONS OF THE STUDY

South African database: Only data of patients sensed by the private health care sector in South Africa were included in the study and no clinical information or diagnosis were available.

Australian database: Only data from those participating pharmacies were included in this pilot study.

RESULTS AND DISCUSSION

Demographic information of patients

South Africa: In 2010 and 2011, a total of 71 390 prescriptions for benzodiazepines and benzodiazepine-related drugs were dispensed to 16 601 patients. In Australia, in 2010, a total of 34 966 benzodiazepine prescriptions were dispensed to 10 556 patients of which 40.44% were males.

The medium-acting benzodiazepine bromazepam was dispensed 65 times more frequently in South Africa than in Australia. This is most likely due to restrictions on its use in South Africa, as its subsidised use is limited to patients with terminal disease or refractory phobic or anxiety states.

Benzodiazepines are Schedule 5 medicines in Australia. In general, benzodiazepines are low-risk drugs and are not known to be subject to misuse in Australia.15 The findings support those of other studies: in Cape Town, benzodiazepines are the most widely prescribed benzodiazepines, and they are known to be subject to misuse in Australia.16

There are differences in benzodiazepine dispensing patterns between South African data and data from the experimental Australian sites; these differences may have been influenced by local administrative, financial or therapeutic restrictions.

CONCLUSIONS AND RECOMMENDATIONS

There are more differences in benzodiazepine dispensing patterns between South African data and data from the experimental Australian sites; these differences may have been influenced by local administrative, financial or therapeutic restrictions.

Benzodiazepine prescribing may influence intentional and unintentional misuse and, ultimately, abuse. Although serum is difficult to prove in studies conducted on databases, medicines usage studies are an important tool that can be used to monitor for potential misuse.

Studies in cross-national trends may play a role in identifying potential drug misuse and future comparative studies with Australia and other countries may yield important results. The length of therapy, dosage and, where possible, information for use are aspects that could be investigated.

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REFERENCES


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