

PRESCRIPTION OF HYPNOTIC DRUGS DURING HOSPITAL STAY: AN EPIDEMIOLOGICAL STUDY IN A SWISS REGIONAL HOSPITAL

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Background and Objective: Hypnotics have been associated with many adverse effects, such as drowsiness, delirium, falls and dizziness, especially in the elderly population. Moreover, chronic use can cause decreased cognitive performance and addiction. A regional prevention campaign "Hypnotics? Not necessarily needed" conducted in the Canton of Vaud, focused on this topic. This study aims to describe introduction and discharge prescription of hypnotic drugs during stay in an internal medicine ward.

Method: The study took place in a 70 bed internal medicine department of a Swiss regional hospital for a period of 3 months. Exclusion criteria were: less than 18 years old, hospital stay for less than 24 hours, lack of discernment, patient refusing to participate to the study and not understanding or speaking French. Demographic data (age, gender, diagnosis, comorbidity) and medication data (chronic use of hypnotics, new prescription of hypnotics, day of prescription, drug-related problems, and administrative data) were collected.

Results: 290 patients were included. Among these, 73% were over 65 years old and 58% were women. 34% (n=98) were chronically using hypnotics before hospital stay and 44% (n=128) had a prescription for hypnotics after hospital stay. Hypnotic medications were introduced in 37% (n=108) of patients and 68% of hypnotics were prescribed to be used "as needed". Half (52%) of hypnotics were prescribed during the first 24 hours of hospital stay and 76% of these introductions were not reassessed during hospital stay. Drugs introduced were: benzodiazepines (47%), clomethiazole (32%), benzodiazepine related drugs (11%; zolpidem, zopiclone) and other hypnotics (10%; herbal drugs, melatonin, antidepressants and antipsychotics). Different hypnotics were used depending on age: lorazepam for people less than 65 years old, and clomethiazole for more than 65 years old. Drug-related problems were detected in 76% of new hypnotic prescriptions. Drug-drug interactions concerned 90% of these: 87% pharmacodynamic (mutual increase of adverse reactions) and 13% pharmacokinetic (impact on drug disposition). After hospital stay, 37% (n=40) of the patients had a new hypnotic drug on their discharge prescription compared to their preadmission treatment.

Conclusion: Initiation of a hypnotic drug was recorded in 37% of hospitalized patients. Most of the time, physicians reassessed the new hypnotic on discharge prescriptions and one-third of hypnotics were kept at the end of the hospital stay. These prescriptions may generate chronic use and expose patients to drug-related problems (adverse effects and interactions).

Disclosure of Interest: None

Ethical approval: Yes

Key words: hypnotics, clomethiazole, benzodiazepines, drug-related problems, discharge prescription, hospital, prescription