



Policy on prescribing of benzodiazepine and related medications

For fear of flying, dental work, scans or other investigations

Background

Benzodiazepines (e.g. diazepam, lorazepam, Temazepam, clonazepam) are drugs which have been in use since the 1960s for treatment of a wide range of conditions including alcohol withdrawal, anxiety, epilepsy, sleep disturbance and muscle spasms.

As well as having short term effects on memory, co-ordination, concentration and reaction times, they are also addictive and withdrawal can lead to seizures, hallucinations, agitation and confusion.

Unfortunately benzodiazepines have also become a widely used drug of abuse.

Because of these reasons the use of benzodiazepines has been much more controlled and in the UK is a class c/Schedule IV controlled drug. This means there are restrictions as to when and how much can be prescribed.

Policy decision

People often come to us requesting the GP to prescribe diazepam for fear of flying or to assist with sleep during flights. There are a number of good reasons why prescribing this drug in this situation is not recommended and as such LMG will no longer continue to prescribe benzodiazepines for this purpose.

Reasons

1. According to prescribing guidelines which GPs follow (British National Formulary "BNF") benzodiazepines are contraindicated (not allowed) in treating phobia. It also states that "the use of benzodiazepines to treat short-term mild anxiety is inappropriate". They are only licenced for short-term use for a crisis in generalised anxiety (flight phobia is not a generalised anxiety). If this is the case, you should be getting proper care and support for your mental health and not going on a flight. Your GP would be taking a significant legal risk by prescribing these against guidelines.
2. Diazepam is a sedative, which means it makes you more sleepy or relaxed. If there is an emergency during the flight it may impair your ability to concentrate, follow instructions and react to the situation. This could have serious safety consequences for you and those around you.
3. Sedative drugs can make you fall asleep, however when you do sleep it is an unnatural non-REM sleep. This means you won't move around as much as you

would during natural sleep. This can cause you to be at increased risk of developing a blood clot in the leg (deep vein thrombosis “DVT”) or even the lung (pulmonary embolism “PE”). Blood clots are very dangerous and even prove fatal. This risk is even greater if your flights is greater than 4 hours.

4. Whilst most people find diazepam sedating, a small number of people have paradoxical (unexpectedly inconsistent) agitation and increased aggression. They can cause disinhibition and lead you to behave in a way which you would not normally. This could impact on your safety as well as that of those around you. There has been a recent case of a passenger in this situation who was arrested and subsequently given jail time for this reason.
5. Diazepam and similar drugs are illegal in certain countries. They may be confiscated or you could find yourself in trouble with the police.
6. Diazepam stays in your system for a while. If your job requires you to submit to random drug testing you may fail this if you have taken diazepam.

What you can do

We appreciate that your fear of flying is very real and very frightening. A much better approach to managing this is to consider attending a Fear of Flying course run by the airlines. We have listed a number of these below:

Easyjet: <http://fearlessflyer.easyjet.com>

British Airways: <http://www.flyingwithconfidence.com>

Virgin: <https://flywith.virginatlantic.com/in/en/on-the-flight/wellbeing-and-health/flying-without-fear.html>

Alternatively you could contact your local psychological therapy provider for consideration of Cognitive Behavioural Therapy (CBT).

Those who still wish to consider diazepam for fear of flying are advised to consult with a private GP or travel clinic, who may be able to assist you.

Other situations

We also do not provide diazepam prescriptions in other situations, for example for dental procedures or prior to scans or hospital procedures. Responsibility to prescribe this treatment does not rest with your GP.

If this is required, we advise you to contact your dentist or the person who requested your hospital scan or procedure to discuss with them further. They may prescribe for you if felt appropriate.

References

https://www.rcr.ac.uk/system/files/publication/field_files/bfcr182_safe_sedation.pdf

“Safe and effective analgesia and sedation should be delivered by an appropriately trained and credentialed team with good access to anaesthetics, pre-procedure assessment, sedation plan and checklist, with appropriate monitoring and availability of resuscitation equipment and reversal agents”

<https://www.saad.org.uk/IACSD%202020.pdf>

“The monitoring and discharge requirements for oral sedation are the same as for intravenous sedation. Oral sedation must only be administered in the place where the dental treatment is provided and must only be carried out by practitioners who are already competent in intravenous sedation”