

Medicines Optimisation Position Statement

Position Statement	Benzodiazepines and anxiolytics/hypnotics for jet lag, flight anxiety, anxiety related to dental procedures or claustrophobia related to diagnostic scanners (e.g. MRI or CT) or procedures
Position Statement number	004
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Key Principles

- Benzodiazepines are indicated for the short-term relief (two to four weeks only) of anxiety that is severe, disabling, or causing the patient unacceptable distress, occurring alone or in association with insomnia or short-term psychosomatic, organic, or psychotic illnessⁱ.
- Benzodiazepines should no longer be used to treat insomnia. Refer to Frimley Formulary for recommended non-pharmacological and pharmacological options.
- The use of benzodiazepines to treat short-term ‘mild’ anxiety is inappropriate.
- Hypnotics should be reserved for short courses in the acutely distressed.
- Prescribing or providing medicines or appliances on NHS prescription, which a patient requires solely in anticipation of the onset of an ailment while outside the UK but for which the person is not requiring treatment when the medicine is prescribed is not allowed.

Flight anxiety

For patient safety reasons, prescribers should not prescribe sedating drugs such as benzodiazepines for the use of treating “fear of flying”.

- The British National Formulary states that “the use of benzodiazepines to treat short-term ‘mild’ anxiety is inappropriate”.
- Although emergencies in the air are a rare occurrence, there are concerns that the reduced awareness and reaction times of people taking a benzodiazepine would pose a risk if they are not able to act in a manner which could save their life in the event of an onboard emergency such as one necessitating evacuation.
- There are concerns about paradoxical agitation; a person taking a benzodiazepine becomes unexpectedly more agitated and violent, which can pose a risk on the plane. A similar effect can be seen with alcohol, which has led to people being removed from flights.
- Benzodiazepines are not recommended for people with phobic states (and could lead to the phobia worsening with repeated use). A study published in 1997 from the Stanford University School of Medicineⁱⁱ showed that there is evidence that use of benzodiazepines stops the normal adjustment response

that would gradually lessen anxiety over time and therefore perpetuates and may increase anxiety in the long term, especially if used repeatedly.

- The sedating effects can reduce respiratory function which has the potential to be life threatening, particularly if combined with alcohol. This risk has the potential to be further heightened by the effects of the lower oxygen environment when flying at altitude
- The use of benzodiazepines has the potential to increase the risk of deep vein thrombosis due to reduced movement.
- For some countries it is illegal to import benzodiazepines and so the passenger will need to use a different strategy for the homeward bound journey and / or any subsequent legs of the journey.
- The aviation industry recommends flight anxiety courses for people with fear of flying. These are run by several major airlines and sometimes by local airportsⁱⁱⁱ.

Short-term treatment of jet lag in adults

Prescribing benzodiazepines and hypnotics for jet lag is inappropriate, not in line with prescribing principles and is strongly discouraged. Melatonin preparations licensed for jet lag are now available and may be prescribed privately.

Treatment for flight anxiety and jetlag does not come under the remit of General Medical Services^{iv} within the GP contract. Patients who wish to take benzodiazepines or hypnotics for flight anxiety or jetlag or melatonin for jet lag will need to consult with a GP privately or attend a travel clinic.

Anxiety and claustrophobia related to diagnostic scanners and clinical procedures

Anxiety and claustrophobia related to diagnostic scanners and clinical procedures

A prescription for an anxiolytic intended for use prior to a diagnostic scan or clinical procedure should come from the referring clinician, as this is where the appropriate risk benefit assessment has been made and taking into account past medical history and current medical conditions. It also ensures that the medication can be supplied and taken in time for the effect to start prior to the procedure. The staff undertaking the procedure/scan will be familiar and competent in caring for patients receiving anxiolytics. Services that refer people for scans or clinical procedures will need to ensure they have processes in place to be able to prescribe anxiolytics when required.

Anxiety related to dental procedures

The assessment and management of anxiety related to dental procedures should be undertaken within a dental service. NHS England Clinical guide for dental anxiety management (January 2023) [NHS England » Clinical guide for dental anxiety management](#) describes anxiety assessment and management techniques for patients undergoing dental treatment in community and primary care.

ⁱ NICE Hypnotics and anxiolytics: <https://bnf.nice.org.uk/treatment-summary/hypnotics-and-anxiolytics.html>

ⁱⁱ Acute and delayed effects of Alprazolam on flight phobias during exposure. <https://ebmh.bmj.com/content/ebmental/1/2/47.full.pdf>

ⁱⁱⁱ British Airways: <https://www.britishairways.com/en-gb/information/travel-assistance/flying-with-confidence>
Virgin Airways: <https://www.flyingwithoutfear.co.uk/>

^{iv} Department of Health. The National Health Service Standard General Medical Services Contract. <https://www.gov.uk/government/publications/standard-general-medical-services-contract>