RATIONAL RESPONSE REPORT:
REFERENCE LIST

TITLE: Discontinuation Strategies for Patients with Long-term Z-drug Use: Clinical Evidence and Guidelines

DATE: 26 January 2015

RESEARCH QUESTIONS

1. What is the clinical evidence regarding strategies to safely and effectively discontinue adult patients from long-term z-drug use?

2. What are the evidence-based guidelines regarding discontinuation of long-term z-drug use?

KEY FINDINGS

One randomized controlled trial and three non-randomized studies were identified regarding discontinuation strategies for patients with z-drug use.

METHODS

A limited literature search was conducted on key resources including PubMed, Ovid Embase, The Cochrane Library (2015, Issue 1), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. In Embase, a focused search (with main concepts appearing in major subject heading, title, or abstract) was conducted. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and January 20, 2015, year. Internet links were provided, where available.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.
Table 1: Selection Criteria

<table>
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<tr>
<th>Population</th>
<th>Adults in a community (out-patient) setting with long term (&gt;1 months) zopiclone, zolpidem, eszopiclone, or zaleplon (z-drug) use (frequent and infrequent users)</th>
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| Intervention | • Interventions to promote the discontinuation of zopiclone, zolpidem, eszopiclone, or zaleplon use  
• Interventions to manage withdrawal symptoms when discontinuing zopiclone, zolpidem, eszopiclone, or zaleplon |
| Comparator | • Standard approaches, such as abrupt or gradual withdrawal alone, to assist with zopiclone, zolpidem, eszopiclone, or zaleplon discontinuation and/or withdrawal symptom management |
| Outcomes | • Effectiveness of interventions to discontinue zopiclone, zolpidem, eszopiclone, or zaleplon  
• Effectiveness of withdrawal symptom management |
| Study Designs | Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines |

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One randomized controlled trial and three non-randomized studies were identified regarding discontinuation strategies for patients with z-drug use. No health technology assessments, systematic reviews, meta-analyses, or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
No literature identified.

Randomized Controlled Trials


Non-Randomized Studies


Guidelines and Recommendations
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Non-Randomized Studies

Alternative Outcomes


Case Studies


An elderly female patient with Zolpidem dependence, who was successfully detoxified using Gabapentin is reported. Gabapentin may be considered as an alternative in the detoxification of non-benzodiazepine hypnotics.


Clinical Practice Guidelines – Uncertain Methodology

See: Z-drug Withdrawal, page 5
See: ‘Z’ Drug Withdrawal, page 12
     Strategies for withdrawal, page 12