

**Patient unaware that addiction to  
benzodiazepines could develop in a few weeks  
(00HDC11568, 13 December 2001)**

*General practitioner ~ Mental illness ~ Standard of care ~ Co-operation among providers ~ Information about treatment options ~ Medication management ~ Side effects ~ Follow-up care ~ Patient responsibility ~ Rights 4(1), 4(5), 6(1)(a), 6(1)(b)*

A complaint was made about the services provided by three general practitioners. The 27-year-old male patient complained that the first GP did not advise that he could become addicted to lorazepam, a benzodiazepine, within four weeks, or that Aropax, an antidepressant, can initially increase anxiety. The Commissioner held that the GP breached Right 6(1)(b), as the patient should have been warned of potential pitfalls, including the possibility of dependence in the short term, even if the risk was low. However, the GP had no obligation to advise the patient of any risk of increased anxiety when starting Aropax.

The patient also complained that the GP did not tell him about different types of antidepressants and their side effects. However, it was not necessary to present the patient with a list of antidepressants and ask his preference. It was also considered reasonable that the GP had not referred him for further assessment, as only a small percentage of patients who have not responded after six weeks will require referral. The GP also made appropriate arrangements to see the patient on an urgent basis.

The decision of the second GP to prescribe a second two-week supply of lorazepam was considered reasonable, as it was based on the patient's reported relief, his confirmation that he would be reviewed in two weeks' time, and a determination that there was nothing to suggest addiction. Likewise, it was reasonable not to make a specialist referral at this early stage or any arrangement for follow-up, as the patient had an appointment in two weeks' time. However, the GP subsequently breached Right 4(1) when, despite a recommendation from Psychiatric Services that no sedatives be prescribed, he prescribed a further five days' supply of lorazepam and Imovane (an anxiolytic to help sleep) to tide the patient over until he received specialist care.

The complaint against the third GP was that he did not read the patient's notes in detail and did not take the benzodiazepine addiction seriously. However, there was no evidence to support this complaint. The GP realised that he could not stop the benzodiazepine at short notice, so had no choice but to continue the prescription until other providers could treat the addiction.

The Commissioner commented on continuity of care in a GP practice, noting that it is preferable for a patient with difficult and sensitive problems to be seen by his usual doctor. If the patient wishes to see another doctor, this should alert staff to ask for an explanation. In this case the patient had to accept some responsibility for his failure to take his medication as prescribed, his abuse of alcohol, and his drug-seeking behaviour.