

## Why we don't prescribe diazepam for flying anymore

The rules of sedative hypnotics prescribed for use on flights outside of the UK have changed. They are no longer recommended and carry a significant legal liability for the prescriber.

The reasons are listed below by the Aeronautical Examiners at the Civil Aviation Authority

1. The use of any sort of CNS depressants causes longer reaction times and slowed thinking, which during a flight will put the passenger at significant risk of not being able to act in a manner which could save their life in the event of a safety critical incident (& there will be no-one else to do it for them - cabin crew are there to guide them & not do it for them) - incapacitation from CNS depressants is a risk to the lives of all onboard the aircraft in the event of an emergency requiring evacuation (compare the outcomes of BA2276 on 080915 vs BA28M on 220885);
2. the use of any sort of CNS depressants has potential to increase the risk of Deep Vein Thrombosis. These drugs can induce non-REM sleep which tends to be of a type where the person does not move in their sleep, and therefore increases the possibility of sitting without moving for more than 4 hrs (the amount of time which has been shown to increase the risk of developing DVT whether in an aeroplane or elsewhere).
3. the sedating effects have the possibility of causing some respiratory depression, resulting in a drop in O<sub>2</sub> sats. Normal sats for a healthy person at 8000ft are around 90%, so with the 2 effects added together, this may become significant
4. A paradoxical increase in aggression may be reported by patients taking benzodiazepines (see BNF) and therefore has potential to put other occupants of the aircraft at risk
5. Reduced inhibitions may put other occupants of the aircraft at risk, or more significant consequences such as ending up in criminal proceedings. (<https://www.manchestereveningnews.co.uk/news/greater-manchester-news/mum-lost-control-duty-free-17679305>)
6. CNS depressants in addition to alcohol consumption causes an increase in the risk posed by many of the points above, and many (nervous) flyers will consume alcohol in the terminal before boarding & during their flight, despite any advice that you may give to do otherwise
7. Benzodiazepines (eg. Diazepam) are contraindicated in phobic states (see BNF)
8. It is illegal to import these drugs to some countries, eg in the Middle East, and so the passenger will need to use a different strategy for the homeward bound journey and / or any subsequent legs of the journey;
9. Standard GP indemnity does not cover you for treatment initiated outside the UK, so you would only be covered for doses to be taken on journeys starting in the UK
10. NICE guidelines suggest that medication should not be used for mild & self limiting mental health disorders; in more significant anxiety related states - benzodiazepines, sedating antihistamines or antipsychotics should not be prescribed; Benzodiazepines are only advised for the short term use for a crisis in generalised anxiety disorder, ie acute anxiety emergencies & if this is the case, they would not be fit to fly anyway (potential risk to being able to allow completion of the flight without diversion) & fear of flying in isolation is not generalised anxiety disorder.

In the longer run they also carry the risk of

- risk of addiction

- possible risk of early dementia in benzodiazepines users (though currently unclear if this risk is in regular users only, or includes occasional users)

There are plenty of good quality fear of flying courses available in the UK which are easily accessible by those who wish to fly & conquer their fear of flying, eg:

<https://fearlessflyer.easyjet.com/>

<http://flyingwithconfidence.com/>

<https://www.flyingwithoutfear.co.uk/>