recurrent stroke or TIA did not differ between the intensive and guideline therapy groups, 93 (6%) vs 105 (7%); odds ratio (OR) 0·90 (95% CI: 0·67-1·20; P = 0·47). However, importantly, intensive antiplatelet therapy was associated with not only a greater incidence of bleeding but also more severe bleeding; OR 2·54 (95% CI: 2·05-3·16; P < 0·0001). Hence, the trial was stopped early on the recommendation of the data monitoring committee.

The greatest risk of further cerebral events following an ischaemic stroke or TIA occurs immediately after the index event and then declines in the coming weeks. Trials have shown that aspirin reduces this risk and dual antiplatelet therapy reduces it further. The TARDIS trial set out to investigate if triple antiplatelet therapy could reduce this risk even further while maintaining an acceptable level of side effects.

The authors concluded that among patients with recent cerebral ischaemia, intensive antiplatelet therapy with three agents did not reduce the incidence and severity of recurrent stroke or TIA, but did significantly increase the risk of major bleeding. As such they advised that triple antiplatelet therapy should not be used in this setting in routine clinical practice.

DR PETER SAVILL

Bath PM, Woodhouse LJ, Appleton JP et al. Antiplatelet therapy with aspirin, clopidogrel, and dipyridamole versus clopidogrel alone or aspirin and dipyridamole in patients with acute cerebral ischaemia (TARDIS): a randomised, open-label, phase 3 superiority trial. *Lancet* http://dx.doi.org/10.1016/S0140-6736(17)32849-0

Addiction

Benzodiazepines and Z-drugs are being widely used long term

A UK primary care survey has found that many patients are taking benzodiazepines or Z-drugs, recommended for short-term use, for at least a year.

Information was obtained from a survey carried out in general practices »



in Bradford in 2014-15. Using the NHS patient record system (SystmOne) data were extracted on patients, aged 16-80 years, at each participating practice who were prescribed benzodiazepines or Z-drugs (e.g. zopiclone, zolpidem and zaleplon) and the number of those patients taking these drugs long-term i.e. for 12 months or more. The BNF recommends that these drugs should be used short-term i.e. for 2-4 weeks.

Individuals who were unwell at the time of the survey, patients with epilepsy, those receiving palliative care and patients with severe and enduring mental health conditions were excluded.

There were 97,798 patients registered with the participating practices. The mean percentage of patients aged between 16 and 80 years old receiving a long-term benzodiazepine or Z-drug was 0.69% (95% CI: 0.54-0.84%).

A limitation to this study is the fact that the sample was taken from only one geographical area in the north of England, although it did include both urban and semi-rural practices, and the results may not be applicable to other parts of the country. However, if this figure is extrapolated to the UK population it yields a projection of more than a quarter of a million (296,929) long-term benzodiazepine or Z-drug users.

Benzodiazepines and Z-drugs are anxiolytic/hypnotic drugs that work by enhancing the activity of GABA at the $GABA_A$ receptor. They are licensed for the short-term relief of severe anxiety and insomnia. Uninterrupted use for longer than four weeks is not recommended as there are associated long-term adverse cognitive and physical effects together with the potential for addiction which may result in protracted withdrawal lasting between 6 and 18 months after the last dose. Some sources have identified residual effects of long-term use, such as tinnitus, lasting for years.

The study also identified the percentage of long-term users who were willing to accept assistance in addressing their drug use. Overall 43% of long-term users said they would consent to support from a local substance use service.

This study suggests there are large numbers of patients in receipt of long-term prescribing for benzodiazepines or Z-drugs in the UK, of whom many would be willing to accept help to address this.

The study authors recommend that benzodiazepine and Z-drug prescribing levels should be reduced 'by ensuring adherence to existing guidelines for prescribing and withdrawal.'

DR JEZ THOMPSON

Davies J, Rae TC, Montagu L. Long-term benzodiazepine and Z-drugs use in the UK: a survey of general practice. *Br J Gen Pract* 2017; DOI: https://doi.org/10.3399/bjgp17X691865

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