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LINCOLN

PATIENT EXPERIENCES AND PERCEPTIONS OF RECEIVING BENZODIAZEPINES AND Z-DRUGS: LESSONS FOR SAFER PRESCRIBING

DR CORAL SIRDIFIELD

RESEARCH FELLOW

UNIVERSITY OF LINCOLN



BACKGROUND AND PREVIOUS RESEARCH

- Benzodiazepines and z-drugs are used to treat insomnia, anxiety and pain
- Only recommended for short-term use (often defined as up to 4 weeks)
- Previous research has demonstrated that:
 - Longer-term use is known to occur and can have adverse consequences
 - There is evidence of long-term use, particularly amongst those aged 65+ years
 - Different approaches to de-prescribing are being used, but there is more to learn about the factors that perpetuate use of benzodiazepines and z-drugs and how best to support safer prescribing
 - We had looked at the literature on this from the perspective of healthcare professionals, but not from the patient perspective



AIM

- To provide an overview of findings from a meta-synthesis of qualitative studies around patient experiences and perceptions of receiving these drugs

METHOD

- Searched 6 databases for studies published between January 2000 and April 2014 in a European language
- Studies needed to be conducted in Europe, the US, Australia or New Zealand
- Searched the reference lists of included papers
- Assessed study quality using the CASP
- Synthesised findings from the study using thematic synthesis in NVivo

FINDINGS

9 papers were included in the review

We created 7 themes organised around the patient journey:

- 1. Patients' negative perceptions of insomnia and its impact
- 2. Failed self-care strategies
- 3. Triggers to medical help-seeking
- 4. Attitudes towards treatment options and service provision
- 5. Varying patterns of use
- 6. Withdrawal
- 7. Reasons for initial or ongoing use

INFLUENCES ON INITIAL HELP-SEEKING

Theme 1: Negative perceptions

- Drawn from papers focusing on insomnia
- Patients had difficulty in falling asleep or staying asleep
- Perceived to impact negatively on quality of life
- Insomnia as root cause of other health problems/as perpetuated by other conditions

Theme 2: Failed self-care strategies

- Patients tried a range of self-care strategies prior to visiting a GP/other healthcare professional

TRIGGERS TO MEDICAL HELP- SEEKING

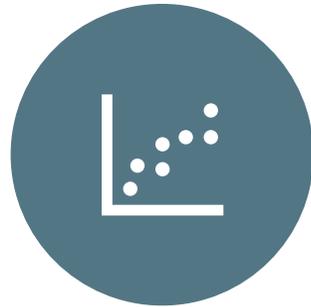
- When the problem is perceived to be severe
- When self-help appears to be ineffective
- Pressure from others/life events



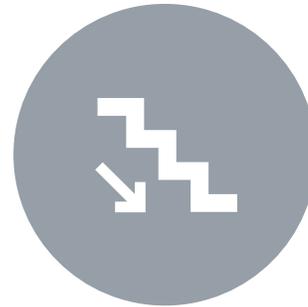
PERCEPTIONS AND EXPERIENCES OF TREATMENT



ATTITUDES TOWARDS
TREATMENT OPTIONS
AND SERVICE PROVISION



VARYING PATTERNS OF
USE



WITHDRAWAL



REASONS FOR INITIAL
OR ONGOING USE

STRATEGIES TO REDUCE MISUSE OF BZDS AND Z-DRUGS

Creation of educational resources

Make alternatives more widely available

Targeted conversations



HAVE THINGS MOVED FORWARD?

- Long-term use of benzodiazepines and z-drugs remains an issue
- Ongoing research into solutions:
 - Lynch, T. et al (2021) Brief interventions targeting long-term benzodiazepine and z-drug use in primary care: Systematic review and meta-analysis, *Addiction* - we know from trials that some interventions do make a difference, but we still need to learn more about why – underpinning theories around behaviour change
 - Oldenhof, E. et al (2019) Beyond Prescription Monitoring Programs: The Importance of Having the Conversation about Benzodiazepine Use, *Journal of Clinical Medicine*, 8, 10.3390/jcm8122143

REFERENCES

Paper published from the study

Sirdifield, C., Chipchase, SYC., Owen, S., and Siriwardena, A. (2016) A Systematic Review and Meta-Synthesis of Patients' Experiences and Perceptions of Seeking and Using Benzodiazepines and Z-Drugs: Towards Safer Prescribing, *The Patient – Patient Centered Outcomes Research*, 10(1): 1-15, doi: 10.1007zs40271-016-1082-z

Included papers

- Andrews et al. "I'd eat a bucket of nails if you told me it would help me sleep:" perceptions of insomnia and its treatment in patients with stable heart failure. *Heart Lung J Crit Care*. 2013;42(5):339–45.
- Anthierens et al. First benzodiazepine prescriptions: qualitative study of patients' perspectives. *Can Fam Physician*. 2007;53:1200–1.
- Canham et al. Perceptions of benzodiazepine dependence among women age 65 and older. *J Gerontol Soc Work*. 2014;57(8):872–88.
- Canham SL. What's loneliness got to do with it? Older women who use benzodiazepines. *Australas J Ageing*. 2015;34(1):E7–12.
- Cook et al. Older patient perspectives on long-term anxiolytic benzodiazepine use and discontinuation: A qualitative study. *J Gen Intern Med*. 2007;22(8):1094–100.
- Dollman et al. Managing insomnia in the elderly—what prevents us using non-drug options? *J Clin Pharm Ther*. 2003;28(6):485–91.
- Dyas et al. Patients' and clinicians' experiences of consultations in primary care for sleep problems and insomnia: a focus group study. *Br J Gen Pract*. 2010;60(574):e180–200.
- Kapadia et al. Developing primary care services for high-dose benzodiazepine-dependent patients: a consultation survey. *Drugs Educ Prev Policy*. 2007;14(5):429–42.
- Parr et al. Views of general practitioners and benzodiazepine users on benzodiazepines: a qualitative analysis. *Soc Sci Med*. 2006;62(5):1237–49.