



Barriers to discontinuation of benzodiazepines among nursing home residents

Dr Brian Meade



Declaration of Financial Interests or Relationships

Speaker Name: *Dr. Brian Meade*

I have no financial interests or relationships to disclose with regard to the subject matter of this presentation.



Scale of problem

- Most commonly prescribed psychotropic
- Rates from 5.2% to 16% general population
- 33% over 65 (including Z drugs)
- Nursing home residents 2-3 times more likely to receive a benzodiazepine or Z drug

References

Johnson et al Br J Gen Pract 2016;DOI:10.3399/BJGP 16X685213

Pantorno et al BMJ 2017;358:j2941 <http://dx.doi.org/10.1136/bmj.j2941>



Adverse Effects on NH Residents

- Increased falls
- Hip Fractures
- Worsening cognitive impairment
- Depressive symptoms / drowsiness
- Lack of proven continuous effectiveness

References:

Poyares D J Psychiatr Res 2004;38(3):327-34



Research on barriers

- 5 Nursing Homes Belgium
- Resident specific questionnaire 109 NH patients
- Questionnaire of both GP and nurse regarding cessation of Benzodiazepine and Z drugs
- Response rate 64%

Bourgeois J et al. *European Geriatric Medicine* 5 (2014) 181-187



Resident specific barriers

- Initial problems will return
- Increased care burden
- Unwanted withdrawal effects
- Resident will not be motivated
- Nursing staff will not be motivated
- Not indicated as long as resident functions well
- Too little knowledge of alternative strategies



Prescriber barriers

- Systematic review of 21 studies
- 18 focussed on primary care physicians
- 10 psychotropic drugs
- 13 patients over 65

Anderson K, et al. *BMJ Open* 2014;4:e006544,doi:10.1136/bmjopen-2014-006544

Schematic representation of barriers and enablers associated with each analytical and descriptive theme.

Enablers

Review, observation, audit & feedback

AWARENESS

Poor insight
Discrepant beliefs & practice

PRESCRIBER BEHAVIOUR

Devolve responsibility

PRESCRIBER BELIEFS/ATTITUDE

Fear of negative consequences of continuation
Positive attitude toward deprescribing
Stopping brings benefits

INERTIA

PRESCRIBER BELIEFS/ATTITUDE

Fear unknown/negative consequences of change
Drugs work, few side effects
Prescribing is kind, meets needs
Stopping is difficult, futile, has/will fail
Stopping is a lower priority issue

PRESCRIBER BEHAVIOUR

Devolve responsibility

INFORMATION/DECISION SUPPORT

Data to quantify benefits/harms
Dialogue with patients
Access to specialists

SKILLS/ATTITUDE

Confidence
Work experience, skills & training

SELF-EFFICACY

SKILLS/KNOWLEDGE

Skill/knowledge gaps

INFORMATION/INFLUENCERS

Lack of evidence
Incomplete clinical picture
Guidelines/specialists
Other Health Professionals (Aged care)

REGULATORY

Raise prescribing threshold
Monitoring by authorities

WORK PRACTICE

Stimulus to review

RESOURCES

Adequate reimbursement
Access to support services

PATIENT

Receptivity/motivation to change
Poor prognosis

FEASIBILITY

PATIENT

Ambivalence/resistance to change
Poor acceptance of alternatives
Difficult & intractable adverse circumstance
Discrepant goals to prescriber

RESOURCES

Time & Effort
Insufficient reimbursement
Limited availability of effective alternatives

WORK PRACTICE

Prescribe without review

MEDICAL CULTURE

Respect prescriber's right to autonomy & hierarchy

HEALTH BELIEFS AND CULTURE

Culture to prescribe more
Prescribing validates illness

REGULATORY

Quality measure driven care

Barriers

Kristen Anderson et al. *BMJ Open* 2014;4:e006544



Conclusion

- Benzodiazepine and Z drugs overused in Nursing Home Residents
- Significant barriers to change
- Good evidence that deprescribing is safe and effective
- More training and resources would help

Thank You

