A meta-synthesis of clinicians' experiences and perceptions of benzodiazepine prescribing: implications for the integration of health services

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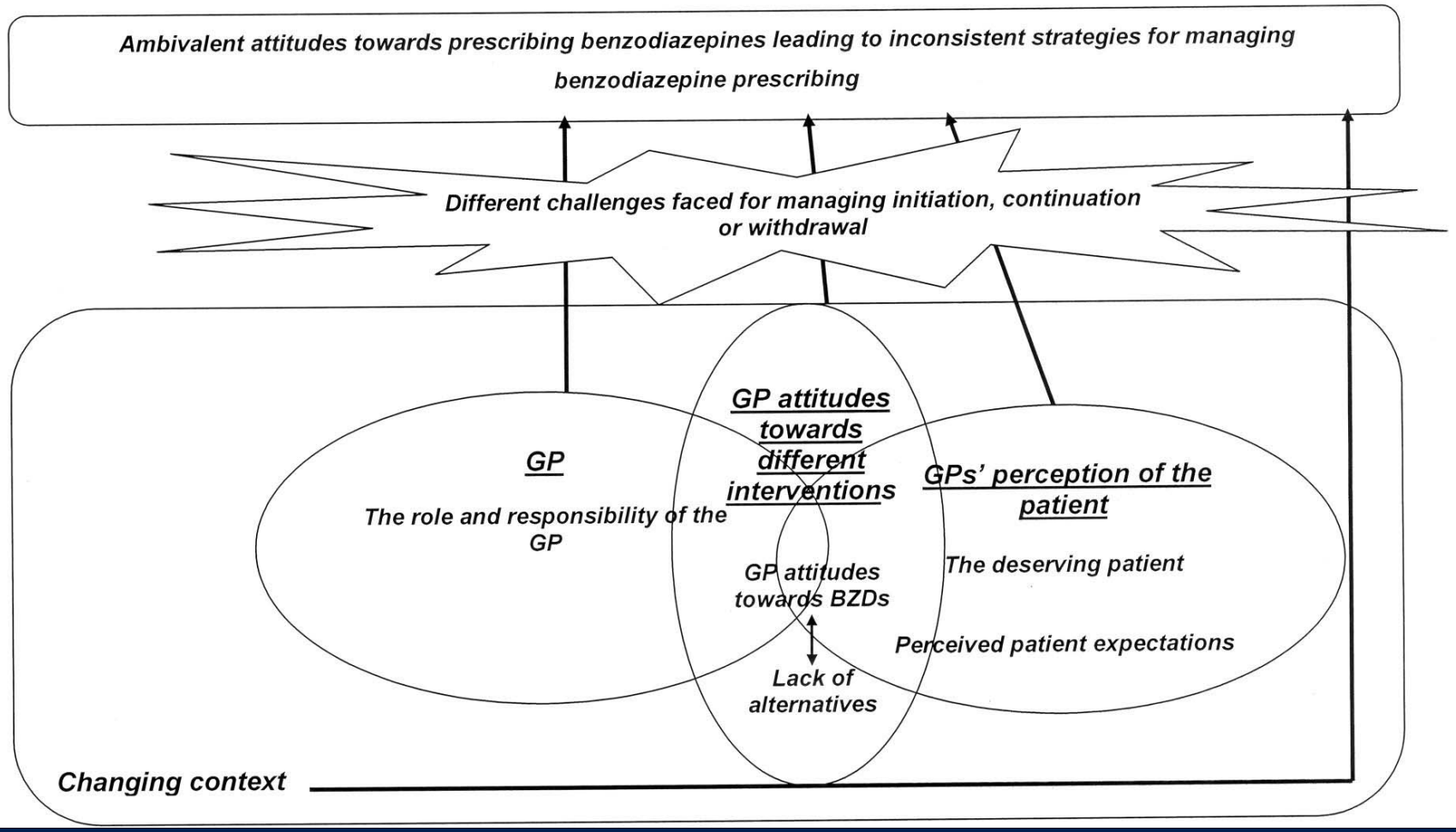
Research team

Background and methods

- Benzodiazepines widely prescribed
- Guidance recommends short-term use
- Systematic review and meta-synthesis exploring qualitative literature on clinicians' experiences and perceptions of benzodiazepine prescribing and how this influences prescribing practice
- Aimed to produce a model of processes underlying prescribing practices
- Data synthesised using the 'thematic synthesis' approach

Themes overview

- 7 core themes identified to produce an explanatory model.



Themes (1)

- **Changing context of BZD prescribing:** optimistic to cautious culture of prescribing; increasingly encounter patients who would previously have been treated in secondary care

- **Role and responsibility of the GP:** some GPs take on responsibility for 'correcting' past prescribing vs. others feel that adverse effects have been over-stated and/or blame others for initiating prescribing; tension between minimising prescribing and wanting to help patients

- **'Deserving patient':** need to justify giving or withholding a prescription; characteristics such as elderly, female, long-term users, multiple diseases, psychosocial problems, eliciting public sympathy

Themes (2)

- **Perceived patient expectations:** prescribing influenced by way doctors *perceived* both patient's expectations, and their motivation and ability to cope; often treatment option chosen is based on assumptions about the patient's preferences rather than direct discussion

- **GP attitudes towards different interventions:** treatment option GPs chose influenced by their attitudes towards and beliefs about different interventions; they expressed range of views on the nature of BZDs and had varying knowledge and perceptions of alternative treatments

- **Different challenges faced for managing initiation and withdrawal:** 'deserving patient' characteristics feed into both initiation and continuation of prescribing; may be specific barriers to withdrawal e.g. fear of loss of patients, previous failure at attempting withdrawal, perceived lack of valid alternatives (latter is also a reason for initiation)

Final theme

- **Ambivalent attitudes towards prescribing benzodiazepines leading to inconsistent management strategies for prescribing benzodiazepines:** combination of the factors described previously leads to ambivalent attitudes towards BZDs – continuum of prescribing; GPs develop ‘rules’ for prescribing e.g. minimal use/short-term use only/patient education/specific patient characteristics; but these are inconsistently applied

Recommendations

- Address knowledge deficits through increasing education and training for primary and secondary care doctors (particularly high prescribers)
- Ensure that GPs take responsibility for deciding whether or not to continue prescribing previously initiated in secondary care, improve communication between services
- Change attitudes towards, and understanding of, alternative types of treatment throughout the system
- Long-term increase availability and accessibility of alternatives, e.g. computerised cognitive behavioural therapy for insomnia

Thank-you for listening!

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www.restproject.org.uk