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GPs' experiences and perceptions of benzodiazepine prescribing in Western primary care settings: a systematic review and meta-synthesis

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Overview

- What are benzodiazepines?
- What do we know from previous research and what do we want to find out?
- Approach to meta-synthesis
- Core themes identified in the literature (explanatory framework/model)
- Recommendations

Background: What are BZDs and what is the research problem?

- Benzodiazepines are widely prescribed to treat conditions such as insomnia, anxiety and chronic back pain
- NICE guidance recommends that they should only be prescribed short-term
- However, we know that they are used long-term – **why?**

Previous Research

- Previous research has detailed variation in prescribing practice by:
 - Patient demographics
 - GP attributes
 - Different general practice structures
- Variation could also be explained by GPs' own experiences and perceptions – an area investigated in some qualitative studies

Aim

- To synthesise findings from qualitative studies exploring clinicians' experiences and perceptions of benzodiazepine prescribing
- To build an explanatory model of processes underlying benzodiazepine prescribing

Method

A meta-synthesis of relevant qualitative Research

- **Step 1:** Identification of relevant studies through a **systematic review** of the literature
 - Developed and applied a search across the following databases: MEDLINE, CINAHL, Social Science Citation Index, Science Citation Index, PsycINFO, Sociological Abstracts and AMED

Inclusion/Exclusion Criteria

- Studies assessed by two pairs of reviewers and needed to:
 - Use both qualitative data and analysis
 - Contain GP or nurse generated data on their experiences of prescribing benzodiazepines in Western primary care settings (European country/USA/ Australia/New Zealand)
 - Have been published between January 1990 and August 2011 in a European language

- **Step 2: Quality Assessment**

- The 8 included papers were assessed by two pairs of reviewers using the Critical Appraisal Skills Programme qualitative research checklist (CASP)
- No studies were excluded from the review on the basis of study quality

- **Step 3: Data synthesis**

- We used the ‘thematic synthesis’ approach to meta-synthesis:
 1. Line-by-line coding of the results sections of papers
 2. Creation of descriptive themes
 3. Creation of analytic themes

Results

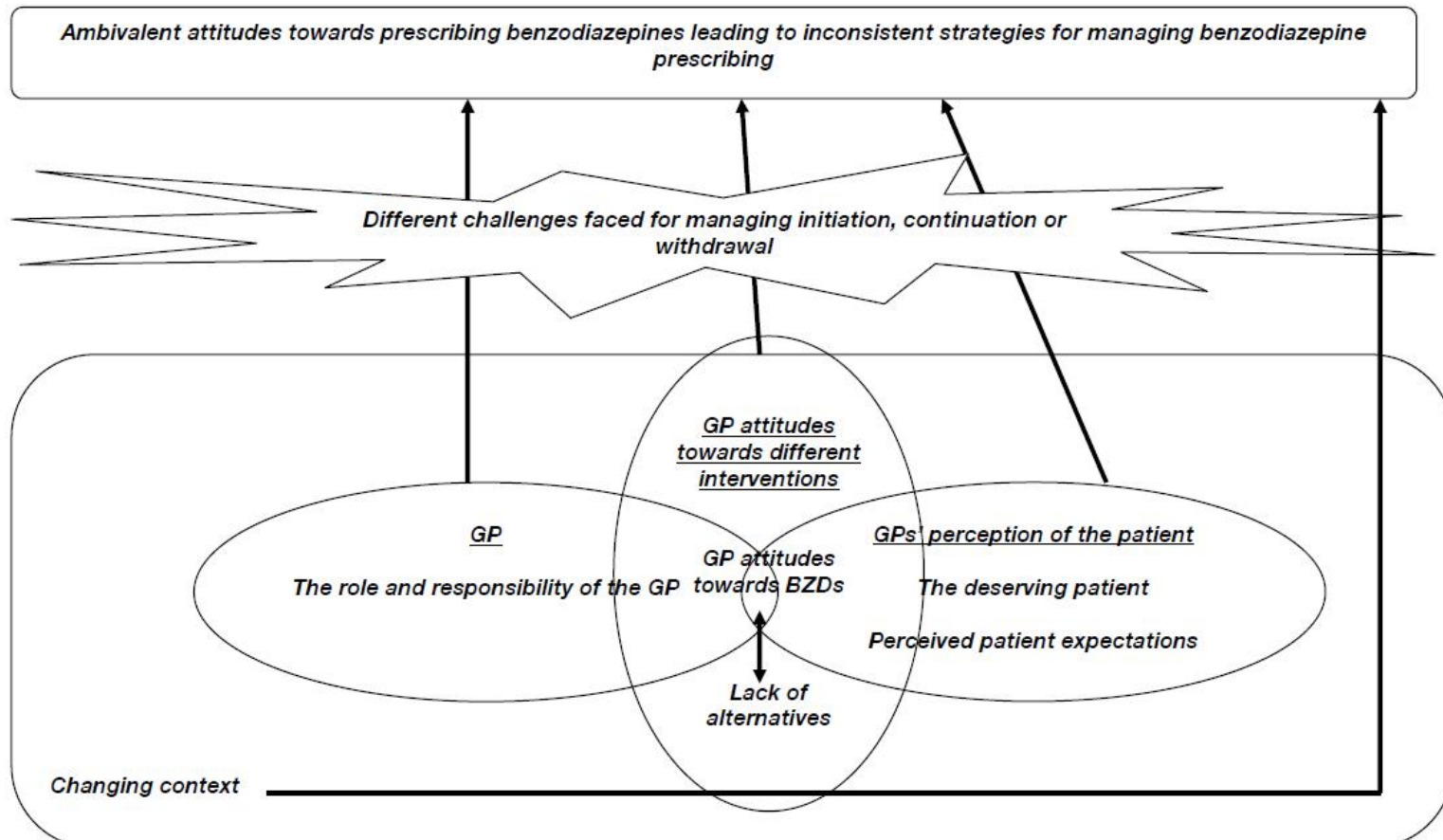
Study Characteristics

The included studies were:

- From 7 different countries
- Published between 1993 and 2010
- Based on semi-structured interview data (n=7) and focus group data (n=1)

Themes

- 7 core themes were identified within the data and used to produce an explanatory model



1. The changing context of BZD prescribing

- GPs stated that they are now better informed about the risks and side-effects BZD use – change from optimistic to cautious culture of prescribing
- GPs increasingly encounter patients who would previously have been treated in secondary care

2. The Role and Responsibility of the GP

- Some GPs take on responsibility for 'correcting' past prescribing, whilst others state that the adverse effects have been over-stated and/or blame others for initiating prescribing
- Tension between minimising BZD use and wanting to help patients

3. The ‘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

“A number of physicians appeared to have different rules and strategies for prescribing these medications in older versus younger adults, and were more tolerant of long-term use in the elderly” (Cook et al., 2007)

4. Perceived patient expectation

- Prescribing was also influenced by the way doctors *perceived* both a patient's expectations, and their motivation and ability to cope
- Often the treatment option chosen is based on assumptions about the patient's preferences rather than direct discussion

5. GP attitudes towards different interventions

- The treatment option GPs chose was influenced by their attitudes towards and beliefs about different interventions
 - Range of views on the nature of BZDs
 - Knowledge of alternative treatments
 - Perception of alternative treatments

6. Different challenges faced for managing initiation and withdrawal

- The 'deserving patient' characteristics feed into both initiation and continuation of prescribing
- There 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)

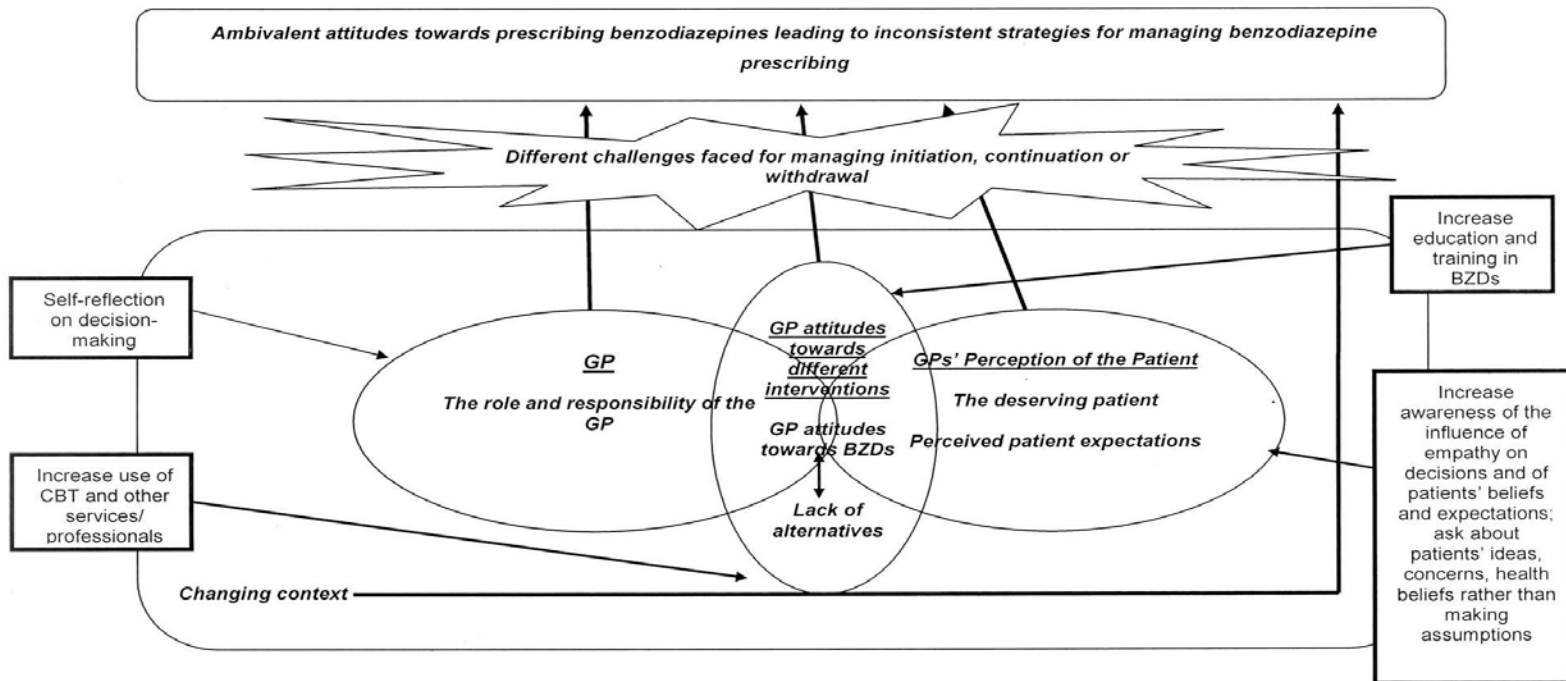
7. Ambivalent attitudes towards prescribing benzodiazepines leading to inconsistent management strategies for prescribing benzodiazepines

- Combination of the factors described previously leads to ambivalent attitudes towards BZDs – continuum of prescribing
- Development of 'rules' for prescribing e.g. minimal use/short-term use only/patient education/specific patient characteristics, but these were inconsistently applied

Findings in Context

- Previous study of uncomfortable prescribing decisions (Bradley, 1992) - combination of factors, rather than one single factor which makes it difficult
- Short timescales and uncertainty lead to generalisation – Kahneman's representativeness heuristic
- 'Deserving patient' – affect heuristic – replacing hard question with easier one
- Greater empathy – more impulsive decisions – prescribe

Recommendations for practice, policy and future research



Continued

- Address knowledge deficits through increasing education and training for GPs (particularly high prescribers)
- Change attitudes towards, and understanding of, alternative types of treatment
- Long-term increase the availability and accessibility of alternatives such as computerised cognitive behavioural therapy for insomnia

Thank-you for listening!

Find out more about our research at:

www.CaHRU.org.uk

References

Bradley CP. Uncomfortable prescribing decisions: a critical incident study. *BMJ*. 1992;304(6822):294-6

Dyas JV, Apekey T, Tilling M, Orner R, Middleton H, Siriwardena AN. Experiences of sleep problems and insomnia for patients and clinicians in the primary care consultation - a focus group study. *Br J Gen Pract*. 2010;60(574):e180-200

Kahneman D. *Thinking, fast and slow*. London: Allen Lane; 2011