REDUCING INAPPROPRIATE HYPNOTIC PRESCRIBING USING A QUALITY IMPROVEMENT INITIATIVE IN A RURAL PRACTICE

The Health Foundation
Inspiring Improvement

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Context

A general practice in rural Lincolnshire, East Midlands, UK, identified all patients on long term hypnotics and engaged them in a gradual withdrawal programme as part of a wider Quality Improvement Collaborative (QIC).

Problem

Inappropriate long term prescribing of hypnotics is common despite evidence that hypnotics have limited therapeutic value and potential for significant adverse cognitive and psychiatric effects. Few improvement projects have been conducted to assess whether withdrawal programmes might work in real-world general practice.

Assessment of problem and analysis of its causes

Baseline rates of hypnotic prescribing were analysed and charted using statistical process control (SPC) methods. A withdrawal programme was implemented that involved tapering doses of drugs, providing patients with sleep education packs and optional consultations using cognitive behavioural therapy for insomnia (CBTi).

Strategy for change

An agreed approach that required consistency and continuity of movement to non-pharmacological treatment was utilised by all practice staff. Patients were informed of the planned alteration to their treatment for their sleeping problem via a letter detailing how the new regime would work alongside the reasons for this.

Measurement of improvement

We measured improvement by analysing prescribing rates using SPC charts. Patients were invited to participate in a focus group so that we could explore their personal experiences of the new service.

Effects of changes

There was a significant reduction in prescribing of hypnotic benzodiazepines (664.9 to 62.0 ADQ per 1000-STAR-PU) and Z drugs (2156.7 to 120.1 ADQ per 1000-STAR-PU) in the practice over the six months of the project. This improvement has been sustained since the initiative. The transition from hypnotics to psychological treatments is evidence of improvement in patient care. The focus group findings can be broken down into key themes:

1. Attitude towards the withdrawal process – patients demonstrated resigned acceptance. Around 1/5 of patients stopped their drugs on receiving the initial letter.

"It's just one of those things you have to get over"

2. Causal attribution of sleep difficulty – patients attributed biological causes to their sleep problem yet also discussed lifestyle and social situations that directly impacted on their ability to sleep.

"If you're an insomniac, like we're saying, it's hereditary"

"I think a lot of mine is [that] I'm on my own a lot and that doesn't help me"

3. Perceived usefulness of information provided – patients did not consider the sleep education material useful because they felt it was reinforcing what they already knew, suggesting that they had not fully assimilated the information.

"To me they are just the same strategies I've known for years"

4. Feelings about hypnotic medication – some patients were satisfied with their prescriptions and would have continued to regularly take medication had this been an option. Other patients acknowledged that the hypnotics did not positively affect their sleep and knew that they should come off them.

"I was happy; I knew I was getting a good restful sleep for my illness"

"I knew I had to come off them"

Lessons learnt

Hypnotic withdrawal programmes can be implemented in general practice if they are applied consistently by all practice staff. Lessons for future programmes were considered:

- Patients achievements should be recognised, acknowledging their successful withdrawal at the end of the intervention.
- Sleep education should be delivered within a face-to-face consultation with a GP or practice nurse.
- The practitioner-patient relationship is critical to concordance and success.

Message for others

Key factors for success were a motivated practice team, a range of solutions which could be adapted locally, expert support on sleep management and quality improvement methods and feedback of results.

Further information

Resources for Effective Sleep Treatment: www.restproject.org.uk
Project manager: michelle.tilling@lpct.nhs.uk
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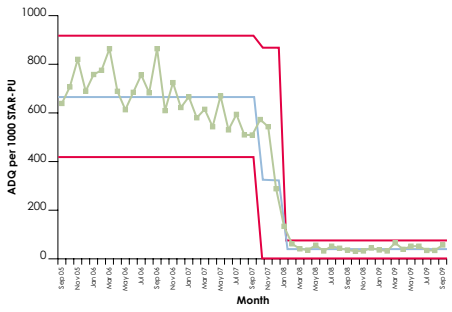
Control chart of hypnotic benzodiazepine prescribing



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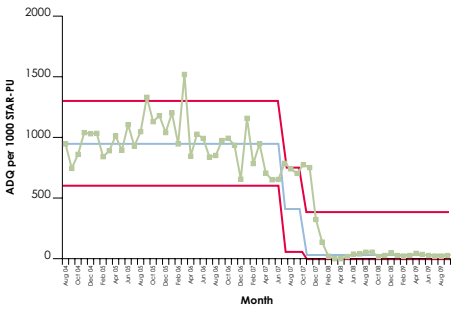

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