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Barriers And Enablers For Benzodiazepine Receptor Agonists Deprescribing In Older Adults: A Systematic Mixed-methods Review Using the Theoretical Domains Framework as an Analysis Guide

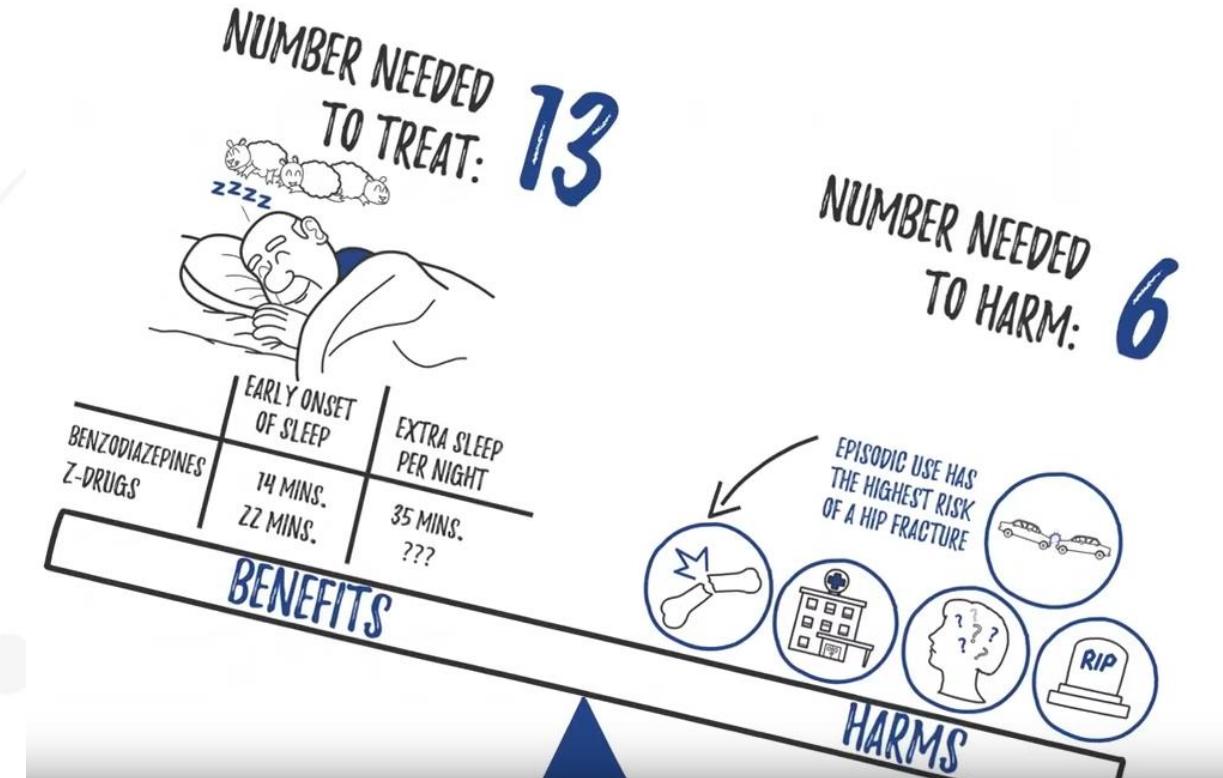
CONFFLICT OF INTEREST DISCLOSURE

I have no potential conflict of
interest to report

Introduction: Benzodiazepines (BZRA) use in older people

- Indications :
 - Primary insomnia
 - Anxiety
- Risks > Benefits

→ Not recommended for more than a **4 weeks** period



Introduction: BZRA use in older people

- Recommandation to deprescribe for chronic users

Deprescribing: To discontinue medications which are no longer needed or which may put the patient at risk, under supervision of a Healthcare Professional, with the goals of managing polypharmacy and improving outcomes. (Reeve, 2017, Eur J Clin Pharmacol)

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Still, high prevalence of BZRA use among older adults:

Belgium : 18 % (Pétein, 2021, Ther Adv Psychopharmacol)

Germany : 16,5% of long-term (>6mo) users (Jacob, 2017, Ther Adv Psychopharmacol)

Even higher in nursing homes: 52,4% of users in Belgium (Evrard, 2020, JAGS)

→ Suggests substantial overuse, and room for deprescribing opportunities.

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How to increase BZRA deprescribing uptake ?

- Need to evaluate barriers and enablers, to design specific interventions.

Objectives

→ **Systematically review barriers and enablers for BZRA deprescribing in older adults identified in the literature and map them into a theoretical framework**

Methods

Search strategy	5 electronic databases (Medline, Embase, PsycINFO, Cochrane, CINALH) Grey literature on Google scholar Citation searching: Snowballing-backward and forward
Study selection	2 Independant reviewers <ul style="list-style-type: none"> - Qualitative, quantitative or mixed-methods studies, published in english - 75 % of study population aged 65 or older - Exclusion: palliative care, end of life, specific psychiatric disorder
Quality assessment	2 Independant reviewers Mixed Methods Apraisal Tool (MMAT) Hong QN, Education for information, 2018
Data extraction	Pilot-tested data extraction form <ul style="list-style-type: none"> - Participants' quotations from qualitative studies and identified themes - Quantitative findings from surveys or questionnaires - Authors' conclusions
Analysis	Data-based convergent design Qualitative deductive coding into a theoretical framework : The Theoretical domains framework 2 independant coders

Methods

Framework for analysis : Theoretical Domains Framework – TDF

- Developed for the identification of barriers and enablers of a specific behavior
- Regroup 33 theories containing 128 constructs
- Distinction in 12 separated domains (TDF v2 : 14 domains)
- Each domain : possible explanation for health-related behavior change

TDF-v2 domains

Knowledge	Intention
Skills	Goals
Social, professional role and identity	Memory, Attention and Decision processes
Beliefs about capabilities	Environmental context and resources
Optimism	Social influences
Beliefs about consequences	Emotion
Reinforcement	Behavioural Regulation

Identification

Screening

Included

Identification of studies via databases and registers

Records identified from databases
(n = 8780)
PubMed: 1798 record
Cochrane: 292 records
Embase: 4897 records
Cinhal: 367 records
PsycINFO: 1235 records

Records removed before screening:
Duplicate records removed
(n = 2282)

Records screened
(n = 6498)

Records excluded
(n = 6344)
- Records not in English: 116
- Records not relevant: 6208
- Review: 20

Reports sought for retrieval
(n = 154)

Reports not retrieved
(n = 0)

Reports assessed for eligibility
(n = 154)

Reports excluded (n = 134)
- Abstracts of poster or oral presentation: 27
- Records not in English: 2
- Age not matching inclusion criteria: 65
- No data on deprescribing: 22
- No separated data on BZRA: 10
- Not assessing barriers and enablers: 8

Studies included in review
(n = 22)
Reports of included studies
(n = 23)

Identification of studies via other methods

Records identified from:
Google Scholar (n = 110)
Citation searching, backward and forward (n = 995)

Reports sought for retrieval
(n = 19)

Reports not retrieved
(n = 0)

Reports assessed for eligibility
(n = 19)

Reports excluded (n = 16)
- Review: 1
- Age not matching inclusion criteria: 8
- Psychiatric population: 1
- No data on deprescribing: 3
- No separated data on BZRA: 2
- Not assessing barriers and enablers: 1

Results

23 included reports

Design:

- Quantitative: 13
- Qualitative: 8
- Mixed-methods: 2

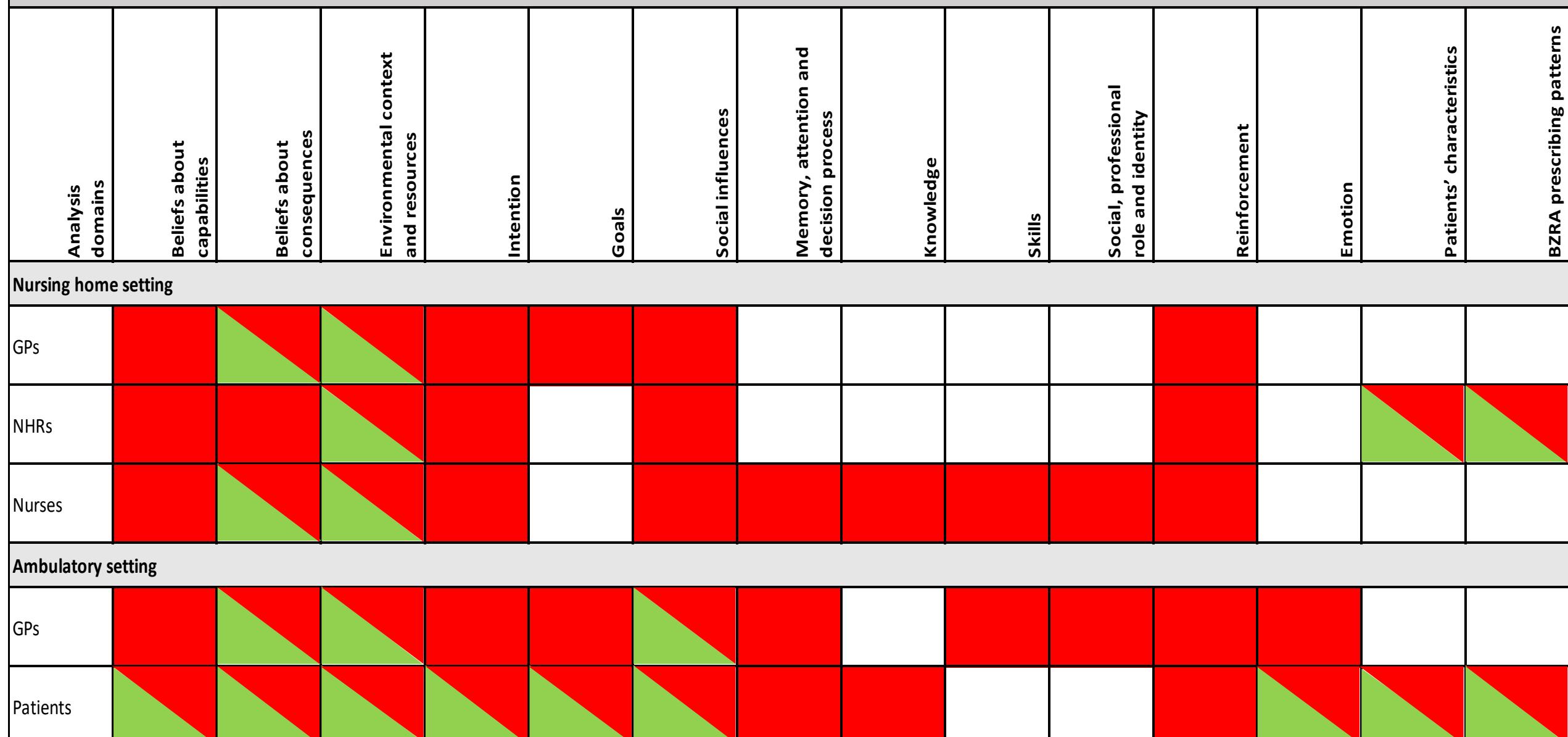
Setting:

- Ambulatory: 14
- Nursing home: 8
- Hospital: 1

Countries:

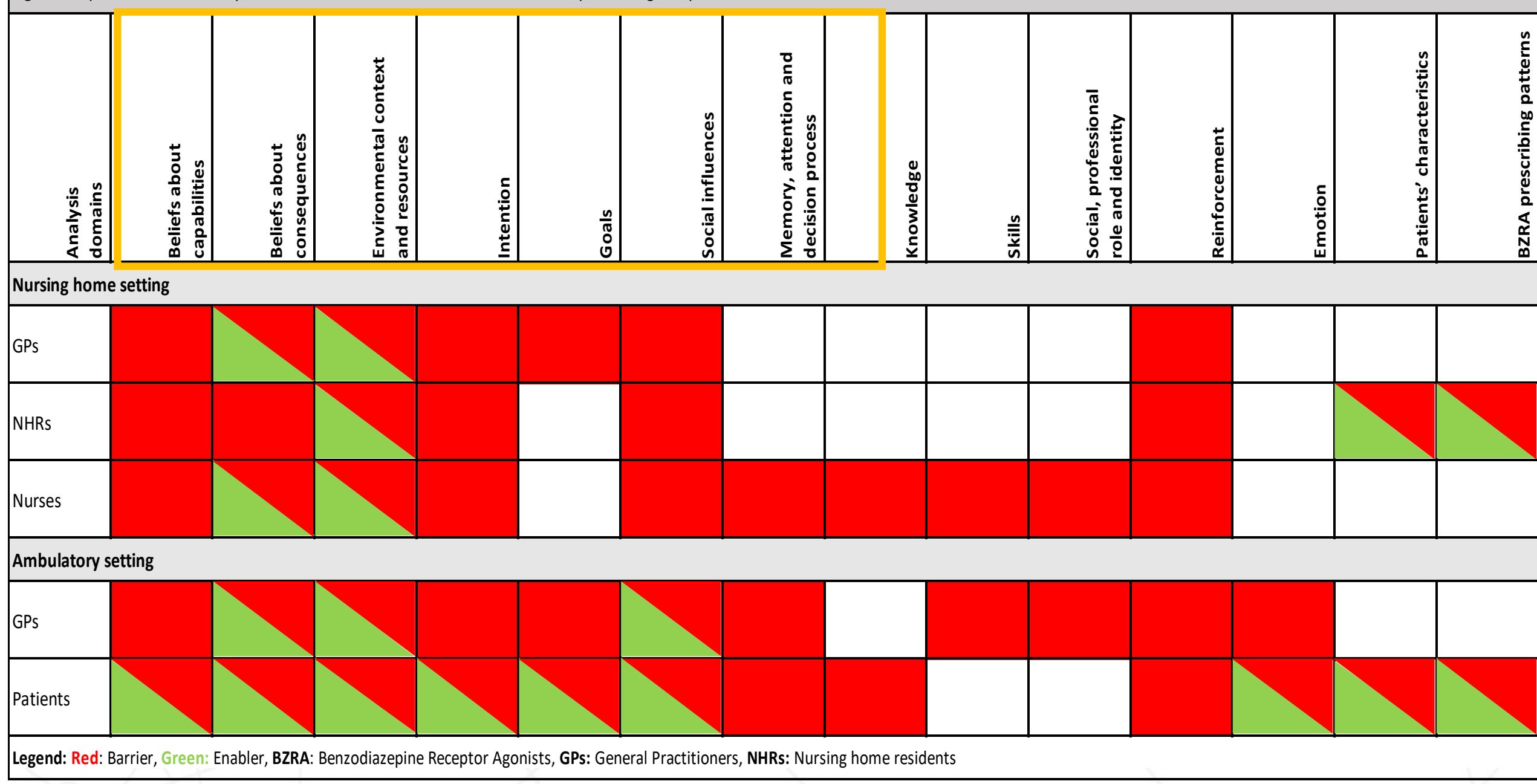
- Australia: 2
- Belgium: 4
- Canada: 4
- Finland: 1
- France: 2
- Netherlands: 1
- South Africa: 1
- United Kingdom: 2
- USA: 6

Figure : Reported relevant analysis domain, identified as barrier and/or enabler per setting and per stakeholders.



Legend: **Red**: Barrier, **Green**: Enabler, **BZRA**: Benzodiazepine Receptor Agonists, **GPs**: General Practitioners, **NHRs**: Nursing home residents

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Beliefs about capabilities

- Patient's self-efficacy

Enabler

“Individuals who decided to deprescribe exhibited higher capacity for tapering, with enhanced self-efficacy compared with those in whom the intervention did not trigger motivation (risk difference, 56.90% (95% CI 45.41% to 65.77%))” **(Martin, 2017)**

- Deprescribing is challenging for GPs and nurses

Barrier

“It can be a tough sell to get patients off of these meds.” Interview of a GP **(Kuntz, 2018)**

- Perceived efficacy or lack of efficacy of the BZRA

Barrier

Enabler

“[Zolpidem] works, and that's what I want to stay on” Interview of an older **(Kuntz, 2018)**
“I don't get a full night's sleep with them”. – Female, 86 years of age **(Williams, 2016)**

Environmental context and resources

- Lack of resources and importance given by the healthcare system

Barrier

“Nobody cares how many patients I have tapered off medication.” (Kuntz – 2018)

- Heavy workload

Barrier

- Difficulty of alternatives

Barrier

- Nursing home requirements

Barrier

“The need to have all the residents in bed before the night shift starts and to have the medication round completed enhances BZD use.” (Anthierens, 2009)

Social influences

Strong reciprocal influence between GP and patient

Expected patient's resistance



"Of all eight resident-specific barriers, most common among the GPs were the fear of resistance from the resident (median 9 on 10 point Likert scale)" (Bourgeois, 2014)

Perceived pressure for continuous prescribing

"Pressure by patients to initiate or renew prescription of anxiolytics/hypnotics had previously been felt by 97.1% of GPs (67.4% often, 29.7% sometimes, 2.9% never)." (Lasserre, 2010)

Barriers



Belief that GPs prescription equal safety and approval for continuous use

"I don't think (the doctor) is against it ... (the doctor) has never queried it." (Barter, 1996)

Enabler

Barriers

'If you take all your pills as prescribed, you'll never have problems in your life [...] When my doctor prescribes something for me, I know it's not junk, I know it's good for me. And I don't question it'.
(Martin, 2017)

Conclusion and perspectives

- Using the TDF as an analysis guide, we were able to :
 - Review barriers and enablers identified in the literature
 - Identify most relevant TDF domains regarding BZRA deprescribing in older adults
- Recommendations for **future research**:
 - Evaluate the point of view of informal caregivers, psychologists, pharmacists
 - Address the hospital setting
 - Develop future intervention studies based on most relevant TDF domains
 - Involve stakeholders in interventions development : A one size fits all model is not appropriate !