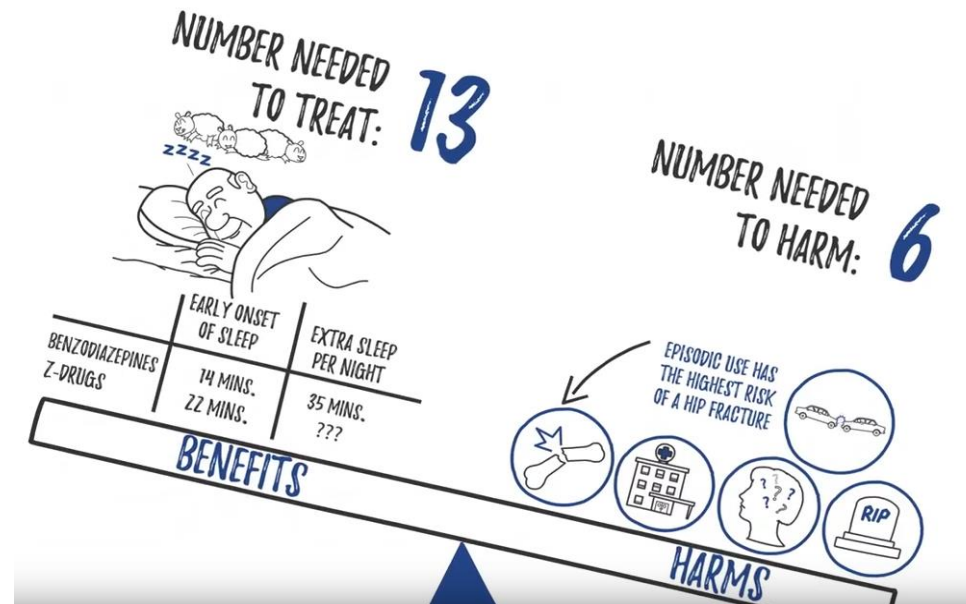


Barriers and enablers for benzodiazepine receptor agonists deprescribing in Belgian nursing homes: a qualitative study

Perrine Evrard, Amber Damiaens, Anne Spinewine
Louvain Drug Research Institute

Benzodiazepines receptor agonists (BZRA) use in older people



➔ Not recommended for more than a **4 weeks** – period in most cases

Canadian Deprescribing Network

Use in Belgian nursing homes

- 52,4 % of NHRs
- Potentially inappropriate prescriptions:
 - Between **21,1** to **98,3%** of BZRA



- Potential overprescribing
- Room for deprescribing

BZRA deprescribing
































































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

BZRA deprescribing

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

Tapering-off program

Be sure to talk to your doctor, nurse or pharmacist before you try reducing your dose or stopping your medication.

WEEKS	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1 and 2								
3 and 4								
5 and 6								
7 and 8								
9 and 10								
11 and 12								
13 and 14								
15 and 16								
17 and 18								

EXPLANATIONS

 Full dose  Half dose  Quarter of a dose  No dose

BZRA deprescribing

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

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WEEKS	TAPERING SCHEDULE							✓
	MO	TU	WE	TH	FR	SA	SU	
1 and 2	●	●	●	●	●	●	●	
3 and 4	●	●	●	●	●	●	●	
5 and 6	●	●	●	●	●	●	●	
7 and 8	●	●	●	●	●	●	●	
9 and 10	●	●	●	●	●	●	●	
11 and 12	●	●	●	●	●	●	●	
13 and 14	●	●	●	●	●	●	●	
15 and 16	×	●	×	×	●	×	●	
17 and 18	×	×	×	×	×	×	×	

EXPLANATIONS

● Full dose ● Half dose ● Quarter of a dose × No dose



depressing.org | Benzodiazepine & Z-Drug (BZRA) Deprescribing Algorithm

February 2019

Why is patient taking a BZRA?

If unsure, find out if history of anxiety, past psychiatrist consult, whether may have been started in hospital for sleep, or for grief reaction.

- Insomnia on its own OR insomnia where underlying comorbidities managed
- For those ≥ 65 years of age: taking BZRA regardless of duration (avoid as first line therapy in older people)
- For those 18-64 years of age: taking BZRA > 4 weeks

Engage patients (discuss potential risks, benefits, withdrawal plan, symptoms and duration)

Recommend Deprescribing

Taper and then stop BZRA

(taper slowly in collaboration with patient, for example ~25% every two weeks, and if possible, 12.5% reductions near end and/or planned drug-free days)

- For those ≥ 65 years of age (strong recommendation from systematic review and GRADE approach)
- For those 18-64 years of age (weak recommendation from systematic review and GRADE approach)
- Offer behavioural sleeping advice; consider CBT if available (see reverse)

Monitor every 1-2 weeks for duration of tapering

Expected benefits:

- May improve alertness, cognition, daytime sedation and reduce falls

Withdrawal symptoms:

- Insomnia, anxiety, irritability, sweating, gastrointestinal symptoms (all usually mild and last for days to a few weeks)

Use non-drug approaches to manage insomnia
Use behavioral approaches and/or CBT (see reverse)

- Other sleeping disorders (e.g. restless legs)
- Unmanaged anxiety, depression, physical or mental condition that may be causing or aggravating insomnia
- Benzodiazepine effective specifically for anxiety
- Alcohol withdrawal

Continue BZRA

- Minimize use of drugs that worsen insomnia (e.g. caffeine, alcohol etc.)
- Treat underlying condition
- Consider consulting psychologist or psychiatrist or sleep specialist

If symptoms relapse:

Consider

- Maintaining current BZRA dose for 1-2 weeks, then continue to taper at slow rate

Alternate drugs

- Other medications have been used to manage insomnia. Assessment of their safety and effectiveness is beyond the scope of this algorithm. See BZRA deprescribing guideline for details.

Barriers and enablers of BZRA deprescribing in older adults : A systematic review

- 23 included studies
- Main results: Perceived barriers and enablers depend on stakeholders
 - Importance to evaluate barriers and enablers in the specific context
- 4 studies in Belgian NH.
 - [Evrard, JAGS, 2020](#) ; [Bourgeois, Eur Geriatr Med, 2014](#) ; [Anthierens, Journal of clinical nursing, 2009](#) ; [Bourgeois, EJCP, 2014](#)
 - 1 qualitative, 3 quantitative
 - No qualitative data on residents' or GPs' points of view
 - No study with all stakeholders involved
 - No qualitative study based on a psychological theory

Objectives

- ➔ To evaluate the point of view on BZRA use and deprescribing in nursing homes from different perspectives :
 - General Practitioners'
 - Residents'
 - Relatives'
 - Health Care Providers (HCPs) involved in nursing homes:
 - Nurses
 - Pharmacists
 - ...
- ➔ Inform the design of an intervention specifically targeting barriers and enablers of BZRA deprescribing in nursing homes

Methods : Study design

- Interviews in minimum 5 NHs (Purposive sampling)

General Practitioners :

Face-to-face interviews

- 1 with the coordinating physician
 - 1 with another GP
- 12 GPs currently interviewed

Health Care Providers :

Focus group interview

5 to 8 participants

Minimum **2 nurses** (one chief nurse) and a **pharmacist**

5 FGs performed with various profiles

Residents and relatives :

Focus group interview

4 to 8 participants

5 FGs with 21 residents and 5 relatives

These interviews will be **theoretically informed** via the use of the **Theoretical Domains Framework (TDF)**

Analysis : Deductive coding into TDF domains and selection of most relevant TDF domains

Inductive coding

Methods: Analysis

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

Michie S, Qual Saf Health Care, 2005 ; Cane J, Implementation Science, 2012 ; Atkins L, Implementation Science, 2017

Results : Most relevant domains

TDF domains	Stakeholders	
Knowledge		HCP
Skills	GP	HCP
Beliefs about capabilities	GP	HCP
Beliefs about consequences		HCP
Goals	GP	HCP
Memory, attention and decision process	GP	HCP
Environmental context and resources	GP	HCP
Social influences	GP	HCP

Nursing home residents and relatives
Knowledge on medications taken
Communication with NH staff and GPs
Perceived efficacy and necessity of BZRA
Influence of the environment
Considerations regarding deprescribing

Results : Most relevant domains

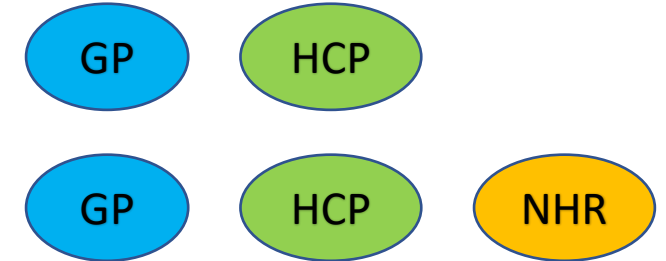
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Nursing home residents and relatives
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Results: Environment

Barrier

- Strict time schedule in Nursing homes



Barrier

- Community noises

“On ne sait pas dormir au calme ici au home. Il y a des gens qui passent, qui crient les nuits... Qui sont perdus mais on n’en peut rien nous. » NHR

Barrier

- Unfavorable environment for sleep (hard bed, lack of air, room temperature, lights)



Barrier

- Use of BZRA to keep a smooth NH environment



Results: Environment

Barrier

- Lack of pharmacological alternatives

GP

HCP

Enabler

- Need for an alternative during the process

GP

NHR

Barrier

- Difficulties to implement non-pharmacological alternatives (staff availability, time constraints, acceptability of NHRs)

GP

HCP

« Tu te retrouves la nuit, là avec 80 résidents. Tu vas rester avec quel résident ? Tu es seul garde de nuit, tu vas t'investir à 1000% chez qui ? Tu vas laisser tomber qui, tu vas t'occuper de qui ? Il faut voir le côté pratique » Nurse

Barrier

- Lack of psychologist access

GP

HCP

Enabler

- Interesting daytime activities

GP

HCP

NHR

Results: Environment

Enabler

- Multidisciplinary work, medication review

“Ce qui serait génial ce serait de pouvoir ... Comme on fait dans les hôpitaux hein, faire un tour de salle ou une espèce de réunion multidisciplinaire une fois tous les deux mois. On devrait pouvoir faire ça. » GP

GP

HCP

Barrier

- Hierarchy impeding multidisciplinary work

HCP

Barrier

- High number of visiting GPs

GP

Results: Environment

Barrier

- Lack of NH staff

« Nous la nuit c'est encore pire hein. 3 pour 143 » Nurse

GP

HCP

NHR

Barrier

- Time constraints

GP

HCP

Barrier

- Feeling of global anxiety inside th NH

GP

HCP

NHR

Results : Most relevant domains

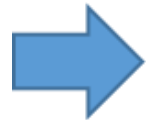
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Environmental context and resources	GP	HCP
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Nursing home residents and relatives
Knowledge on medications taken
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Perspectives



Analysis of data from Flanders



Design of an intervention towards BZRA deprescribing in Belgian nursing homes

- Based on barriers and enablers evaluation
- With stakeholders involved