

Towards safer prescribing of benzodiazepines and z-drugs

Benzodiazepines and z-drugs are medicines used to treat things like insomnia, anxiety and some types of pain. Guidelines recommend that they should only be taken in the short-term, but research shows that patients are taking them long-term.

We carried out a systematic review of published articles to search for research papers about patients' experiences of, and views on, seeking and taking these drugs. We wanted to identify what research tells us about why people use (and keep using) these drugs, and what can be done to support safer prescribing.

We searched six databases, looking for qualitative research papers (that is, research into understanding, experiences and views) published between January 2000 and April 2014. To be included in our review, the papers had to be in a European language, and conducted in Europe, the United States, Australia or New Zealand. We also searched the reference lists of the papers that we included in the review as a way of identifying further papers.

After doing this search, we found nine papers to include in the review. We looked at their quality using a tool called the 'Critical Appraisal Skills Programme qualitative checklist'. We then used a method called 'thematic synthesis' to identify important ideas (themes) about patients' experiences and views within the results sections of the papers, and what these tell us about strategies for safer prescribing.

The themes that we identified were 1) patients' negative views of insomnia and its impact, 2) failed self-care strategies, 3) triggers to medical help-seeking, 4) attitudes towards treatment options and service provision, 5) varying patterns of use, 6) withdrawal, and 7) reasons for initial or ongoing use.

Overall, we found that several things feed into inappropriate use and prescribing of benzodiazepines and z-drugs – patients are psychologically dependent on them, patients often do not have enough support, and patients either deny, or do not know about the side-effects of these drugs.

The strategies for safer prescribing that we identified were 1) creating educational resources (for patients and healthcare staff) around the risks of using or prescribing benzodiazepines and z-drugs, the recommendation that they are used short-term only, what 'realistic' aims for things like 'good sleep' are, what other types of treatment could be used instead of drugs (including self-help strategies and how to use them), and how to gradually reduce drugs; 2) making other effective types of treatment more widely and easily accessible; and 3) healthcare staff talking to patients more about their use of benzodiazepines and z-drugs. This could include highlighting the possible risks, telling patients about other types of treatment, finding out if patients have tried self-help strategies for sleep problems or anxiety in the way that a doctor would recommend, finding out if

patients are taking the recommended dose of any drugs that have been prescribed or not, and finding out whether patients really want to take drugs, or would prefer to try other options instead. Although this kind of conversation would take time, it may show patients that their problems are being taken seriously, and could result in less patients coming back for repeat prescriptions. The potential benefits of this could be studied in future research.

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Publication

[A Systematic Review and Meta-Synthesis of Patients' Experiences and Perceptions of Seeking and Using Benzodiazepines and Z-Drugs: Towards Safer Prescribing.](#)

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Patient. 2016 Jun 9