



UNIVERSITY OF  
**LINCOLN**

# PATIENT EXPERIENCES AND PERCEPTIONS OF RECEIVING BENZODIAZEPINES AND Z-DRUGS: LESSONS FOR SAFER PRESCRIBING

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## BACKGROUND AND PREVIOUS RESEARCH

- Benzodiazepines and z-drugs are used to treat insomnia, anxiety and pain
- Only recommended for short-term use (often defined as up to 4 weeks)
- Previous research has demonstrated that:
  - Longer-term use is known to occur and can have adverse consequences
  - There is evidence of long-term use, particularly amongst those aged 65+ years
  - Different approaches to de-prescribing are being used, but there is more to learn about the factors that perpetuate use of benzodiazepines and z-drugs and how best to support safer prescribing
  - We had looked at the literature on this from the perspective of healthcare professionals, but not from the patient perspective



## AIM

- To provide an overview of findings from a meta-synthesis of qualitative studies around patient experiences and perceptions of receiving these drugs

# METHOD

- Searched 6 databases for studies published between January 2000 and April 2014 in a European language
- Studies needed to be conducted in Europe, the US, Australia or New Zealand
- Searched the reference lists of included papers
- Assessed study quality using the CASP
- Synthesised findings from the study using thematic synthesis in NVivo

# FINDINGS

9 papers were included in the review

We created 7 themes organised around the patient journey:

- 1. Patients' negative perceptions 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
- 7. Reasons for initial or ongoing use

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# INFLUENCES ON INITIAL HELP-SEEKING

## Theme 1: Negative perceptions

- Drawn from papers focusing on insomnia
- Patients had difficulty in falling asleep or staying asleep
- Perceived to impact negatively on quality of life
- Insomnia as root cause of other health problems/as perpetuated by other conditions

## Theme 2: Failed self-care strategies

- Patients tried a range of self-care strategies prior to visiting a GP/other healthcare professional

# TRIGGERS TO MEDICAL HELP- SEEKING

- When the problem is perceived to be severe
- When self-help appears to be ineffective
- Pressure from others/life events



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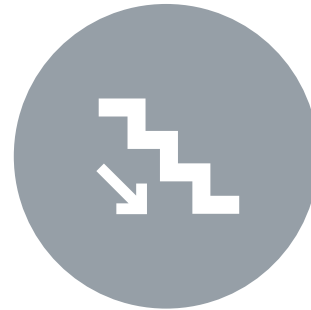
# PERCEPTIONS AND EXPERIENCES OF TREATMENT



ATTITUDES TOWARDS  
TREATMENT OPTIONS  
AND SERVICE PROVISION



VARYING PATTERNS OF  
USE



WITHDRAWAL



REASONS FOR INITIAL  
OR ONGOING USE



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## STRATEGIES TO REDUCE MISUSE OF BZDS AND Z-DRUGS

Creation of educational resources

Make alternatives more widely available

Targeted conversations



## HAVE THINGS MOVED FORWARD?

- Long-term use of benzodiazepines and z-drugs remains an issue
- Ongoing research into solutions:
  - Lynch, T. et al (2021) Brief interventions targeting long-term benzodiazepine and z-drug use in primary care: Systematic review and meta-analysis, *Addiction* - we know from trials that some interventions do make a difference, but we still need to learn more about why – underpinning theories around behaviour change
  - Oldenhof, E. et al (2019) Beyond Prescription Monitoring Programs: The Importance of Having the Conversation about Benzodiazepine Use, *Journal of Clinical Medicine*, 8, 10.3390/jcm8122143

# REFERENCES

## Paper published from the study

Sirdifield, C., Chipchase, SYC., Owen, S., and Siriwardena, A. (2016) A Systematic Review and Meta-Synthesis of Patients' Experiences and Perceptions of Seeking and Using Benzodiazepines and Z-Drugs: Towards Safer Prescribing, *The Patient – Patient Centered Outcomes Research*, 10(1): 1-15, doi: 10.1007zs40271-016-1082-z

## Included papers

- Andrews et al. "I'd eat a bucket of nails if you told me it would help me sleep:" perceptions of insomnia and its treatment in patients with stable heart failure. *Heart Lung J Crit Care*. 2013;42(5):339–45.
- Anthierens et al. First benzodiazepine prescriptions: qualitative study of patients' perspectives. *Can Fam Physician*. 2007;53:1200–1.
- Canham et al. Perceptions of benzodiazepine dependence among women age 65 and older. *J Gerontol Soc Work*. 2014;57(8):872–88.
- Canham SL. What's loneliness got to do with it? Older women who use benzodiazepines. *Australas J Ageing*. 2015;34(1):E7–12.
- Cook et al. Older patient perspectives on long-term anxiolytic benzodiazepine use and discontinuation: A qualitative study. *J Gen Intern Med*. 2007;22(8):1094–100.
- Dollman et al. Managing insomnia in the elderly—what prevents us using non-drug options? *J Clin Pharm Ther*. 2003;28(6):485–91.
- Dyas et al. Patients' and clinicians' experiences of consultations in primary care for sleep problems and insomnia: a focus group study. *Br J Gen Pract*. 2010;60(574):e180–200.
- Kapadia et al. Developing primary care services for high-dose benzodiazepine-dependent patients: a consultation survey. *Drugs Educ Prev Policy*. 2007;14(5):429–42.
- Parr et al. Views of general practitioners and benzodiazepine users on benzodiazepines: a qualitative analysis. *Soc Sci Med*. 2006;62(5):1237–49.