Systematic review of barriers and enablers for benzodiazepine receptor agonists deprescribing in older adults

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Background & Aim

- Benzodiazepine receptor agonists (BZRA, i.e. benzodiazepines and Z-drugs) are mainly used for the treatment of primary insomnia and anxiety. However, due to an unfavorable benefit/risk ratio, their use in older adults should be limited to 4 weeks. In case of chronic use, it is recommended to deprescribe BZRA.
- Still, it is estimated that 47%[1] of older adults are chronic BZRA user. The proportion might be even higher in nursing homes.
- To enhance the probability of success of interventions aiming at BZRA deprescribing, it is important to study their barriers and enablers. To do so, the Theoretical Domains Framework (TDF)[2,3,4] can be used to classify the different determinants of behavior.

AIM:
- To systematically review **barriers and enablers for BZRA deprescribing in older adults**, using the **TDF** as an analysis guide.

Methodology

- Search strategy: We searched for papers discussing barriers and enablers for BZRA deprescribing in older adults in **5 different databases**: PsycINFO, Cinhal, Embase, Cochrane and Pubmed.
- Screening: Two reviewers independently screened titles and abstracts for inclusion. Full-text of potentially eligible studies were then independently evaluated before final inclusion
- Eligibility: **Inclusion and exclusion criteria** are presented in Table 1
- Data extraction: Performed by one reviewer and then checked by the 2nd reviewer for accuracy
- Qualitative analysis: the two reviewers independently coded extracted barriers and enablers into the **TDF domains**, then explored specific beliefs into each relevant domain.

Results

- 23 references were included in qualitative analysis (*Figure 1*).
- We identified barriers and enablers through each domain of the TDF and added two relevant themes that did not suit into the TDF: **Patients characteristics** and **BZRA prescribing patterns.** Most relevant TDF themes and subthemes are presented in *Table 2*

Conclusions and perspectives

- BZRA deprescribing appears to be a complex phenomena, with determinants through all domains of the TDF
- Knowing barriers and enablers for BZRA deprescribing will be of great help in the design of future interventions. Indeed, each relevant domain identified can now be linked to behavior change techniques.

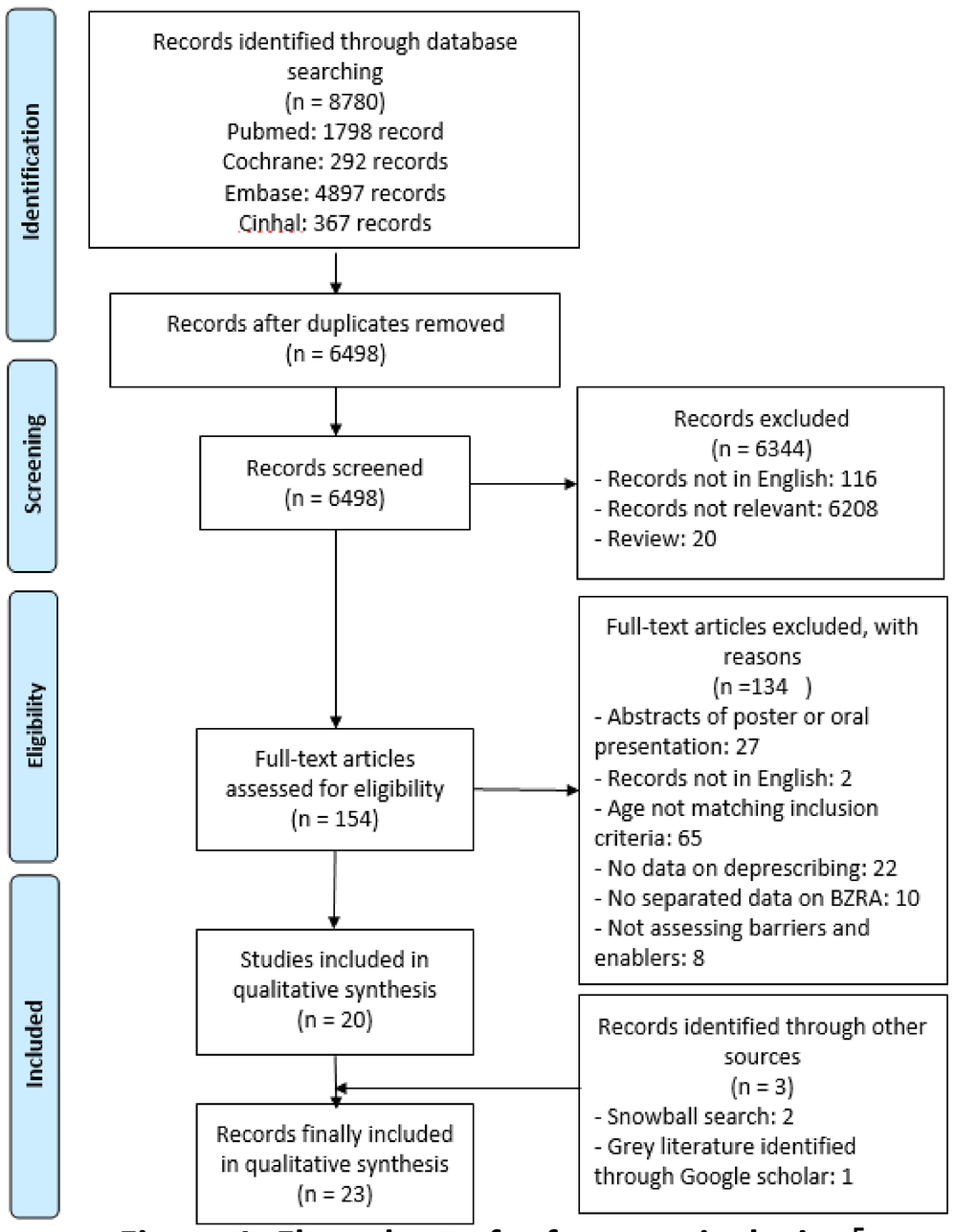

Figure 1: Flow chart of references inclusion[5]

Table 1 : Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Qualitative, quantitative or mixed-methods study	Only abstract available
75% of study population aged 65 or older (or professional and unprofessional carers of elderly)	Older adults receiving palliative care, or at end of life
Evaluation of barriers and enablers for BZRA deprescribing	Specific psychiatric disorder (except for dementia)
Publication in English	

Table 2 : TDF relevant domains and subthemes

Knowledge	- Nurses' lack of knowledge [B] - Patients' lack of knowledge [B]
Beliefs about capabilities	- Patients' self-efficacy [B;E] - Deprescribing is challenging [B] - Perceived BZRA efficacy or lack of efficacy [B;E] - Patients' attachment to BZRA [B] - Favorable moment [B;E]
Beliefs about consequences	- No perceived benefit [B] - Return of primary condition [B] - Withdrawal symptoms [B] - Increase in care burden [B] - Avoiding side-effects of long-term BZRA [E]
Reinforcement	- Previous attempts and failure [B]
Intention	- Overall low intention [B] - No intention to use non-pharmacological approaches [B]
Goals	- Competing goals [B] - Perceived need of sleep [B;E] - Having a more natural sleep [E]
Memory, Attention and Decision process	- BZRA as an easy solution [B] - Routine approach [B] - Preference for status quo [B]
Environmental context and resources	- Nursing home characteristics and requirement [B;E] - Lack of resources [B] - Not an healthcare system priority [B] - Tools implementation [B;E] - Difficulties of alternatives [B] - Heavy workload [B] - Difficult multidisciplinary work [B] - Inheritance of prescribing culture [B]
Social influences	- Expected patients' resistance [B] - Pressure for continuous prescribing [B] - Belief that GP's prescription equal safety and approval for continuous use [B] - Patients' trust in GP [B;E]

[B] stands for barrier and [E] for enabler

References

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