

# Qualitative study of barriers and enablers for benzodiazepine receptor agonists deprescribing in Belgian nursing homes

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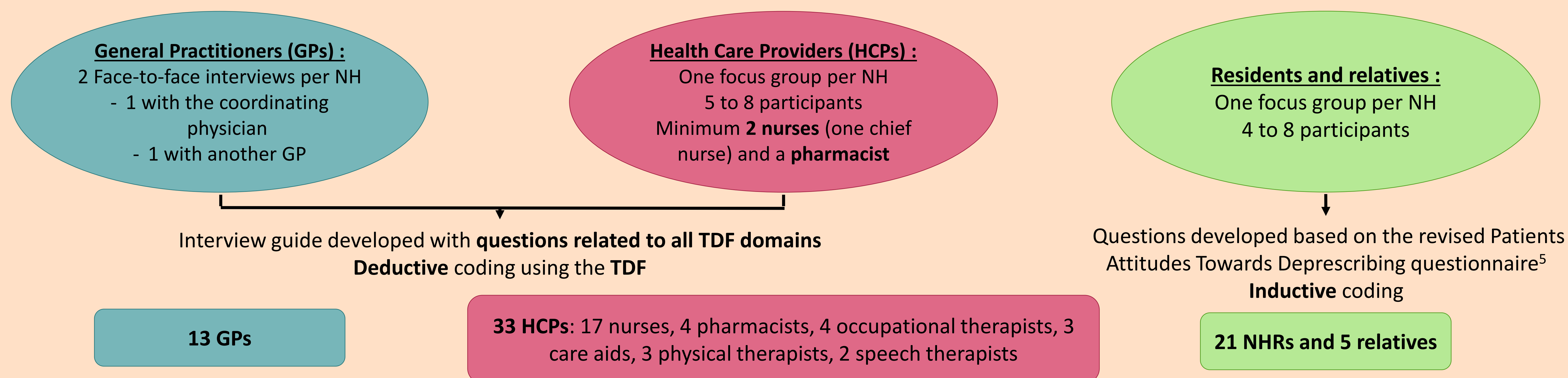
## Background & Aim

- Benzodiazepine receptor agonists (BZRA, i.e. benzodiazepines and Z-drugs) are mainly used for treating 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.
- In Belgium **52.4%** of nursing home residents (NHRs) are taking BZRA. Among these, 98% have been taking BZRA for more than 4 weeks<sup>1</sup>.
- To enhance the probability of success of interventions aiming at BZRA deprescribing, it is important to study their barriers and enablers. The Theoretical Domains Framework (TDF)<sup>2,3,4</sup> is a comprehensive theoretical framework that can be used to identify barriers and enablers to deprescribing.

**AIM:** To identify **barriers and enablers for BZRA deprescribing in Belgian nursing homes**, from the perspective of different stakeholders.

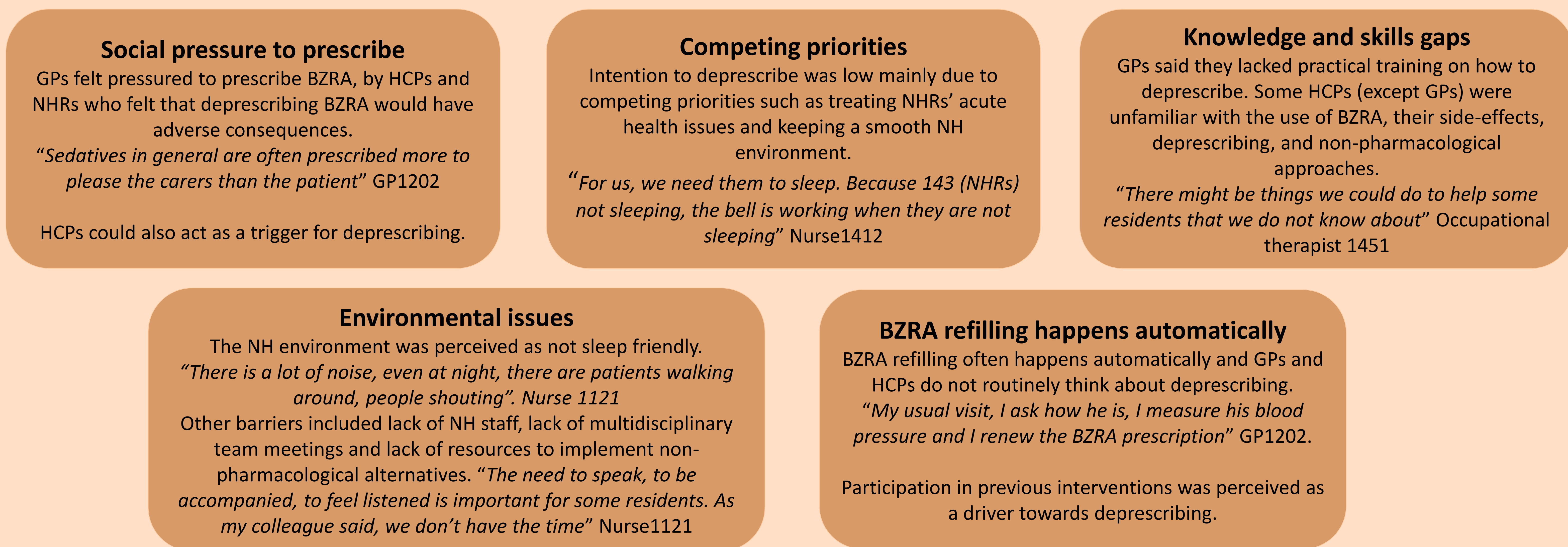
## Methodology & Recruitment

- Qualitative study performed in 6 Nursing homes (NHs)
- Purposive sampling to ensure diversity with regard to ownership type, localisation and previous experience with medication review



## Results

- GPs:** We identified **6 TDF domains** as most relevant for both **GPs** and **HCPs**: **Skills; Beliefs about capabilities; Goals; Memory, Attention and decision process; Environmental context and resources; Social influences.**
  - HCPs:** Additionally, **Knowledge; Social professional role and identity** and **Beliefs about consequences** were relevant for other **HCPs only.**
- Overall, BZRA deprescribing was believed to be difficult. The main barriers and enablers perceived can be described as follows:



- NHRs and relatives:** We identified **5 main themes** from the focus groups:
  - **Knowledge** on medications taken: Overall poor knowledge on medications and BZRA
  - **Communication** with NH staff and GPs: Communication issues, lack of time
  - Perceived **efficacy and necessity of BZRA**: various efficacy but high necessity perceived
  - Influence of the **environment**: Noises, lack of human contact, stress
  - Considerations regarding **BZRA deprescribing**: Reluctance and anticipated difficulties

## Conclusion and perspectives

- We found common barriers and enablers among all stakeholders groups. Other barriers and enablers were specific to some stakeholders
- To address these barriers and enablers, we are currently developing a **theoretically-informed intervention** through:
  - Identification of behaviour change techniques linked to relevant TDF domains
  - Selection of techniques, in collaboration with stakeholders
- The feasibility and acceptability of the intervention will be evaluated in a sample of NHs, before a full evaluation in a cluster-randomised controlled trial

## References

1. Evrard et al. Benzodiazepine Use and Deprescribing in Belgian nursing Homes: Results from the COME-ON study. J Am Geriatr Soc. 2020;68(12):2768-2777. 2. Michie S, et al. Making psychological theory useful for implementing evidence based practice: a consensus approach. Quality & safety in health care. 2005;14(1):26-33. 3. Cane Jet al. Validation of the theoretical domains framework for use in behaviour change and implementation research. IS. 2012;7:37. 4. Atkins L, et al. Reducing catheter-associated urinary tract infections: a systematic review of barriers and facilitators and strategic behavioural analysis of interventions. IS. 2020;15(1):44. 5. Reeve, E., et al. (2016). "Development and Validation of the Revised Patients' Attitudes Towards Deprescribing (rPATD) Questionnaire: Versions for Older Adults and Caregivers." Drugs Aging 33(12): 913-928.