# Qualitative study of barriers and enablers for benzodiazepine receptor agonists deprescribing in Belgian nursing homes Evrard Perrine<sup>1</sup>, Damiaens Amber<sup>2</sup>, Patey Andrea<sup>3</sup>, Grimshaw Jeremy<sup>3</sup>, **Spinewine Anne**<sup>1,3,4</sup>

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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.

<u>AIM</u>: 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



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. 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:

#### **Social pressure to prescribe**

GPs felt pressured to prescribe BZRA, by HCPs and NHRs who felt that deprescribing BZRA would have adverse consequences. "Sedatives in general are often prescribed more to please the carers than the patient" GP1202

HCPs could also act as a trigger for deprescribing.

#### **Competing priorities**

Intention to deprescribe was low mainly due to competing priorities such as treating NHRs' acute health issues and keeping a smooth NH environment.

"For us, we need them to sleep. Because 143 (NHRs) not sleeping, the bell is working when they are not *sleeping*" Nurse1412

#### **Knowledge and skills gaps**

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GPs said they lacked practical training on how to deprescribe. Some HCPs (except GPs) were unfamiliar with the use of BZRA, their side-effects, deprescribing, and non-pharmacological approaches.

"There might be things we could do to help some residents that we do not know about" Occupational therapist 1451

#### **Environmental issues**

The NH environment was perceived as not sleep friendly. "There is a lot of noise, even at night, there are patients walking around, people shouting". Nurse 1121 Other barriers included lack of NH staff, lack of multidisciplinary team meetings and lack of resources to implement nonpharmacological alternatives. "The need to speak, to be accompanied, to feel listened is important for some residents. As my colleague said, we don't have the time" Nurse1121

### **BZRA refilling happens automatically**

BZRA refilling often happens automatically and GPs and HCPs do not routinely think about deprescribing. "My usual visit, I ask how he is, I measure his blood pressure and I renew the BZRA prescription" GP1202.

Participation in previous interventions was perceived as a driver towards deprescribing.

Knowledge on medications taken: Overall poor knowledge on medications and BZRA



We identified 5 main themes from the focus groups:

- **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 specifics 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

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