Time efficient interventions by general practitioners curb benzodiazepine consumption among long-term users

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WHAT IS ALREADY KNOWN ON THE TOPIC?
Benzodiazepines increase the risk of cognitive impairment, falls and motor vehicle accidents, so their long-term use is not recommended. Many patients are receptive to a trial of withdrawal, and general practitioners (GPs) can be effective catalysts for de-prescription. Evidence is lacking on the most efficient strategy to use in general practice.

WHAT DOES THIS PAPER ADD?
▸ This paper provides level 1 evidence that a 20 min discussion by GPs about the risks of benzodiazepines, alongside provision of a self-applied, written, stepped-dose, tapering protocol results in discontinuation rates of 45% at 1-year in primary care patients without severe comorbidity. This approach is as effective and more time efficient than the same educational intervention plus close monitoring of patients every 2 weeks.
▸ Irritability, insomnia, anxiety and tremor may occur transiently during the tapering process.
▸ Withdrawal symptoms resolve by 1 year and are no different in frequency to patients who do not receive a discontinuation intervention.

LIMITATIONS
▸ GPs were not blinded to the topic of the study and helped recruit patients, possibly explaining the relatively high rates of benzodiazepine discontinuation in the control group (15%), and inclusion of participants more open to withdrawal.
▸ Patients with severe psychiatric comorbidity or receiving current psychiatrist treatment were excluded, meaning the results cannot be extrapolated to patients with significant mental illness.
▸ The GPs in this study were motivated and interested in proposing benzodiazepine discontinuation to their patients and may not be representative of all GPs.

OUTCOMES
Benzodiazepine discontinuation at 12 months Discontinuation rates were higher in both intervention groups compared to the 15% (26/173) reported for controls (SIF relative risk (RR)=45.0%; SIW=45.2%). Both interventions tripled the RR for benzodiazepine discontinuation (SIF RR=3, 95% CI 2.04 to 4.40; SIW 3.01, 95% CI 2.05 to 4.46). There was no significant difference in effect between the two interventions (RR=1.00, 95% CI 0.78 to 1.28). Compared to usual care, the number needed to treat with either intervention to achieve remission in one person within a year was 4 (95% CI 3 to 5).

Influence of benzodiazepine dose In each group, discontinuation rates were higher in people taking less than 10 mg diazepam compared to those taking a higher dose.

Influence of anxiety severity For SIF discontinuation rates were the same regardless of anxiety severity. In SIW and control groups discontinuation rates were higher for people with less severe anxiety.


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