

10<sup>th</sup> Annual Conference of the UK Federation of Primary Care Research  
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1<sup>st</sup> Joint conference of the UK Primary Care Research Network

**New Beginnings, Fresh Opportunities**

**29-30 November 2007**

**Abstract Submission – papers, poster presentations and workshops**

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<b>Title of abstract</b>
General practitioners and hypnotic prescribing: attitudes, perceptions and opportunities to reduce prescribing in primary care
<b>Main body of abstract</b>
Presentations of research should use headings: background, aims/questions, method, results, conclusions/points of interest, references Workshops (lasting one hour) should include: background/introduction, workshop aims, content, audience participation
Background Hypnotic prescribing, which includes both benzodiazepine hypnotics and Z drugs, has continued to rise over the past decade despite gradual falls in prescribing of benzodiazepines. General practice is responsible for most hypnotic prescribing and variations in prescribing suggest that there are opportunities to reduce the number of items and costs in this area. Previous research has documented the attitudes of patients and doctors to hypnotics but little research has been done to explore the potential for reducing prescribing in this area. We have shown that many general practitioners believe, that compared to benzodiazepines, Z drugs are safer, more effective, less liable to cause side effects and are the drugs of choice for a range of indications <sup>1</sup> despite a lack of evidence for this. <sup>2</sup> The clinical benefits of hypnotics are small with significant risks arising from adverse cognitive or psychomotor effects which may persist after stopping the drug. <sup>3</sup>
Aim

The aim of this study was to investigate general practitioners' prescribing, perceptions and opportunities for reducing the use of benzodiazepines and Z drugs for sleep disorders in one large primary care trust. This study was part of a larger study investigating the reasons for variations in hypnotic prescribing and exploring methods for reducing this in a primary care trust.

#### Method

Self-administered postal questionnaire.

#### Results

Of the general practitioner principals sent questionnaires 84 of 107 (78.5%) responded after one reminder. Practitioners were aware of their own practice prescribing rates for hypnotics to the extent that they were able to identify whether they were in a high, intermediate or low prescribing practice. They favoured Z drugs over benzodiazepines for the majority of indications. However, responses to a series of attitudinal statements on benzodiazepines and Z drugs indicated that most doctors held a negative perception of hypnotics and were positive to the idea of reducing prescribing in this area. The strategies and preferences amongst respondents for reducing prescribing are presented.

#### Conclusions

This study shows potential barriers, facilitators and methods acceptable to general practitioners for reducing prescribing of hypnotics. This provides evidence to support a complex intervention for improving the quality of care for insomnia.

#### **References (if applicable) – maximum of six**

1. Siriwardena AN, Qureshi Z, Gibson S, Collier S, Latham M. GPs' attitudes to benzodiazepine and 'Z-drug' prescribing: a barrier to implementation of evidence and guidance on hypnotics. *Br J Gen Pract* 2006;**56**: 964-967.
2. Dundar Y, Dodd S, Strobl J, Boland A, Dickson R, Walley T. Comparative efficacy of newer hypnotic drugs for the short-term management of insomnia: a systematic review and meta-analysis. *Hum Psychopharmacol* 2004;**19**: 305-322.
3. Barker MJ, Greenwood KM, Jackson M, Crowe SF. Persistence of cognitive effects after withdrawal from long-term benzodiazepine use: a meta-analysis. *Arch Clin Neuropsychol* 2004;**19**: 437-454.

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