Lincolnshire NHS
Teaching Primary Care Trust

UK Federation of PRIMARY CARE RESEARCH ORGANISATIONS

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General practitioners and hypnotic prescribing: attitudes, perceptions and opportunities to reduce prescribing in primary care

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Effects of insomnia

A jet-lagged President Bush tries unsuccessfully to exit a Beijing news conference during his Asian economic summit trip.

Photo Credit: By Jason Reed -- Reuters

Background

- Most hypnotic prescribing takes place in primary care
- Most prescribers are general practitioners
- Higher benzodiazepine prescribing in WLPCT than nationally
- Many attempts to systematically reduce prescribing in high prescribing practices had failed previously

Scale of the problem nationally

- Insomnia: 40% UK population
- 10m items; £22m
- No change overall in past 5 years

Evidence

- Evidence of long-term use [contrary to license/guidance]
- More harm than good in the elderly
- No evidence distinguishing short acting benzodiazepine and newer Z drug hypnotics

Glass J, Lanctot KL, Herrmann N *et al*. Sedative hypnotics in older people with insomnia: meta-analysis of risks and benefits. BMJ 2005:331: 1169.
Dundar Y, Boland A, Strobl J*et al*. Newer hypnotic drugs for the short-term management of insomnia: a systematic review and economic evaluation. *Health Technol.Assess.* 2004;**8**:iii-125.

Aims

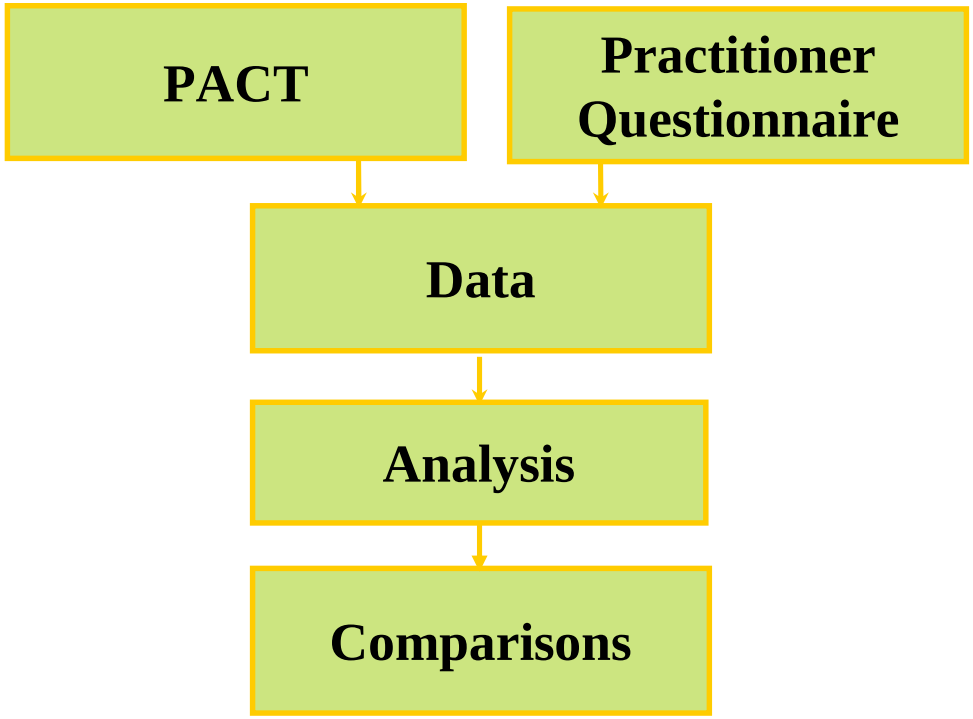
The aim of this study was:

- To understand and compare prescribing behaviour in relation to hypnotics
- To determine and compare primary care physicians' (and patients*) perceptions of benefits and risks of benzodiazepine and Z drug use
- **To examine opportunities and strategies for reducing hypnotic prescribing**

Setting

- West Lincolnshire Primary Care Trust
- 40 general practices serving
- 214,000 patients

Study design



Initial piloting and validation: (St Catherine's)

84 out of 107 responses (78.5%)

Responses and PACT

Between doctors, hypnotics

(Between doctors and patients)

Questionnaire

- Derived from a review of the literature, discussion within the project steering group and reference to experts in the field

- Responses on a Likert scale

Participants

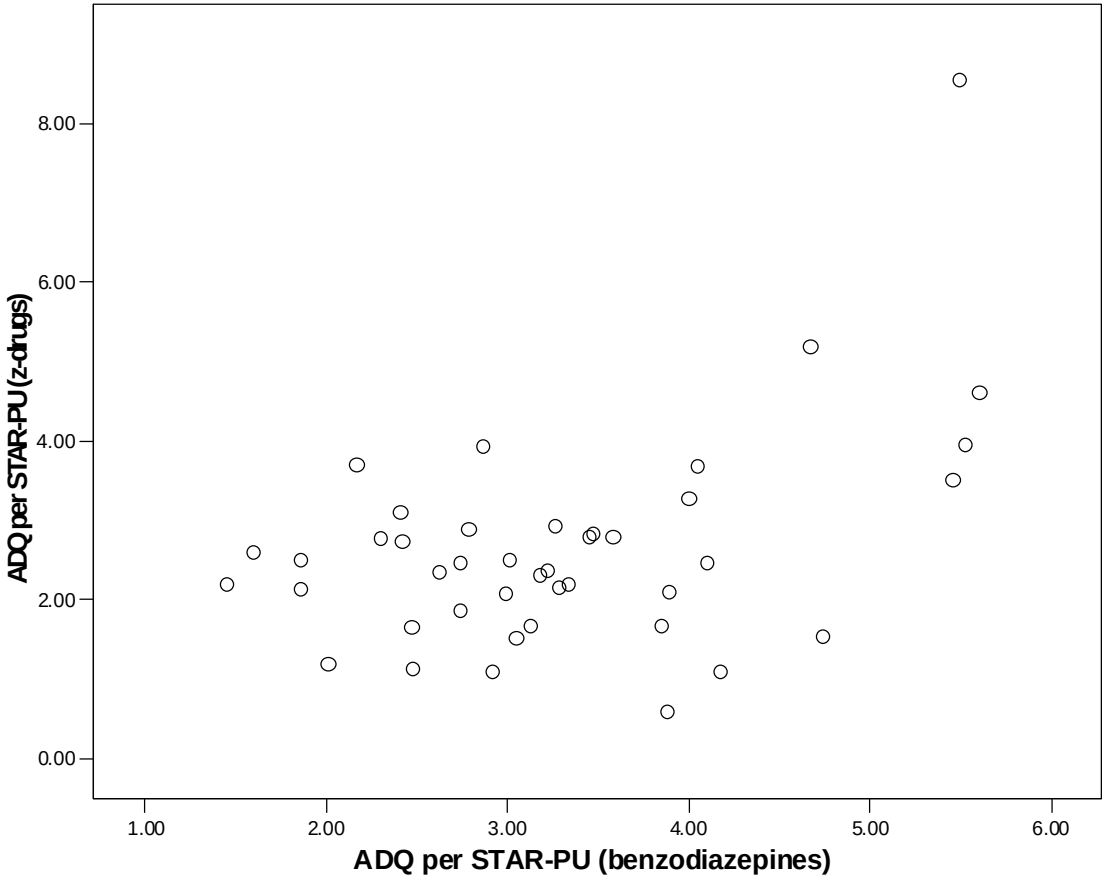
Characteristic		Participants (n=84)	(%)
Gender	Male	57	(67.9)
	Female	27	(32.1)
Age	25-34	12	(14.3)
	35-44	19	(34.5.)
	45-54	35	(41.7)
	55-64	8	(9.5)
	65 or over	0	(0)
Training status	Training	14	(16.7)
	Non-training	70	(33.3)
Dispensing	Dispensing	38	(42.8)
	Prescribing	48	(57.1)
Qualifications	MRCGP	45	(53.8)

Practitioner misconceptions

- Respondents favoured Z drugs over benzodiazepine hypnotics for the majority of indications
- Z drugs were considered more effective than benzodiazepines
- Z-drugs were thought to be safer than benzodiazepines

Siriwardena AN, Qureshi Z et al. Br J of Gen Pract 2006; 56: 964–967

Benzodiazepine vs. Z-drug prescribing



Pearson correlation 0.36, significant at 0.01 level.

Attitudes to reducing prescribing

20 questions, 5 pt Likert scale

- Benefits vs. harms (6)
- Source of prescribing (3)
- Pressure to prescribe (2)
- Potential to reduce prescribing (3)
- Motivation to reduce prescribing (4)
- Resources for reducing prescribing (2)

Attitude score

- Antihypnotic anxiolytic (AHA) score for each respondent
- Maximum range of 0-100
- Higher score indicating a more negative attitude
- Scores followed a normal distribution
- Mean 62.8 standard deviation 7.3, range 47 to 81
- Cronbach's alpha 0.73

Attitudes to prescribing

- Negative attitudes towards hypnotics and anxiolytics were associated with higher practice prescribing rates

- Negative attitudes were associated with older doctors (aged 35 years or more) compared to younger colleagues colleagues ($p = 0.007$) indicating a more negative attitude to hypnotics among older doctors.

Alternative strategies

	Anxiety preference ranking (1, highest – 9, lowest)	Insomnia preference ranking (1, highest-9, lowest)
Benzodiazepine	-	**5**
'Z' drug	-	**2**
Brief psychotherapy	**3**	-
Anxiety advice sheets	**4**	-
GP verbal advice	-	**1**
Sleep hygiene advice sheets	-	**4**
Sleep restriction	-	7
Sedative antihistamines	8	6
Phenothiazines	7	9
Sedative antidepressant	6	**3**
Non-sedative antidepressant	**5**	8
Referral to counsellor	**1**	-
Referral to CPN	**2**	-
Other referral	9	-

Methods used to stop hypnotics

Method	Degree of success		
	Successful or very successful	Not sure	Unsuccessful or very unsuccessful
Recommendation to stop	38	19	39
Switch to diazepam	22	28	36
Switch to alternative drug	16	38	26
Weaning off gradually	82	7	6
Other methods	4	11	1

Methods by potential for success

Method	Previous success	Potential for success	P (Wilcoxon)
GP recommendation	2.61	2.47	0.027*
Letter to patient from GP	3.55	3.38	0.017*
Audit and feedback	3.19	3.25	0.734
Prescribing guidelines	3.14	3.19	0.971
Practice pharmacist clinic	3.24	3.10	0.381
Practice nurse clinic	3.12	3.05	0.242
Other practice-based clinic	3.13	2.95	0.078
Other methods			

Key findings

- GPs overall had negative attitudes to prescribing
- Attitudes and prescribing rates varied
- Alternative strategies for sleep focused on prescribing
- GPs expressed preferences for stopping prescribing

Quality improvement for insomnia

- Improve user experience of management of insomnia
- Increase use of social and psychological interventions in insomnia by at least 100% in 3 years
- Reduce rate and (costs) of z-drug prescribing by 50% in 3 years
- Reduce the rate (costs) of benzodiazepine hypnotic prescribing by 25% in 3 years

Acknowledgements

- GPs and practices
- Co-researchers
- PCT Board and Executive

Lincolnshire NHS
Teaching Primary Care Trust

The Health Foundation

University of Lincoln

Thank you

TRENT RDSU
Trent Research & Development Support Unit

CHILL
Centre for Health Improvement and Leadership in Lincoln