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The attitude of patients over 65yrs to ceasing long term sleeping tablets

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Abstract
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The attitude of patients over 65yrs to ceasing long term sleeping tablets

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Aims & rationale/Objectives
Nocturnal benzodiazepine use remains a significant health issue particularly in the elderly. Although most General Practitioners are aware of the health and addiction risks, they continue to both initiate and continue via repeat prescriptions. Consultations regarding the cessation of long term sleeping tablets may be perceived as difficult with anticipated resistance from the patient and ensuing conflict. This study aims to assess elderly patients use and knowledge of nocturnal benzodiazepines and their attitudes to cessation.

Methods
Semi-structured telephone interviews with elderly patients (n=10), from four general practices, to investigate the use and knowledge of benzodiazepines and attitude to cessation. Transcribed interviews were analysed using a constant comparative analysis framework.

Principal findings
A key consistent finding identified that initiation of the benzodiazepines arose at a time of stress with a lack of intention for long term use. Patients conveyed poor awareness of the side effects of benzodiazepines and addictive potential. The perceived ambivalence of GP’s to prescribing benzodiazepines and patients lack of awareness of alternative therapies appeared key to medication continuation. A confounding factor e.g. pain or nocturia often contributed to sleep disturbance. Many patients expressed a willingness to cease nocturnal benzodiazepines with support from their GP.

Implications
Few studies have looked at older patients’ willingness, or attitude towards ceasing benzodiazepines. This data assists in raising GP’s awareness of patients’ attitudes towards cessation of nocturnal benzodiazepines. More time spent with patients presenting for repeat prescriptions, explaining side effects, discussing alternative options and investigating reasons for not sleeping could reduce benzodiazepine use amongst the elderly.

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Background and Rationale
- Benzodiazepines are widely used as a treatment for insomnia.
- Nocturnal Benzodiazepines in the elderly are associated with increased risk of falls, fractures and road traffic accidents.²,³
- General Practitioners are aware of these risks yet continue to prescribe them.³
- GPs anticipate resistance in suggesting a patient cease long term use or cease the medication.³
- The aim of this study was to assess elderly patients’ use and knowledge of benzodiazepines and their attitudes to ceasing long term use.

Findings

Starting and Stopping Benzodiazepines
Sleeping tablets were often initiated due to a particular event then continued indefinitely.
Many patients had a reason for not sleeping e.g. pain and nocturia.
Most patients expressed interest in ceasing medication.

Method
15 Patients from 4 practices took part in a semi-structured interview.
Patients had had at least 2 prescriptions for sleeping tablets in the last 6 months.

Patient interaction with their GP around benzodiazepine use
Most patients thought the GP was approving of the taking of sleeping tablets therefore kept taking them.

Potential uses of this research
- This research aims to provide further information to General Practitioners to assist in the management of patients on long term benzodiazepines.
- Patients may be willing to cease this medication particularly if side effects and alternative options are explained to them.
- More time should be spent discussing these issues when patients present for repeat prescriptions. This may lead to a decrease in use and associated adverse events.

References