

1.1.8.6. Benzodiazepines

Table 27: Summary of evidence: Benzodiazepines: Review Finding 1

Study design and sample size			Quality assessment		
Number of studies contributing to the finding	Design	Findings	Criteria	Rating	Overall assessment of confidence
Short-term length of prescription					
2	Semi-structured interview with qualitative analysis (1 study); In-depth interviews with grounded theory analysis (1 study)	Health professionals, including GPs and pharmacists emphasised the importance of setting a short-term time frame for the prescription of benzodiazepines and making patients aware of that to prevent the formation of a life-habit.	Limitations	Minor concerns about methodological limitations ^a	MODERATE
			Coherence	No concerns about coherence	
			Relevance	Minor concerns about relevance ^b	
			Adequacy	No concerns over adequacy	

(a) Two studies with very minor to minor issues; methodological limitations due to the potential influence of the researcher on the findings not being discussed in both studies ^{316, 325} and due to themes in one study occasionally illustrated by single quotes³¹⁶.

(b) Minor concerns about relevance due to the information only emerging from health professionals and not people taking benzodiazepines

Table 28: Summary of evidence: Benzodiazepines: Review Finding 2

Study design and sample size			Quality assessment		
Number of studies contributing to the finding	Design	Findings	Criteria	Rating	Overall assessment of confidence
Addiction potential, safety and withdrawal symptoms					
3	Semi-structured interview with qualitative analysis (1 study); In-depth interviews with grounded theory analysis (1 study); Semi-structured interview with thematic analysis (1 study)	GPs appeared to emphasise the addiction potential of benzodiazepines and the withdrawal symptoms associated with stopping as part of patient education while many patients were confused with regards to benzodiazepine safety and those who were advised of their drugs' addiction potential reported positive interactions with their clinician. Some people were concerned about withdrawal symptoms or relapse in their health condition if they stopped taking benzodiazepines.	Limitations	Minor concerns about methodological limitations ^a	MODERATE
			Coherence	No concerns about coherence	
			Relevance	Minor concerns about relevance ^b	
			Adequacy	No concerns over adequacy	

(a) Three studies with very minor to minor issues; methodological limitations due to the potential influence of the researcher on the findings not being discussed in two studies ^{316, 325} and due to themes in one study occasionally illustrated by single quotes ³¹⁶ and due to concerns about the recruitment strategy used ⁸⁴.

(b) Minor concerns about relevance due to the patient sample contributing to the theme being limited to older adults whose concerns and information and support needs may slightly differ from those of younger populations taking benzodiazepines

Table 29: Summary of evidence: Benzodiazepines: Review Finding 3

Study design and sample size			Quality assessment		
Number of studies contributing to the finding	Design	Findings	Criteria	Rating	Overall assessment of confidence
Consequences of long-term use and benefits of stopping					
3	Semi-structured interview with qualitative analysis (1 study); 'Directive' interviews and inspection of medication container with unspecified qualitative analysis (1 study) Semi-structured interview with thematic analysis (1 study)	Some people are concerned about the long-term impact of benzodiazepines on their health, including dependency, while many view stopping as undesirable due to potential consequences associated with it; the successful completion of a dose reduction regime may rely on peoples' perceived benefits of ceasing, yet only a few health-professionals explained the benefits of ceasing benzodiazepine use and the consequences of long-term use.	Limitations	Moderate concerns about methodological limitations ^a	LOW
			Coherence	No concerns about coherence	
			Relevance	Minor concerns about relevance ^b	
			Adequacy	No concerns over adequacy	

- (a) Three studies with minor to serious issues; methodological limitations due to the potential influence of the researcher on the findings not being discussed in two studies ^{316, 461}, themes occasionally illustrated by single quotes in one study ³¹⁶, concerns over the recruitment strategy ⁸⁴ and due to concerns over the recruitment strategy with participants selected for a different project and the data analysis being unclear in one study ⁴⁶¹.
- (b) Minor concerns over relevance due to the patient sample contributing to the theme being limited to elderly long-term users whose concerns and information and support needs may slightly differ from those of younger populations taking benzodiazepines.

Table 30: Summary of evidence: Benzodiazepines: Review Finding 4

Study design and sample size		Findings	Quality assessment		
Number of studies contributing to the finding	Design		Criteria	Rating	Overall assessment of confidence
Rationale for medication and benefits					
2	Semi-structured interviews with qualitative analysis (1 study); 'Directive' interviews and inspection of medication container with unspecified qualitative analysis (1 study)	People taking benzodiazepines questioned the usefulness of their medication and were concerned about its impact on their health, and valued being given a rationale for their treatment.	Limitations	Moderate concerns about methodological limitations ^a	LOW
			Coherence	No concerns about coherence	
			Relevance	Minor concerns about relevance ^b	
			Adequacy	Moderate concerns over adequacy ^c	

- (a) Two studies with minor to serious issues; methodological limitations due to the potential influence of the researcher on the findings not being discussed in two studies ³¹⁶, ⁴⁶¹ due to some findings illustrated by limited quotes in one study ³¹⁶ and due to concerns over the recruitment strategy with participants in one study selected for a different project and the data analysis being unclear ⁴⁶¹.
- (b) Minor concerns over relevance due to the patient sample of one study contributing to the theme being limited to elderly long-term users whose concerns and information and support needs may slightly differ from those of younger populations taking benzodiazepines or those who have not been using the medication long-term.
- (c) Moderate concerns over adequacy with the theme emerging from relatively limited information from two studies.

Table 31: Summary of evidence: Benzodiazepines: Review Finding 5

Study design and sample size		Findings	Quality assessment		
Number of studies contributing to the finding	Design		Criteria	Rating	Overall assessment of confidence
Alternative treatment approaches					
2	Semi-structured interview with qualitative analysis (1 study); In-depth interviews with grounded theory analysis (1 study)	Some health professionals appeared to provide people on benzodiazepines with alternative pharmacological and non-pharmacological options including antidepressants, relaxation strategies and counselling to cope with their underlying condition when appropriate, however, they appeared to be reluctant to do so when working with adults of more mature age.	Limitations	Minor concerns about methodological limitations ^a	LOW
			Coherence	No concerns about coherence	
			Relevance	Moderate concerns about relevance ^b	
			Adequacy	Moderate concerns over adequacy ^c	

- (a) Two studies with very minor to minor issues; methodological limitations due to the potential influence of the researcher on the findings not being discussed in both studies^{316, 325} and due to themes in one study occasionally illustrated by single quotes³¹⁶.
- (b) Moderate concerns about relevance due to the information supporting theme emerging from the practice of health professionals rather than the thoughts of patients themselves and the theme being of potentially limited applicability to long-term benzodiazepine users of more mature age whose health professionals may be reluctant to provide alternative approaches³²⁵
- (c) Moderate concerns about adequacy with relatively limited information from two studies supporting the theme.

Table 32: Summary of evidence: Benzodiazepines: Review Finding 6

Study design and sample size			Quality assessment		
Number of studies contributing to the finding	Design	Findings	Criteria	Rating	Overall assessment of confidence
Administration of benzodiazepines					
1	Semi-structured interview with qualitative analysis	People prescribed benzodiazepines value information on when to take the tablets, which nevertheless sometimes appeared to be limited or inadequate.	Limitations	Minor concerns about methodological limitations ^a	LOW
			Coherence	No concerns about coherence	
			Relevance	No concerns about relevance	
			Adequacy	Serious concerns over adequacy ^b	

(a) One study with minor issues; limitations due to the influence of the researcher on the findings not being discussed and some findings supported by single quotes ³¹⁶.

(b) Serious concerns over adequacy with information from one study supporting the theme.

Table 33: Summary of evidence: Benzodiazepines: Review Finding 7

Study design and sample size		Findings	Quality assessment		
Number of studies contributing to the finding	Design		Criteria	Rating	Overall assessment of confidence
Information from pharmacists					
1	Semi-structured interview with qualitative analysis	When reflecting upon their interactions with pharmacists, people taking benzodiazepines mostly reported receiving limited or inadequate information	Limitations	Minor concerns about methodological limitations ^a	VERY LOW
			Coherence	No concerns about coherence	
			Relevance	Moderate concerns about relevance ^b	
			Adequacy	Serious concerns over adequacy ^c	

- (a) One study with minor issues; limitations due to the influence of the researcher on the findings not being discussed and some findings supported by single quotes³¹⁶.
- (b) Moderate concerns over relevance with the need for more information from pharmacists emerging from peoples' dissatisfaction with the information they are given by pharmacists probably reflected as a result to a prompted question rather than directly emerging as a source of information people wish to have
- (c) Serious concerns over adequacy with limited information from one study supporting the theme.

Table 34: Summary of evidence: Benzodiazepines: Review Finding 8

Study design and sample size			Quality assessment		
Number of studies contributing to the finding	Design	Findings	Criteria	Rating	Overall assessment of confidence
Tailored information for older adults					
1	In-depth interviews with grounded theory analysis	Health professionals reflected on a lack of information that is adapted to the needs of older people taking benzodiazepines which may negatively influence the quality of doctor-patient discussions.	Limitations	Very minor concerns about methodological limitations ^a	LOW
			Coherence	No concerns about coherence	
			Relevance	Minor concerns about relevance ^b	
			Adequacy	Serious concerns over adequacy ^c	

(a) One study with very minor issues; limitations due to the potential influence of the researcher on the findings not being discussed ³²⁵

(b) Minor concerns about relevance the information only emerging from health professionals rather than people taking medication

(c) Serious concerns about adequacy with limited information from one study supporting the theme.

Table 35: Summary of evidence: Benzodiazepines: Review Finding 9

Study design and sample size		Findings	Quality assessment		
Number of studies contributing to the finding	Design		Criteria	Rating	Overall assessment of confidence
Support with cessation					
4	Semi-structured interviews with qualitative analysis (1 study); In-depth interviews with grounded theory analysis (1 study); Directive' interviews and inspection of medication container with unspecified qualitative analysis (1 study); Semi-structured interviews with thematic analysis (1 study)	Support with cessation of benzodiazepines that is individually tailored was highlighted both by GPs and patients who had often made unsuccessful attempts, viewed stopping as undesirable due to concerns about withdrawal and relapse symptoms and a perceived lack of benefits associated with it or experienced a lack of encouragement and education on cessation from health professionals.	Limitations	Moderate concerns about methodological limitations ^a	MODERATE
			Coherence	No concerns about coherence	
			Relevance	No concerns about relevance	
			Adequacy	No concerns over adequacy	

(a) Four studies with very minor to serious issues; limitations due to the potential influence of the researcher on the findings not being discussed in three studies ^{316,325, 461}, some findings supported by single quotes in one study³¹⁶, due to concerns over the recruitment strategy ⁸⁴, due to concerns over the recruitment strategy with participants in one study selected for a different project and the data analysis being unclear⁴⁶¹.

Table 36: Summary of evidence: Benzodiazepines: Review Finding 10

Study design and sample size			Quality assessment		
Number of studies contributing to the finding	Design	Findings	Criteria	Rating	Overall assessment of confidence
Sources of support during cessation					
1	Semi-structured interviews with qualitative analysis	Support from various health professionals (pharmacists, local mental health services) apart from the GP was identified as a key factor for cessation both by people taking benzodiazepines and by GPs, while people on benzodiazepines also highlighted the importance of social support from an appropriate support network (including their family, partner, friends).	Limitations	Minor concerns about methodological limitations ^a	MODERATE
			Coherence	No concerns about coherence	
			Relevance	No concerns about relevance	
			Adequacy	Minor concerns over adequacy ^b	

- (a) One study with minor issues; limitations due to the potential influence of the researcher on the findings not being discussed and findings occasionally supported by single quotes ³¹⁶.
- (b) Minor concerns over adequacy with the theme supported by relatively sufficient information from one study³¹⁶.