# A GP training intervention to reduce benzodiazepine prescription in primary care

| Submission date   | <b>Recruitment status</b> No longer recruiting    | [X] Prospectively registered                                      |  |  |
|-------------------|---------------------------------------------------|-------------------------------------------------------------------|--|--|
| 02/02/2016        |                                                   | [X] Protocol                                                      |  |  |
| Registration date | Overall study status Completed Condition category | Statistical analysis plan                                         |  |  |
| 06/04/2016        |                                                   | <ul><li>[X] Results</li><li>Individual participant data</li></ul> |  |  |
| Last Edited       |                                                   |                                                                   |  |  |
| 10/05/2024        | Mental and Behavioural Disorders                  |                                                                   |  |  |

#### Plain English summary of protocol

Background and study aims

Clinicians mainly prescribe benzodiazepines (BZDs) to treat anxiety and insomnia, or as adjuvants (i.e. in addition to other therapy) in treatment of depression. International guidelines specifically recommend short-term use because long-term use can increase the risk of cognitive impairment (not being able to think clearly), falls, fractures, and mortality (death). Despite these potentially harmful consequences, many physicians prescribe BZDs for long periods. General practitioners (GPs) issue most of these prescriptions, so withdrawal should also be managed by GPs; however, doctors and patients often consider stopping BZD as very challenging. A primary care (GP-run) structured intervention (program) to reduce the use of BZD has led to a significant drop in the number of long-term benzodiazepine users. The aim of this study is to see whether GPs that have had workshop training in BZD prescription/discontinuation and have been provided with information on the BZDs they give to patients (prescribe) every month will prescribe less of them than GPs that are not given the training or information.

#### Who can participate?

GPs working in Balearic Island Primary Care, Tarragona-Reus Primary Care and Arnau de Vilanovallíria Primary Care health care centers.

#### What does the study involve?

Health care centers enrolled in the study are randomly allocated to one of two groups, an intervention and a control group. GPs working in a health care center allocated to the intervention group attend a two hour workshop about BZD prescription and discontinuation. They then receive monthly information about the BZD prescriptions they provide over the next year. GPs working in a health center allocated to the control group do not receive any specific training, nor information about their prescriptions. All GPs are assessed after a year to see whether they have reduced the number of BZD prescriptions they provide.

What are the possible benefits and risks of participating?

GPs may benefit from a specific training in BZD prescription and discontinuation and their patients may benefit from reducing their use of these drugs. There are no known risks to participants taking part in this study.

Where is the study run from? Son Serra- La Vileta Health care center, Palma (Spain)

When is the study starting and how long is it expected to run for? January 2016 to December 2018

Who is funding the study?
Carlos III Health Institute of the Ministry of Economy and Competitiveness (Spain)

Who is the main contact?
Dr Caterina Vicens (scientific)
cvicenscaldentey@ibsalut.caib.es

#### Contact information

#### Type(s)

Scientific

#### Contact name

Mrs Catalina Vicens

#### Contact details

C/ Matamusinos, n22, Palma Spain 07011 +34 (0)971793193 caterinavicens@gmail.com

#### Additional identifiers

#### Protocol serial number

PI15/01480

# Study information

#### Scientific Title

Evaluation of a multifactorial intervention to reduce the consumption of benzodiazepines in primary care: a randomized cluster clinical trial

#### Acronym

**BENZORED** fase 4

#### Study objectives

A multifactorial intervention addressed to general practitioners including a two hours workshop training and followed by benzodiazepine prescription feed-back is effective in reducing benzodiazepine prescription.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Balearic Island Ethic Committee, 10/11/2015, ref: IB 3065/15

#### Study design

Cluster randomized controlled clinical trial

#### Primary study design

Interventional

#### Study type(s)

Other

#### Health condition(s) or problem(s) studied

Benzodiazepine consumption

#### **Interventions**

Health centers enrolled in the study are randomly assigned to a intervention or a control group.

- 1. Intervention group: All GPs working in one of the intervention health centers attend a two hours workshop about the use of benzodiazepines and provided with monthly information about their benzodiazepine prescription indicators (DHD)
- 2. Control group: All GPs in this arm do not receive any specific training or information about their prescriptions

#### Intervention Type

Drug

#### **Phase**

Phase IV

#### Drug/device/biological/vaccine name(s)

Benzodiazepine

#### Primary outcome(s)

Total GP Doses per 1000 Habitants per Day (DHD) of benzodiazepine at 12 months

#### Key secondary outcome(s))

- 1. Percentage of total long term benzodiazepine users at 12 months, measured via information about patient prescribed benzodiacepine for a period longer than six months registered in the prescription database of the electronic health records
- 2. Percentage of patient older than 65 long term benzodizepine users at 12 months, measured via information about patient older than 65 with a prescription of benzodiazepine registered in the prescription database of the electronic health records
- 3. Feasibility, adoption and fidelity of the intervention will be measured by an "ad hoc" questionnaire to measure GP opinion

#### Completion date

31/12/2018

# **Eligibility**

#### Key inclusion criteria

All GPs from the health centers where the trials will be implemented

#### Participant type(s)

Health professional

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Sex

All

#### Total final enrolment

700

#### Key exclusion criteria

Unwillingness to participate

#### Date of first enrolment

01/06/2016

#### Date of final enrolment

31/12/2016

#### Locations

#### Countries of recruitment

Spain

# Study participating centre IB-Salut (Balearic Island Primary Care)

Spain 07005

#### Study participating centre Cat-Salut (Tarragona-Reus Primary Care)

Spain 43480

Study participating centre

#### Agencia Valenciana de Salut (Arnau de Vilanova-llíria Primary Care)

Spain 46980

## Sponsor information

#### Organisation

Primary Care Management of Mallorca (Gerencia de Atención Primaria de Mallorca)

#### ROR

https://ror.org/00d9y8h06

## Funder(s)

#### Funder type

Hospital/treatment centre

#### Funder Name

Instituto de Salud Carlos III

#### Alternative Name(s)

SaludISCIII, InstitutodeSaludCarlosIII, Instituto de Salud Carlos III | Madrid, Spain, Carlos III Institute of Health, Institute of Health Carlos III, Carlos III Health Institute, La misión del Instituto de Salud Carlos III (ISCIII), ISCIII

#### **Funding Body Type**

Government organisation

#### **Funding Body Subtype**

National government

#### Location

Spain

#### **Results and Publications**

#### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Caterina Vicens (caterinavicens@gmail.com). Data that will be shared: individual participant data that underlie the results reported in published articles. Data will be available: beginning 2 months following article publication. Data will be available for researchers who provide a methodologically sound proposal and individual participant data meta-analysis.

# **IPD sharing plan summary** Available on request

### Study outputs

| Output type                   | Details                       | Date created | Date added | Peer reviewed? | Patient-facing? |
|-------------------------------|-------------------------------|--------------|------------|----------------|-----------------|
| Results article               |                               | 06/05/2022   | 09/05/2022 | Yes            | No              |
| Results article               |                               | 28/07/2021   | 10/05/2024 | Yes            | No              |
| Protocol article              | protocol                      | 30/01/2019   | 16/01/2020 | Yes            | No              |
| Participant information sheet | Participant information sheet | 11/11/2025   | 11/11/2025 | No             | Yes             |