

Reducing long-term benzodiazepine use: effectiveness and cost-effectiveness of two minimal interventions and development of guidelines for case management

Submission date

23/01/2004

Recruitment status

No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date

23/01/2004

Overall study status

Completed

☐ Statistical analysis plan

☒ Results

Last Edited

12/04/2012

Condition category

Mental and Behavioural Disorders

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number

PCC16 T84 8846

Study information

Scientific Title

Not provided at time of registration

Study objectives

Recent studies have shown that two inexpensive interventions (a brief GP consultation and a letter from the patients GP) can be effective in leading to reduced benzodiazepine (BZD) intake in long-term users. In a randomised controlled trial, we will directly compare the effectiveness and cost-effectiveness of these two interventions and search for patient and other variables predictive of successful and unsuccessful response to intervention. We will then use the results to develop a set of guidelines for rational deployment of three levels of intervention against long-term BZD use:

1. A GP letter advising gradual reduction
2. A short GP consultation plus self-help booklet
3. Specialised intervention at a benzodiazepine withdrawal clinic

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Primary study design

Interventional

Study design

Randomised controlled trial

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Depression, anxiety, neuroses

Interventions

1. A brief GP consultation
2. A letter from the GP advising gradual reduction

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Benzodiazepine

Primary outcome(s)

Effectiveness in curtailing long term use of benzodiazepines and cost-effectiveness of the two interventions.

The main outcome measure was change in BZD intake between the six-month periods before and after the intervention. This was taken from practice prescription records and was available for all 273 patients entering the analysis. BZD intake for each patient was converted to a standard measure of 10 mg diazepam equivalents (Ashton, 1994).

Key secondary outcome(s)

A subsidiary outcome measure was whether or not the patient was a "true reducer", defined as having reduced BZD intake by a quarter or more, including those who had stopped intake completely.

Completion date

23/03/1999

Eligibility

Key inclusion criteria

Patients on benzodiazepines.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

24/03/1997

Date of final enrolment

23/03/1999

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Centre for Alcohol and Drug Studies
Newcastle upon Tyne
United Kingdom
NE1 6UR

Sponsor information

Organisation

NHS R&D Regional Programme Register - Department of Health (UK)

Funder(s)

Funder type

Government

Funder Name

NHS Executive Northern and Yorkshire (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/10/2001		Yes	No