Capsule Commentary on Steinman et al., Epidemic Use of Benzodiazepines among Older Adults in Israel: Epidemiology and Leverage Points for Improvement

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J Gen Intern Med 32(8):919
DOI: 10.1007/s11606-017-4075-1
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Steinman and colleagues¹ address the important issue of epidemic use of benzodiazepine/benzodiazepine-receptor agonists (BDZRAs) by the elderly population in Israel. The authors found that the exceptionally high rates of both initiation of use and transition to long-term usage were fueled by the same risk factors. Accordingly, they identified leverage points for system-based quality improvement interventions.

Batalden and Davidoff² described quality improvement as based on three elements: 1) “generalisable scientific knowledge,” 2) “knowledge of particular contexts [that] is developed by enquiry into the identity of local care settings—their processes, habits and traditions,” and 3) “knowledge on the effect of improvements on system performance.” Quality improvement is often informed by large-scale data mining, and this article highlights the importance of the first two elements. The third element is not within the scope of this manuscript, although general considerations are pointed out.

Three potential targets are suggested for intervention: preventing the transition from short- to long-term use of benzodiazepine/BDZRAs, reducing prescribing of benzodiazepine/BDZRAs for depression, and exploring the variability in prescription rates among different ethnic groups. Interestingly, and unexpectedly, initiation of these drugs during hospitalization was not found to be an absolute contributing factor to the problem.

A significant limitation of the study is the insufficient detailing of the indications for benzodiazepine/BDZRAs. Of major concern, for example, is the fact that sleep disturbances, their prevalence and their impact on both initiation and transition from short- to long-term prescription usage are missing.

It is only reasonable to assume that targeting this indication would offer a wide array of potential quality-improvement efforts. Some are suggested by the authors, and some have been previously addressed by others.³

Even more important than discrete indications, the mix of indications for use of these drugs is crucial. The results of a 12-year prospective study of hypnotics and their detrimental effects in the elderly population⁴ did not find that these drugs were associated with increased risk for mortality. As the authors noted, underlying psychiatric disorders appear to be the principal confounders of the observed association. This further emphasizes the need for future research addressing the whole list of patient diagnoses as contributors to this epidemic.

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Compliance with Ethical Standards:

Conflict of Interest: The author has no conflict of interest with this article.

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