

Psychotropic drug use among older people in general practice: discrepancies between opinion and practice

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BACKGROUND

Prescribing psychotropic drugs is part of GPs' daily routine. In France, 60–75% of psychotropic prescriptions are from GPs, and 80–92.3% of psychotropic drugs are prescribed to people aged ≥ 65 years.¹ In the UK, hypnotic treatment is also initiated by GPs in 87.9% of cases.²

Although the desirability of reduction in psychotropic medication to avoid side-effects has been recognised, consumption remains excessive.^{3,4} The present study was undertaken to provide more insight into GPs' prescribing patterns for older people. The aim was to investigate GPs' knowledge and opinions about prescription of psychotropics in individuals aged ≥ 65 years, and to collect patient-based data to describe 'real-life' prescription patterns of psychotropics in this population.

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METHOD

This was a French cross-sectional study conducted among GPs between November 2007 and January 2008. GPs were questioned about:

- their knowledge and opinions about psychotropic drug consumption in individuals aged ≥ 65 years; and
- characteristics of the last patient aged ≥ 65 years receiving a psychotropic drug and seen by the GP last in their last working day. Data were collected regarding: demographics, prescribed psychotropic drugs, duration of treatment, difficulties encountered by GPs in stopping or reducing dose, and barriers to reducing or stopping treatment.

RESULTS

Questionnaires were returned by 350 GPs, which represents a response rate of 36.1% (350/967). Among the non-responders, the reason for non-participation was a lack of time to answer (90.1%, 128/142) or lack of interest in the objective of the study (8.9%, 16/142).

GPs' opinions about psychotropic use for individuals aged ≥ 65 years

Pressure by patients to initiate or renew prescription of anxiolytics/hypnotics had previously been felt by 97.1% of GPs (online Table 1). However, 90.5% declared that it was possible to reduce or to stop psychotropic treatment for their patients.

Psychotropic consumption: patient-based data

Characteristics of the last patients aged ≥ 65 years last seen by the GP and receiving a psychotropic drug are described in Table 1 (online Table 2; $n = 339$ patients). They were aged a mean of 77.3 years (SD = 7.5), mostly female (70.8%, 240/339), and where living alone (46.5%, 157/338), with their family (40.8%, 138/338), or in an institution (12.8%, 43/338).

Anxiolytics were the drugs most commonly used (57.5%, 195/339), with a 22.1% (75/339) proportion of exclusive users. Hypnotics were used by 41.3% of

Table 1. Psychotropic consumption in 339 patients aged ≥ 65 years.

	<i>n</i> (%)
Overall use, <i>n</i> = 339	
Anxiolytics	195 (57.5)
Hypnotics	140 (41.3)
Antidepressants	193 (56.9)
Exclusive use, <i>n</i> = 339	179 (52.8)
Anxiolytics	75 (22.1)
Hypnotics	54 (15.9)
Antidepressants	50 (14.7)
Combined use, <i>n</i> = 339	160 (47.2)
Anxiolytics + antidepressants	74 (21.8)
Hypnotics + antidepressants	40 (11.8)
Anxiolytics + hypnotics	17 (5.0)
Antidepressants + anxiolytics + hypnotics	29 (8.0)

patients (140/339), with a 15.9% (54/339) proportion of exclusive users. Antidepressants were used by 56.9% of patients receiving a psychotropic drug (193/339), with a proportion of 14.7% (50/339) exclusive users.

The most frequent drug combinations were anxiolytics with antidepressants, followed by antidepressants combined with hypnotics (Table 1, online Table 2). Among the 291 patients who were using an anxiolytic or hypnotic drug, the treatment duration was over 1 year in 68.4% of cases (199/291).

GPs stated that it was impossible to reduce or stop the anxiolytic or hypnotic treatment for 57% of patients (166/291), whereas 27.1% (79/291) agreed that it could be possible. Barriers to reducing the dosage or to stop anxiolytic/hypnotic therapy for those patients are presented in Figure 1 (online Figure 2). The principal barriers reported were patients' refusal (79%), absence of reimbursement of psychotherapy (79%), no local offer of

How this fits in

Inappropriate use of psychotropic drugs among older patients is an important problem seen in general practice. Confronting, at the same time, GPs' opinions and real practice regarding psychotropic drugs use in older people reveals a gap between opinions and practice for benzodiazepines and for Z drugs. GPs surveyed in this study suggested some actions for improvements.

psychotherapy available (73%), or absence of any other alternative therapy (70%).

DISCUSSION

Summary of main findings

This study confirmed the high rate of very long-term prescription and combined use of psychotropic medication among older patients seen in general practice. While 91% of GPs stated that it was possible to reduce or stop psychotropic drugs in most older patients, only 27% reported the feasibility of doing so when facing their patients. These findings illustrate a mismatch between GPs' opinions about psychotropic prescription and the reality of practice. The principal barriers to reducing or stopping anxiolytic/hypnotic drugs were patient refusal and the unavailability of psychotherapy or alternative therapies.

Limitations of the study

A participation bias is possible; however, a participation rate of 36% is in the range of the results from most surveys conducted in general practice.²⁻⁷ A further limitation may also have been introduced by only offering GPs closed questions. Finally, the survey does not present data about diagnosis (and adequacy of treatment according to the diagnosis) or patients' opinions.

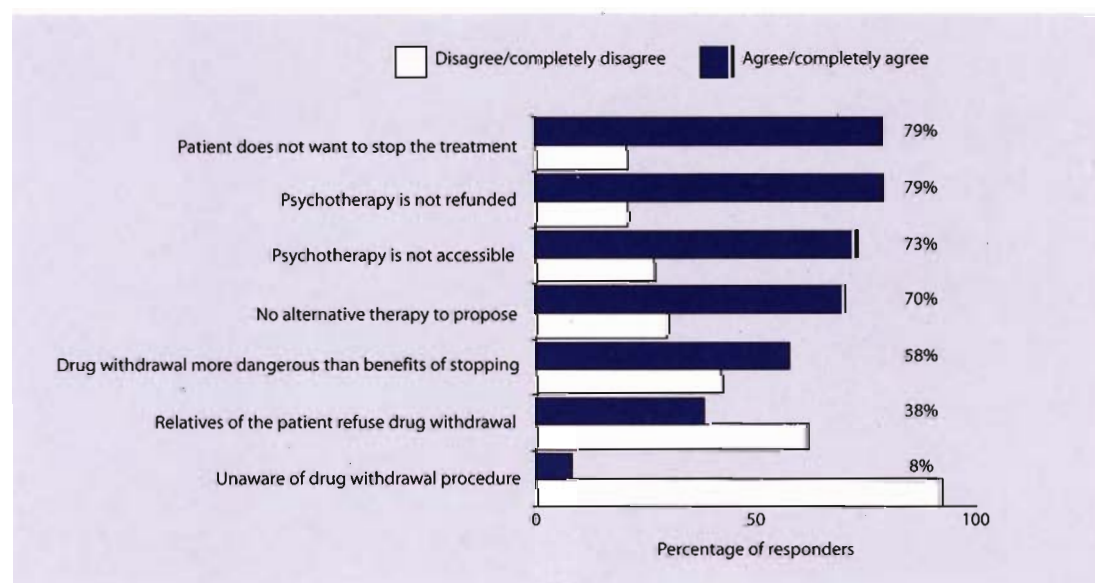


Figure 1. Barriers declared by GPs to reduce or stop anxiolytic or hypnotic drugs in patients aged ≥ 65 years.

Comparison with existing literature

The present study confirms that almost one in three patients aged ≥ 65 years, seen by a French GP, receives an anxiolytic or hypnotic prescription, and one in five patients receives an antidepressant prescription. These results are in accordance with the results of previous studies conducted in France.⁸⁻¹⁶

GPs' opinions and knowledge about psychotropic drug prescription in older patients have rarely been explored. In the present study, 91% of GPs were optimistic about the possibilities of reducing or stopping anxiolytic and hypnotic drugs. In reality, only 27% of GPs admitted it was possible when facing their patients. This mismatch between 'theoretical' and 'real-world' practice reveals that knowledge of the guidelines is insufficient, as reported in the literature.¹⁷⁻¹⁹

Several factors have been identified to explain inappropriate prescribing of psychotropics in older people: GP-related barriers, including lack of knowledge; confusion due to the lack of a consensus defining inappropriate psychotropic use; difficulties in re-addressing inappropriate medication started by a previous provider; the number of prescribers and pharmacies involved in patient care; inappropriate attitudes towards ageing (ageism); and cost issues.²⁰ Patients may also contribute to the problem by demanding medication to treat personal or social problems.²¹⁻²³

Implications for future research and clinical practice

More appropriate use of psychotropic prescription drugs is a key element in improving disease management for older patients in general practice. To help GPs to reduce psychotropic consumption and prescription, evaluation of specific education for the general public and physicians, increased access to non-pharmacological treatment, and collaborative care with psychiatrists could be undertaken.

This study evidenced an important mismatch between GPs' opinions about psychotropic prescription and the reality of practice. Reconciliation of theory and practice is needed and should be further examined.

Online version

Additional information can be found in the online version of this article.

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Competing interests

The authors have stated that there are none.

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