



Misuse of benzodiazepines among women: contributions to Brief Intervention

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- Benzodiazepines (BZDs)
 - Anxiolytic and hypnotic drugs
 - The most used psychotropic medications (Lader et al, 2009)
- *Lifetime use* – among the general population
 - from **8.4%** in British Columbia (Cunningham et al, 2010)
 - to **18.6%** in Taiwan (Fang et al, 2009);

- **Chronic use is considered misuse** (more than four weeks, for common cases of insomnia and anxiety - Smith & Tett, 2009; WHO 1983).
- Cunningham (2010) observed **long-term use** (more than 100 days) among **3.5%** of the general population in British Columbia
- Other studies report individuals with more than **20 years** of BZD use (Cook et al, 2007; Parr et al, 2006).
- **Main risk factors** for BZD long-term use are:
 - Women, 50-71 years old;
 - Married;
 - Anxiety disorders.

(Cunningham, 2010; Minaya, 2009; Fang et al, 2009; Cook et al, 2007; Parr et al, 2006; Cuevas, 2003)





- **Main consequences of long-term use** (Kapczinski, 2001):
 - Decreased cognition.
 - Reduced coordination (increased risk of accidents).
 - Risk of dependence.

- Recent studies focus on the need of research to support **BZD misuse prevention**
(Lader 2009; Fang et al, 2009; Godfrey et al, 2008; Georgels et al, 2008; Cook et al, 2007; Vormea et al, 2005, Heather et al, 2004)



- **Drug Screening**

- **ASSIST**

- **item g** - Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)

- **Brief Intervention**

Research is needed to provide the basis for

FRAMES regarding psychotropic medications specificities.



OBJECTIVE

To analyse, based on qualitative research, the context and beliefs concerning using and stopping using BZDs among adult women, in order to provide information for Brief Intervention.



“Misuse” of benzodiazepine

- The term "misuse" of BZDs, in this study, refers to:
 - More than 4 weeks of use (for anxiety and insomnia);
 - No medical orientation

Sample

(33 women)



- **Intentional Sample**
 - women, 18-60 years old
 - history of BZD misuse in the last 12 months
- Sampling technique: “**snow-ball**”
- The sample size was defined by “**theoretical saturation**” for the most relevant themes of the study

Interview



- **Semi-structured interviews**
 - History and patterns of use;
 - Reasons and beliefs about use;
 - Risk perception ; medical and pharmaceutical guidance;
 - Strategies to reduce and quit use
- Interviews lasted about 1 hour and were taped
- Ethical procedures were observed.

Content Analysis (Bardin, 1970)

- Coding and categorization - Software QSR Nvivo (version 8);

Topics analyzed were based on **FRAMES**:

Feedback

Responsibility

Advice

Menu of options

Empathy

Self-efficacy



Results

A close-up photograph of a woman's face as she takes a white pill from a glass of water.

Women (N=33):

Middle class (N=20);

Single (N=14), married (N=13), separated (N=5) and widowed (N=1);

History of BZD use ranged from **50 days to 37 years** (median= 7 years);



N=12 - Concomitant use with alcohol



N= 28 - Concomitant use with other psychotropic medications



N=24 - Medical prescription.

Long term use involved different physicians

*The women shared with physicians the **responsibility** concerning their BZD use*

Reasons
for use

Anxiety reduction

*“... When you take it you **relax**, it feels good...”
(5M.50.7)*

Insomnia

*“... Then she (physician) prescribed clonazepam for me **to be able to sleep**... I couldn't sleep, and until today I don't sleep if I don't take it ...” (1T.49.11)*

“Avoidance of problems”

*“I think it helps me. It helps me a lot, it's an escape... When I have a problem, it's **to forget the problem.**” (21I.18.5)*

Dependence

- **16** women reported being **aware of their dependence:**

“Look, yes, I am dependent... Just knowing I ran out of it is something that will make me lose sleep...” (7T.31.11)

- **The other 17 did not**

“I think it’s a necessary dependence...I intend to have quality of life, even if it shortens my life, I prefer to have quality” (2I.53.18)

“...I take it...when I think I should take it... It’s my crutches, I will stop when I want to...” (4M.50.15)

Risk perception

- **14** women reported **perception of risks**
 - “memory problems”, reduced coordination.

*“...Because Rivotril® causes a **coordination problem**, you know?... And I’ve had many falls on stairs...” (23R.46.6)*

- The others (N=**19**) reported **unconcern** about these risks

“Does it do any harm?” (15A.48.3)

Strategies to stop or reduce use

“Menu of options”

- **11** women reported having stopped (and relapsed into) using BZDs;
- They reported strategies such as:
 - praying, reading at night,
 - drinking tea,
 - doing physical and/or relaxation exercises:

*“...I’ve been **reading** a lot and this is helping me [...] then I say many **prayers**, I pray, I keep thanking for a night well slept, then I sleep”
(5M.60.7)*

Strategies to stop or reduce use

- Psychotherapy (N=6)

*“When I eliminated the problem from my life (**psychotherapy**), then I began to reduce the medications...” (3R.53.17)*

- Giving control to a family member (N=4)

*“...I think I would take less medication if I lived with her (**mother**). It’s in my drawer and I take it when I want to...” (14J.26.10)*

*“...my **husband** keeps the medication in the safe. I say, today I have no medication, then he puts there the amount for one week...” (15A.48.3)*

Conclusions

- **Feedback and Responsibility**

- BZD users present history of long term use, but justify it by health problems. They share the responsibility with physicians.

These results represent a challenge for Brief Intervention.

- **Advice**

- must include information about concomitant use of alcohol or other psychotropics and

- highlight memory problems, reduced coordination and progress of dependence.

- **Menu of Options**

- may include strategies such as meditation, physical exercises, relaxation and psychotherapy.

- **Empathy and Self-efficacy:**

- The women use BZD because of their problems, anxiety or insomnia, but most of them can deal with these issues by changing their habits.



Limitations

- Self-report and memory bias
- We did not classify women by ASSIST
- Qualitative research does not allow generalization of the results

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