RBFHSS
Revista Brasileira de Farmácia Hospitalar e Serviços de Saúde

Editorial

Benzodiazepine Deprescription: Paths Towards the Necessary Confrontation

Desprescrição de benzodiazepínicos: caminhos para o enfrentamento necessário

André Oliveira BALDONI, Luanna Resende SILVA and Mariana Linhares PEREIRA

DOI: 10.30968/rbfhss.2022.143.1038

The increase in life expectancy and the reduction in neonatal deaths are indicators of the quality of population health and development of a country. These phenomena have been taking place all over the world, including in Brazil. In this context, it is known that scientific and technological advances are key factors and interfere both directly and indirectly in the quality of life and health of the population.

Indirectly, basic sanitation and the role of regulatory agencies in the processes for the production and commercialization of food and health supplies contribute to this scenario. On the other hand, the expansion of access to services, techniques and medications directly influence both the course and the prevention of diseases. From this first angle, the panorama is fascinating; however, excessive use of technology in health care causes physical and mental problems for individuals and the community. Medication use is an excellent example of this duality. There is no doubt about its importance and the health gains that this technology has contributed to the increase in life expectancy; however, when used irrationally, as in cases of non-indication for a given period of time, the consequences can be more harmful than the disease itself.

Thanks to their efficacy and apparent safety, allied to advertising (which covers health professionals and consumers) and easy access to medications, society experiences the phenomenon called "Medicalization of Life"[1,2]. Currently, everyday or physiological situations such as birth, menopause, sadness, agitation, aging and mourning are addressed as health problems and treated with medications. Thus, healthy people oftentimes use medications (hence their non-indication) to prevent problems (which oftentimes will not happen) or to go through situations that are not socially accepted, such as hyperactivity, insomnia and grief. There is no age distinction for this. All age groups are susceptible to the medicalization phenomenon; however, we cannot fail to be concerned with the two most susceptible extremes: children and older adults[3].

We will use the medicalization of mental health in older adults as an example: benzodiazepine use. Both the scientific community and health professionals are aware that the chronic consumption of benzodiazepines generates negative impacts with clinical, economic and humanistic significance, both for users and for health services. More exacerbated in the geriatric population, these impacts lead to hallucinations, memory impairment, falls, fractures and hospitalizations. Although these consequences are evidenced in the literature, there is a large gap, almost an abyss, between availability of this information and effectiveness of a deprescription process implemented in the real world of health services in Brazil[4]. For this reason, five years after the publication of an editorial text on this theme in RBFHSS[4], we were invited to reflect on and relate the main challenges faced, in the face of abusive use, especially of benzodiazepines, amplified by the COVID-19 pandemic.

Non-prescription means total or partial withdrawal of a medication that has no clinical indication. The process should take place gradually and assisted by a multidisciplinary team[5]. A number of studies have shown positive results from deprescribing medications from different therapeutic classes, not only benzodiazepines but also proton pump inhibitors and steroidal anti-inflammatory drugs (corticoids)[6-8].

In addition to being laborious in itself, the withdrawal process faces other barriers such as the following: the Brazilian nosological and epidemiological profile; the challenges in implementing actions that promote patient safety; the overload of the health system and its limited and finite resources; the high hospitalization and treatment costs for fractures; and the rapid aging process of the Brazilian population. It is in this context that it is necessary to point out and reflect on the main obstacles and possible strategies for implementing a deprescription protocol in the "real world" of health services in Brazil.

Considering the process components, we point out that the challenges can be related to health professionals, to patients/relatives/caregivers and to the structure and work process (Figure 1).

Figure 1. Main challenges for deprescribing medications and strategies to minimize them

	Challenges	Strategies
	Related to health professionals	
1.	Fear of the health team towards the deprescription process.	Show that algorithms already exist for deprescribing and how they can assist in clinical care.
2.	Lack of knowledge about the process by the team.	
	Promote training and sensitize the entire multiprofessional team.	
3.	Fear/Resistance in the person: due to psychological and/or physical dependence, or fear of returning to symptoms related to the reason for which they started using it.	Health education: explain (verbally and in writing) the risks of prolonged use, the benefits of non-prescription and the transient signs and symptoms that may arise.
4.	Social perception that medication use is a "synonym" of health and care.	Inform and raise awareness that using medications without any clinical indication for the correct time is associated with serious adverse reactions. Show the clinical and humanistic benefits of deprescription for the patient/caregiver.
5.	The patient's lack of knowledge regarding the risks of long-term use.	Patient empowerment about these risks and the potential improvement in quality of life.
6.	Low health literacy and lack of understanding of the deprescription process.	Use pictograms, electronic alarms and establish communication channels that generate confidence and quick responses.
	Related to the structure and work process	
7.	Difficulty to include the protocol in the work routine of the participating health teams, due to the extensive daily demand of other already existing tasks.	Health team training using the available protocols, adapting them to the reality of each health unit/hospital. Show the clinical benefits of deprescription to the health team.
8.	Custom of "automatic" prescription refills.	Less frequent consultations and/or inter-consultations (when the patient sees more than one health professional at the same time) to review the need for continued use of the medication.
9.	Absence of care longitudinality: lack of trust and bond between patient and team.	Foster professional stability, through job tenders and decent wages to overcome the high turnover of professionals, which is associated with lack of trust and commitment to care.
10.	High demand for care and lack of time experienced by the prescriber.	Involvement of the entire health team, including pharmacists, whose clinical duty is to carry out pharmacotherapy follow-up to monitor adverse events in patients and refer them to the prescriber when necessary.
11.	Difficulty accessing the health unit: commuting and opening hours.	Implementation of home-based care and extended alternative hours.
12.	Pharmaceutical form incompatible with the fractionation recommended in the existing protocols.	Standardization of the liquid pharmaceutical form and/or request for fractionation handling.
13.	Instability of the teams' schedules due to managerial demands and urgencies.	Include the deprescription process into the health unit routine; defining and appointing a professional to manage and monitor the protocol.
14.	Lack of interest from managers.	Show the direct economic benefits (with a reduction in consultations and amount of medication dispensed) and the indirect ones (with a reduction in falls, fractures and hospitalizations).

Faced with these challenges and strategies, pharmacists can take the lead in raising awareness among patients/caregivers, managers and the health team regarding the need for rational deprescription, eliminating existing barriers and monitoring the patient and the team in the logistical and clinical management of the medication.

References

1. Brito MA. Medicalização da Vida: Ética, Saúde Pública e Indústria Farmacêutica. Cien Saude Colet [internet] (2011/Jun). Available: http://cienciaesaudecoletiva.com.br/ artigoos/medicalizacao-da-vida-etica-saude-publica-e-industria-farmaceutica/7760?id=7760. Accessed on 2023, August 2nd
2. da Rosa BPGD, Winograd M. Palavras e pílulas: sobre a medicamentalização do mal-estar psíquico na atualidade.2011. Psicologia & Sociedade; 23(n. spe.), 37-44, 2011

3. Rocha AC, Barrios NDS, Rolim PDDS, Zucolotto, MPDR. I Suffer, therefore, i use Self-Medication: The Medicalization of Life as a Coping with Malaise 2019. Id on Line Rev. Psic. 13 (46): p. 392-404 https://doi.org/10.14295/idonline.v13i46.1854

4. Werlang, MC. A desprescrição como ferramenta do Cuidado Farmacêutico ao Idoso. Rev. Bras. Farm. Hosp. Serv. Saúde. 2018; 9(2): e092.001

5. Farrell B, Pottie K, Rojas-Fernandez CH*, et. al*. Methodology for developing deprescribing guidelines: using evidence and GRADE to guide recommendations for deprescribing. PLoS ONE. 2016;11(8):1–12.DOI: 10.1371/journal.pone.0161248

6. da Silva LGR, Pinto, AWDS, Queiroz WED, *et. al.* Deprescribing clonazepam in primary care older patients: a feasibility study. Int J Clin Pharm. 2022; 44(2): 489-498, DOI: https://doi.org/10.1007/s11096-021-01371-7

7. Antonio APDN, da Silva MBFC, de Souza MFR. Deprescription in oncological palliative care: an integrating review. Rev Bras Farm Hosp Serv Saude.2019; 10(2): 0412.

8. Hegland AJ, Bolduc J, Jones L, *et. al.* Pharmacist-Driven Deprescribing of Inhaled Corticosteroids in Patients with Stable Chronic Obstructive Pulmonary Disease. Ann Am Thorac Soc. 2021 ***18***(4), 730-733. DOI:

André Oliveira Baldoni is a pharmacist, professor and Research Dean at the Federal University of São João del-Rei (*Universidade Federal de São João del-Rei*, UFSJ), Dona Lindu Midwest campus, Minas Gerais, Brazil.*

Luanna Gabriella Resende da Silva is a pharmacist, MSc in Pharmaceutical Sciences and PhD student in Health Sciences at the Federal University of São João del-Rei (UFSJ), Dona Lindu Midwest Campus, Minas Gerais, Brazil.

Mariana Linhares Pereira is a pharmacist, professor at the Federal University of São João del-Rei (UFSJ), Dona Lindu Midwest Campus, Minas Gerais, Brazil.

*****Coordination for the Improvement of Higher Education Personnel (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*, CAPES) – 001; Minas Gerais State Research Support Foundation (*Fundação de Amparo à Pesquisa do Estado de Minas Gerais*, FAPEMIG)- APQ-01107-21 and APQ-01189-22 and National Council for Scientific and Technological Development (CNPq)- 304131/2022-9.