



In Belgium, 30% of the population experiences **sleeping problems**.

This reflects in massive consumption
of sleeping pills.

How to improve your sleep, without medication?

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WORLDWIDE LEADER

Is the use of hypnotics
such a **problem**?

Chronic use

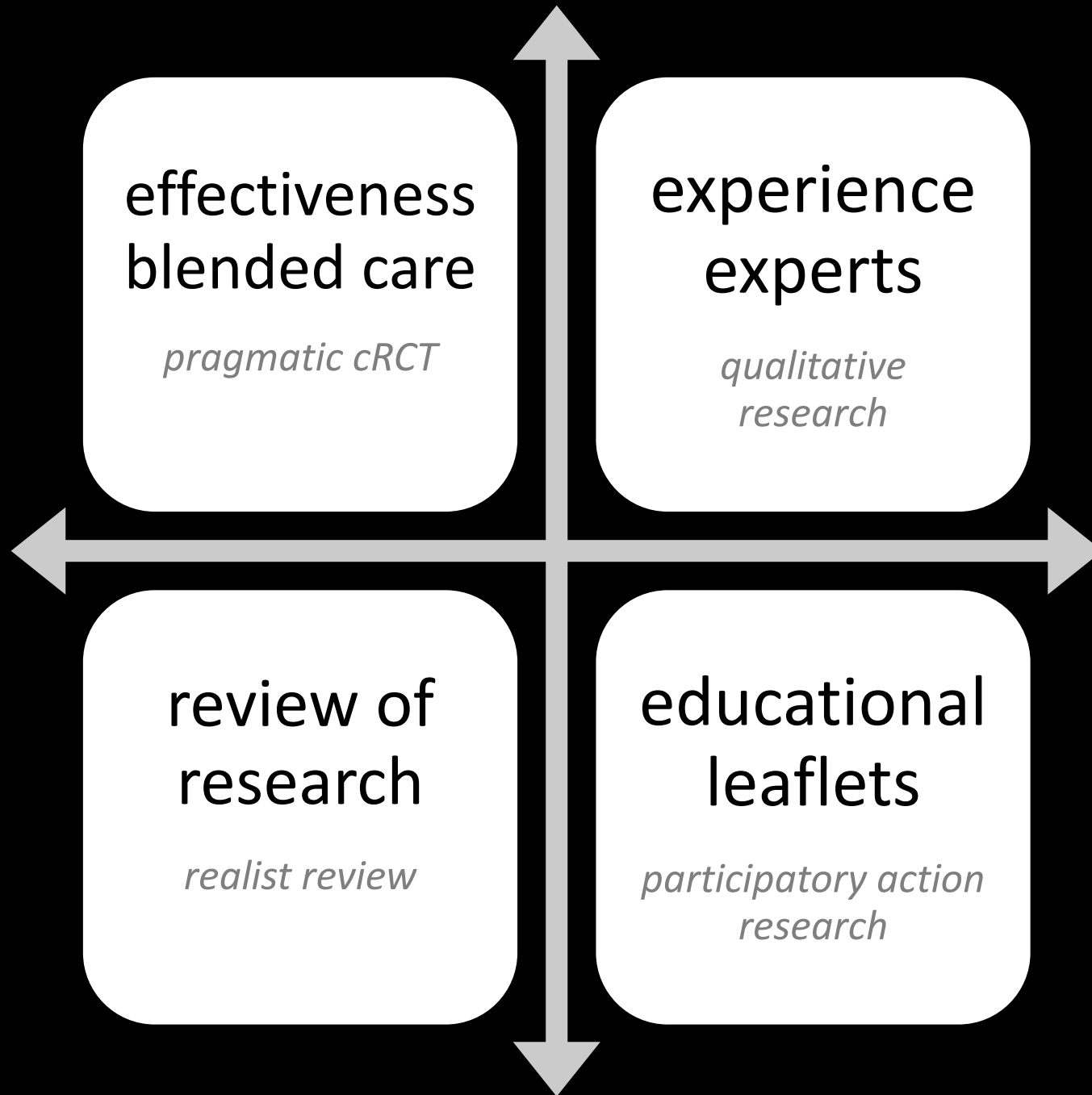
- I. Increases the possibility of medical complications,
- II. Deteriorates sleep quality and quality of life,
- III. Results in higher social costs.

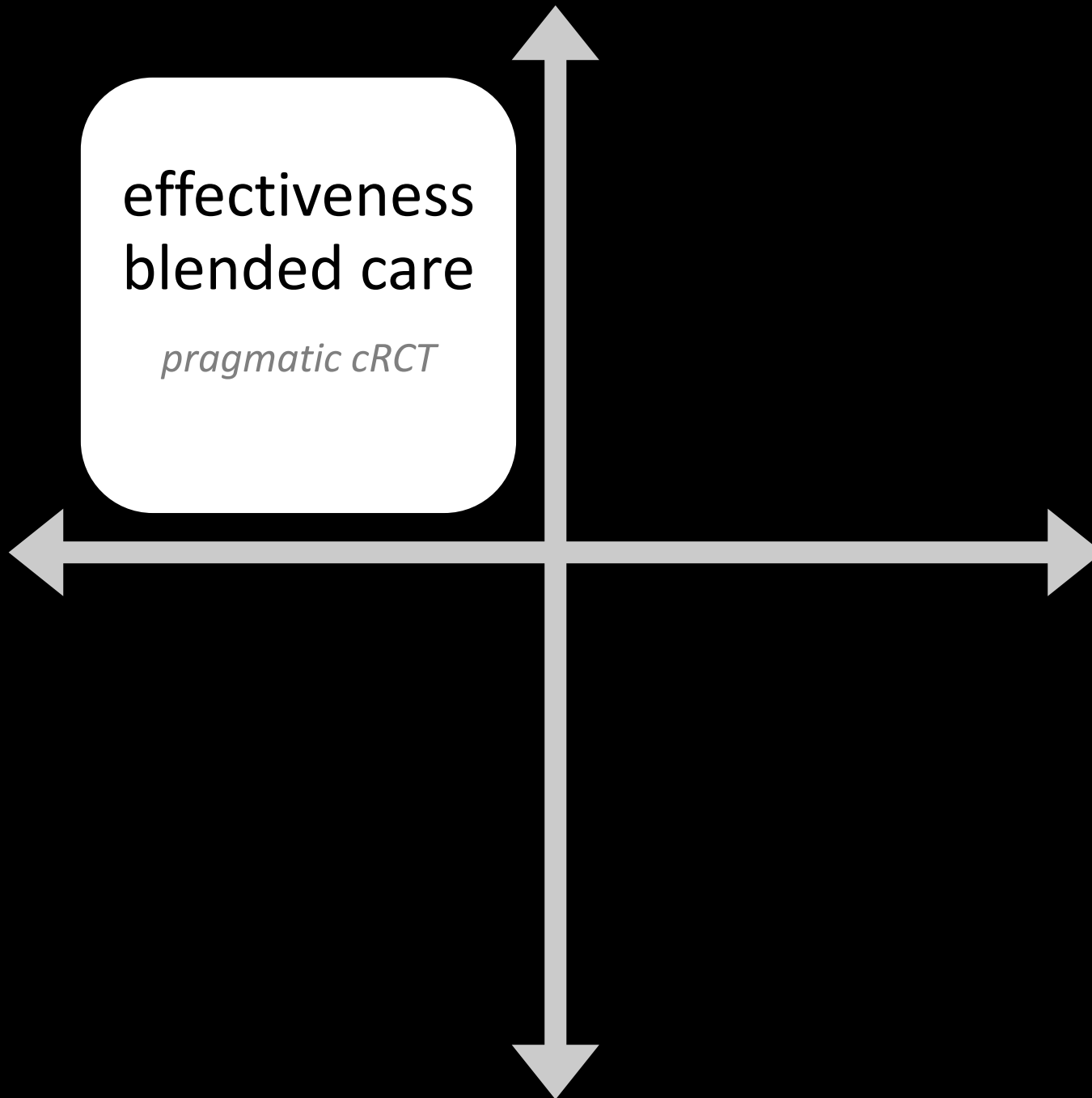
Daily use often leads to **tolerance and dependence.**

How can we help?

KNOWLEDGE

Which mechanisms and factors influence the **success** of an intervention for discontinuation of chronic benzodiazepine use **in primary care**, in an **adult** population with **primary insomnia**?





Big Bird



Superiority trial
to test the effectiveness of a blended care approach for
the **discontinuation of chronic benzodiazepine use in
adults with primary insomnia, in primary care**



In cooperation with



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BLENDED
CARE?

Usual care

=

Practice as usual

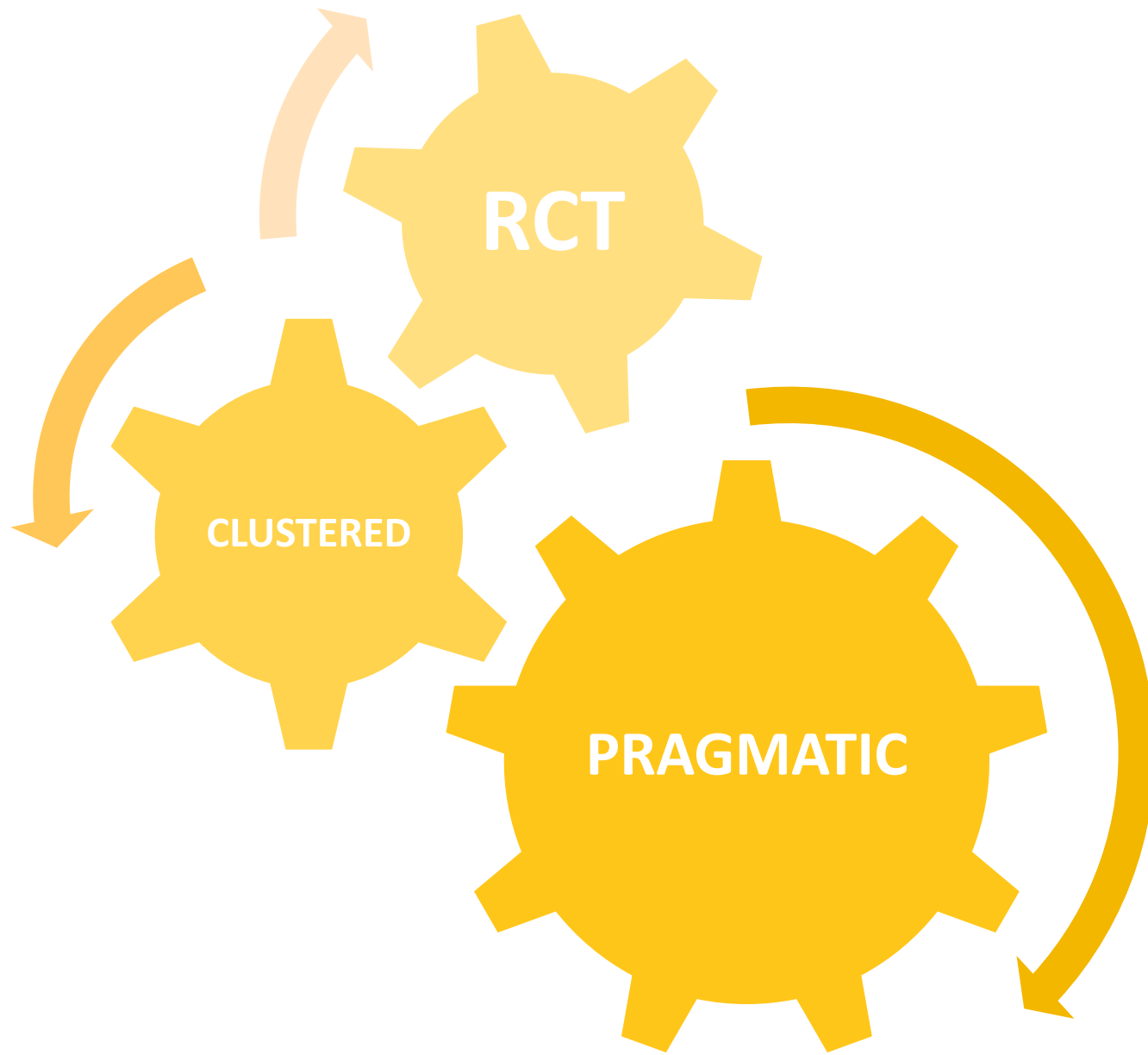
Blended care

=

Usual care

+

Online self-learning



Summary Big Bird trial

Recruitment of 120 general practitioners

Recruitment of 10 to 20 eligible patients
per general practitioner through informed consent

Baseline e-questionnaire*

Randomization 1:1
clustered per general practice
stratified per language

Blended care

Usual care

Baseline visit
(incl. urine sample)

Follow-up assessments**
at week 6, 12, 26 and 52

Registration of all
interventions about (z-)BZD
use by the GP for 6 months

*self-reported use of BZD, ISI,
BEDEQ, EQ5D-5L, Audit-C and HLS-
EU-Q16

** ISI, EQ5D-5L, Audit-C, self-
reported use of BZD and other
psychoactive medication, self-
reported falls and use of medical
services in the past period



WHO?

Inclusion

- Patients aged 18 and older capable of giving informed consent,
- Having his/her Global Medical File managed by one of the participating general practitioners
- Receiving **prescriptions** of (z-)BZDs from participating GP **for use on a daily basis**
- Reporting **daily intake** ($\geq 80\%$ of days) of (z-)BZDs in the **last 6 months** for a primary indication of **sleeping problems**

Exclusion

- Presence of any severe psychiatric and neurologic condition that in the judgment of the treating GP implies a contraindication for (z-)BZD withdrawal
- Presence of terminal illness
- Any cases where stopping of (z-)BZDs might be harmful
- Unwillingness or inability to provide informed consent
- **Not having e-literacy** (being familiar with email and internet use)
- Patients with a substance use disorder (other than (z-)BZD) will also be excluded from the study because in these cases there is often a sub-therapeutic (z-)BZD dependence and/or comorbid psychological/psychiatric comorbid conditions requiring specialist care.

WHAT?

Number of DDD of
(z-)BZD prescribed

Proportion of patients
that discontinued of
(z-)BZD at 6-months
assessed by
toxicological screening

Proportion of patients that
discontinued (z-)BZD at **12-months**
assessed by **toxicological screening**
for (z-)BZD in urine

Self-reported
discontinuation of
(z-)BZD

Quality of life assessed
by EQ5D-3L



Questions?

Thank you for your attention

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