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What makes out-of-pocket prescriptions for benzodiazepines and Z-drugs so attractive

Purpose: In Germany, almost every second prescription for benzodiazepines and Z-drugs is issued as an out-of-pocket prescription ("private prescription"). These prescriptions have to be funded by the patient, although almost 90% of the population has statutory health insurance (SHI) that covers medication costs. The purpose of this study is to understand why primary care physicians (PCPs) choose out-of-pocket prescriptions since a needed medication would be covered by the SHI and an unnecessary medication should not be given at all.

Methods: In this qualitative study, 17 semi-structured interviews with a regional sample of PCPs were conducted, audio-recorded, and transcribed verbatim. Grounded theory was used to analyze the interviews and to develop a theoretical model to explain the PCPs' behavior ("coding paradigm": see image).



Figure 1: The coding paradigm of the phenomenon 'Creating a barrier for the use of benzodiazepines and Z-drugs'

Results: We found a strong ambivalence toward the use of benzodiazepines and Z-drugs, caused by the PCPs' perception that these drugs are effective but have significant risks as well. PCPs used different strategies, such as an out-of-pocket prescription to cope with this ambivalence. A closer look revealed the central phenomenon for this strategy: PCPs hoped to create a barrier for the patients by generating costs which, in their mind, should lead to a reduced medication intake. They found this strategy also attractive as they feared to be held accountable for the costs by the SHI if they prescribed these drugs too often and over a longer period than recommended.

Conclusion: In contrast to guidelines, PCPs developed own strategies to cope with the risk-benefit ratio of benzodiazepines and Z-drugs, to avoid compensation claims and to maintain the doctor to patient relation. It is, however, rather unlikely that out-of-pocket prescriptions really limit the use of hypnotics and sedatives.

Biography

Katharina Schmalstieg-Bahr is a general practitioner. She completed her post-graduate training at the Cleveland Clinic affiliated Akron General Hospital in Ohio, USA before returning to Germany. Since 2015 she holds a research position at the Department of General Practice at the University Medical Center Göttingen. One of her research interests focuses on prescribing hypnotics in general practice. She is also the German research coordinator of the SCREEN-AF trial, an international collaboration with Canada that explores an ambulatory screening method for arterial fibrillation. Furthermore she is involved in teaching medical students.

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