Reviewer's report

Title: Chronic benzodiazepine use for insomnia in the elderly: discordance of patient and physician perceptions

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Reviewer: Chris Butler

Level of interest: A paper whose findings are important to those with closely related research interests

Advice on publication: Accept after discretionary revisions

Comments

Discretionary revisions
Suggest change the use of the term 'chronic' to 'long term'. Suggest define the exact time frame; when does 'short-term' become 'long term'?

Suggest insert in the abstract the numbers of each category of clinician.

Consider calling this a 'cross sectional' study rather than an 'observational' study.

Suggest reconsider the ter 'elderly' which may have unwelcome connotations for some and if the focus is on people over 60 years of age, use that more precise phrase. At the moment, the reader can be a bit confused about the exact age group the authors and the cited literature refers to.

The study attempts 'to quantify' the discordance between practitioner and patient views rather than merely 'identify' this discordance. Suggest make this clear.

Under methods, suggest 'renewed a prescription for a benzodiazepine' rather than 'renewed a benzodiazepine'.

Suggest 'Table One shows demographic characteristics' rather than 'the demographics'.

The authors may wish to briefly relate their findings to similar findings about other medications. Are there not a similar discordances in other areas such as analgesics, antibiotics, proton pump inhibitors and anti-coagulants?

When focusing on ways forward, the authors may wish to refer to literature on shared decision making. There has been work done on identifying practical tasks in the consultation to achieve the 'open discussion' about perceptions and evidence that the authors recommend in order 'to make collaborative and informed decisions.' (see for example papers by Elwyn G, and Edwards A.)
Compulsory revisions
I would like to see included information on exactly how survey instrument items were pre-tested?

It is difficult to comment about this I know, but I would value the authors’ take on the practical meaning of the reported numerical differences in scale scores?

What is the evidence for tachyphylaxis and adverse effects of benzodiazepine withdrawal? Physicians were at one time given serious warnings about the dangers of long term benzodiazepine use. What is the basis for this? Are there prospective cohort studies?

Under limitations, it should be mentioned that only those who liked benzodiazepines may have agreed to participate in this study; those fearing a withdrawal of their tablets may have been eager to provide favourable comments about the effectiveness and safety of the drugs.

I would like to see a sentence or two on the justifications for the chosen study design. Why a quantitative survey and not a qualitative study (that may have been more informative about the reasons behind the discordances)?

For how long were the respondents taking benzodiazepines? This is a pretty crucial piece of information that I do not readily see in the text.

Level of interest
I rate this as a paper whose findings are important to those with closely related research interests. The paper identifies and quantifies a gap between physicians’ and patients’ perceptions about the risks and benefits of benzodiazepine use for sleep problems in older people. This gap between physicians and patients perceptions is not unique to this class of drug or indeed to drug treatment. I believe this paper would achieve greater impact if the findings were related to literature on physician-patient discordance more generally and if mention was made on work already done in reconciling those differences (e.g. "shared decision making" approaches). Nevertheless, this remains an interesting piece of work and will be of interest to those interested in prescribing and communication within the consultation.

Advice on publication
Accept after discretionary revisions

Quality of written English
Acceptable, but does need polishing throughout; e.g. "With respect to the side effects, there is reservation towards prescribing benzodiazepines, but few conclusive studies." An example of how this may be reworded is; "There are concerns about prescribing benzodiazepines because of potential adverse effects. However, there are no studies that clearly demonstrate adverse effects from long term benzodiazepine use for sleep problems in the elderly". And "Benzodiazepines have been implicated with an increased risk in hip fractures" vs. "Benzodiazepines have been associated with increased risk of hip fracture." And so on.

Competing interests:
None declared.