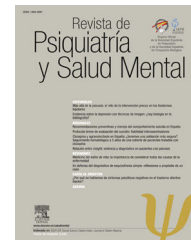




Revista de Psiquiatría y Salud Mental

www.elsevier.es/saludmental



LETTERS TO THE EDITOR

Deprescription of benzodiazepines and Z drugs: A shared responsibility[☆]



Deprescripción de benzodiazepinas y fármacos Z: una responsabilidad compartida

Dear Editor,

We would like to make a series of observations with regard to the recent publication of the study “Benzodiazepine prescriptions and falls in older men and women”¹ in this journal. The Health Promotion and Prevention Strategy in the National Health System (SNS),² approved in December 2013 by the Interterritorial Council of the SNS, in the framework of the approach to chronicity, placed special emphasis on the detection and management of frailty and falls in the elderly. Benzodiazepines (BZD) and the hypnotics referred to as Z-drugs (zolpidem, zopiclone) constitute one of the essential pillars in reducing the risk of falls in the elderly as the published study mentions.

The finding was significant that the daily defined dose (DDD) in elderly people aged 65 and over was above the recommended levels in 70% of males and 58% of females, with at least 20% polytherapy with BZD and/or Z-drugs (there is evidence of no superiority over monotherapy), with the difficulties that high doses add to the subsequent deprescription of these drugs. The Spanish version of the Screening Tool of Older Person’s potentially inappropriate Prescriptions (STOPP)-START has been available since 2009. This tool has been better assessed in Spain³ than others such as the Beers criteria, and not only gathers the most common treatment errors but also prescription omissions, is easy to relate to active diagnoses and the list of drugs that appear in computerised clinical histories. It is suggested that this high DDD could be associated with underuse of non-pharmacological interventions (sleep hygiene measures, cognitive therapies or mindfulness for example), and gradual reduction of the dose is suggested combined or otherwise with cognitive behavioural therapy as a procedure for withdrawal of the drugs. We must not forget that not only has it been suggested that a BZD should be prescribed as treatment for insomnia when sleep hygiene measures have failed,⁴ a situ-

ation which could be approached in primary care, but that it is quite common for it not to have been tried when a patient is first assessed in mental health clinics. It is claimed that short half-life BZD present a lower risk of falls, as a consequence of a lower risk of accumulation; however, other studies have not found this assertion to be true, finding a similar risk of falls regardless of the half-life of the drug used.⁵ In addition to the risk of falls, it has been observed that withdrawal of BZD improves cognitive and psychomotor aspects,⁶ and often tolerance makes the beneficial effect of the drug on sleep patterns disappear (loss of efficacy, which would be a STOPP criterion to then discontinue the drug). With regard to deprescription itself, we noted that other strategies of proven efficacy were not mentioned, such as replacing short or ultra-short half-life BZD for others with a long half life at equivalent doses, in order to start their gradual withdrawal, increasing success rates.^{3,7} The use of individual psychotherapy with individualised deprescription strategies has proven effective in a population with a predominant diagnosis of anxiety disorder treated with BZD, as shown in a recent study⁸ where success rates (total withdrawal of BZD) reached 57%. This confirms the importance of combining psychotherapeutic^{4,8} techniques with descending dosage or temporary substitution by other drugs.

Deprescription should not fall to the prescribing physician alone. In order for patients to receive effective and comprehensive treatment, as required by the basic ethical principles of dignity, integrity and justice (as Fernando Lolas-Stepke reminds us in an article published in this same journal⁹), this responsibility should be shared by the different care levels.

References

1. Martínez-Cengotitabengoa M, Díaz-Gutiérrez MJ, Besga A, Bermúdez-Ampudia C, López P, Rondon MB, et al. Prescripción de benzodiazepinas y caídas en mujeres y hombres ancianos. Rev Psiquiatr Salud Ment (Barc). 2017; <http://dx.doi.org/10.1016/j.rpsm.2017.01.004>.
2. Ministerio de Sanidad, Servicios Sociales e Igualdad. Estrategia de Promoción de la Salud y Prevención en el Sistema Nacional de Salud; 2014. Available at: <https://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/EstrategiaPromocionSaludyPrevencionSNS.pdf> [accessed 19.09.17].
3. Castillo-Páramo A, Pardo-Lopo R, Gómez-Serranillos IR, Verdejo A, Figueiras A, Claverías A. Valoración de la idoneidad de los criterios STOPP/START en el ámbito de atención primaria en España por el método RAND. Semergen. 2013;39:413–20.

[☆] Please cite this article as: Muquebil Ali Al Shaban Rodríguez OW, Rodríguez Turiel C, Ocio León S, Hernández González MJ, Gómez Simón M, Fernández Menéndez MA. Deprescripción de benzodiazepinas y fármacos Z: una responsabilidad compartida. Rev Psiquiatr Salud Ment (Barc.). 2018;11:184–185.

4. Azparren A, García I. Estrategias para la deprescripción de benzodiazepinas. Boletín de información farmacoterapéutica de Navarra. 2014;22:1–13. Available at: https://www.navarra.es/NR/rdonlyres/AB30A9A5-9907-4D68-A17A-C4AB0DC524D5/293282/Bit_v22n2.pdf [accessed 19.09.17].
 5. de Vries OJ, Peeters G, Elders P, Sonnenberg C, Muller M, Deeg DJH, et al. The elimination half-life of benzodiazepines and fall risk: two prospective observational studies. *Age Ageing*. 2013;42:764–70.
 6. Curran HV, Collins R, Fletcher S, Kee SCY, Woods B, Iliffe S. Older adults and withdrawal from benzodiazepine hypnotics in general practice: effects on cognitive function, sleep, mood and quality of life. *Psychol Med*. 2003;33:1223–37.
 7. Molen YF, Carballo LBC, do Prado LBF, do Prado GF. Insomnia: psychological and neurobiological aspects and non-pharmacological treatments. *Arq Neuropsiquiatr*. 2014;72:63–71.
 8. Also A, Kostov B, Benavent J, Pinyol M, Benabarre A, Sisó-Almirall A. Programa piloto de psicoterapia para la deprescripción de benzodiazepinas en trastornos de ansiedad. *Rev Psiquiatr Salud Ment*. 2017 [resultados no publicados, avance consultado 15.10.17].
 9. Lolas-Stepke F. Tendencias y necesidad clínica de los principios éticos. *Rev Psiquiatr Salud Ment (Barc)*. 2015;8:1–2.
- Omar Walid Muquebil Ali Al Shaban Rodríguez^{a,*},
Celia Rodríguez Turiel^a, Sergio Ocio León^b,
Mario Javier Hernández González^b, Manuel Gómez Simón^b,
María Aida Fernández Menéndez^c
- ^a *Servicio de Psiquiatría, Hospital Universitario San Agustín, Avilés, Asturias, Spain*
^b *Centro de Salud Mental de Mieres, Mieres, Asturias, Spain*
^c *Monash University, Melbourne, Australia*
- * Corresponding author.
E-mail address: muquebilrodriguez@gmail.com
(O.W. Muquebil Ali Al Shaban Rodríguez).
2173-5050/
© 2018 SEP y SEPB. Published by Elsevier España, S.L.U. All rights reserved.

Doppelgänger research? Considerations on self-citations[☆]



¿Investigación *doppelgänger*? Consideraciones sobre las autocitas

Dear Editor,

The consistent and appropriate use of citations of the work of other researchers, or even of one's own is an indicator of rigour in a scientific article, since this practice enables one's own paper to be contextualised in time and place.¹ It is even common to find citations of published papers of the same author in the references: self-citations. There are generally 2 reasons why self-citation is legitimate: the lack of studies to support one's own paper, due to the novelty of the study proposal and the researcher having completed a specific line of research.²

Thus, the citations of the scientific journals are evaluated through metrics whose results provide researchers certain position and benefits (e.g. Impact factor, Eigenfactor). However there are current impact measures that exclude self-citations and enable more appropriate evaluation.³

The bibliometric indicators show the positioning of a journal and the scope of the researchers, based on the number of citations made of the scientific papers of a researcher (not a team). Therefore it is an indicator of the influence of an author in the academic area (the h-index, for example). The h-index in particular, is vulnerable to manipulation and the abuse of self-citations is a common example.⁴

Overuse of self-citations for instrumental purposes is an ethical failing that is difficult to penalise or counteract. It is even used to enhance the appearance of the authors' impact, referencing previous papers unjustifiably in order to increase their citations and using superfluous self-citations in their studies. This implies, since they are largely not specific papers, poor conduct on the part of the authors who are contaminating the scientific literature for their own ends of promotion, financial reward and the benefits of institutional representation. But these citations leave a message to less experienced and/or new researchers on how acceptable ethically questionable behaviour can be.

Therefore, drafting scientific papers is a requirement concerning the empirical value of their sources and a habit for researchers since it coincides with the concept of cumulative growth of science. This means that the accumulation of knowledge is due to new advances or reformulations of previously cited findings.⁵ Consequently, the abusive and indiscriminate use of self-citations is not convergent with the scientific field since it does not produce new knowledge, and even less so in the ethical sense, since it is the use of publication for self gain. It is the duty of the journals to fine-tune rigorous review processes of manuscripts to prevent this malpractice from continuing.

Authorship

ACL and APJ participated in the conception and design of the study, the draft article or critical review of the intellectual content and the definitive approval of the version presented.

References

1. Kim HJ, Jeong YK, Song M. Content- and proximity-based author co-citation analysis using citation sentences. *J Informetr*. 2016;10:954–66. <http://dx.doi.org/10.1016/j.joi.2016.07.007>.

[☆] Please cite this article as: Copez-Lonzoy A, Paz-Jesús A. Doppelgänger research? Considerations on self-citations. *Rev Psiquiatr Salud Ment (Barc)*. 2018;11:185–186.