

## Evidensprofil

### Brief intervention compared to routine care for benzodiazepine dependence

**Patient or population:** patients with benzodiazepine dependence

**Settings:**

**Intervention:** brief intervention

**Comparison:** routine care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Routine care	Corresponding risk Brief intervention				
end benzodiazepine use	Study population		OR 4.37 (2.28 to 8.4)	439 (3 studies <sup>1</sup> )	⊕⊕⊕⊖ moderate <sup>2,3</sup>	
	51 per 1000	189 per 1000 (109 to 310)				
	Moderate					
end benzodiazepine use	Study population		OR 2.21 (1.92 to 2.55)	13343 (2 studies <sup>4</sup> )	⊕⊕⊕⊕ high <sup>2</sup>	
	53 per 1000	110 per 1000 (97 to 125)				
	Moderate					

\*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

**CI:** Confidence interval; **OR:** Odds ratio;

GRADE Working Group grades of evidence

**High quality:** Further research is very unlikely to change our confidence in the estimate of effect.

**Moderate quality:** Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

**Very low quality:** We are very uncertain about the estimate.

<sup>1</sup> Individual patients were allocated randomly (Bashir, Heather, Vicens).

<sup>2</sup> Forfatterne av metaanalysen har vurdert kvaliteten på de inkluderte studiene og sett denne i sammenheng med resultatene av studiene (effektstørrelsen). De finner ingen sammenheng og konkluderer med at de har tillit til kvaliteten og resultatene i analysen.

<sup>3</sup> Stort konfidensintervall (2.28-8.40).

<sup>4</sup> Practices were allocated randomly (Gorgels, Niessen).

## Gradual dose reduction compared to routine care for benzodiazepine dependence

**Patient or population:** patients with benzodiazepine dependence

**Settings:**

**Intervention:** gradual dose reduction

**Comparison:** routine care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Routine care	Gradual dose reduction				
end benzodiazepine use	Study population		OR 5.96 (2.08 to 17.11)	107 (1 study)	⊕⊕⊖⊖ low <sup>1,2</sup>	
	147 per 1000	507 per 1000 (264 to 747)				
	Moderate					

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**CI:** Confidence interval; **OR:** Odds ratio;

GRADE Working Group grades of evidence

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**Low quality:** Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

**Very low quality:** We are very uncertain about the estimate.

<sup>1</sup> Forfatterne av metaanalysen har vurdert kvaliteten på de inkluderte studiene og sett denne i sammenheng med resultatene av studiene (effektstørrelsen). De finner ingen sammenheng og konkluderer med at de har tillit til kvaliteten og resultatene i analysen.

<sup>2</sup> Stort konfidensintervall (2.08-17.11).

**Psychological interventions + gradual dose reduction** compared to routine care for benzodiazepine dependence

**Patient or population:** patients with benzodiazepine dependence

**Settings:**

**Intervention:** psychological interventions + gradual dose reduction

**Comparison:** routine care

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Routine care	Psychological interventions + gradual dose reduction				
end benzodiazepine use	Study population		OR 3.38 (1.86 to 6.12)	354 (3 studies)	⊕⊕⊕⊖ moderate <sup>1,2</sup>	
	107 per 1000	288 per 1000 (182 to 423)				
	Moderate					
end benzodiazepine use - follow up	Study population		OR 13.5 (1.2 to 152.21)	20 (1 study)	⊕⊕⊖⊖ low <sup>1,3</sup>	
	100 per 1000	600 per 1000 (118 to 944)				
	Moderate					

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<sup>2</sup> Stort konfidensintervall (1.86-6.12).

<sup>3</sup> Meget stort konfidensintervall (1.2-152.2).

**Psychological interventions + gradual dose reduction** compared to gradual dose reduction for benzodiazepine dependence

**Patient or population:** patients with benzodiazepine dependence

**Settings:**

**Intervention:** psychological interventions + gradual dose reduction

**Comparison:** gradual dose reduction

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
end benzodiazepine use	<b>Gradual dose reduction</b>	<b>Psychological interventions + gradual dose reduction</b>				
	Study population		<b>OR 1.82</b>	454	⊕⊕⊕⊕	<b>high</b> <sup>1</sup>
	421 per 1000	569 per 1000 (476 to 660)	(1.25 to 2.67)	(7 studies)		
Moderate						
end benzodiazepine use - follow up	Study population		<b>OR 1.88</b>	308	⊕⊕⊕⊕	<b>high</b> <sup>1</sup>
	372 per 1000	526 per 1000 (413 to 637)	(1.19 to 2.97)	(6 studies)		
	Moderate					

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**Substitutive pharmacotherapy + gradual dose reduction** compared to gradual dose reduction for benzodiazepine dependence

**Patient or population:** patients with benzodiazepine dependence

**Settings:**

**Intervention:** substitutive pharmacotherapy + gradual dose reduction

**Comparison:** gradual dose reduction

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Gradual dose reduction	Substitutive pharmacotherapy + gradual dose reduction				
end benzodiazepine use	Study population		OR 1.30 (0.97 to 1.73)	927 (14 studies)	⊕⊕⊕⊕ high <sup>1,2</sup>	
	532 per 1000	597 per 1000 (525 to 663)				
	Moderate					
end benzodiazepine use - follow up	Study population		OR 1.30 (0.77 to 2.2)	389 (5 studies)	⊕⊕⊕⊕ high <sup>1,2</sup>	
	241 per 1000	293 per 1000 (197 to 412)				
	Moderate					

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<sup>2</sup> Legemiddelstudie men det er ingen konkret mistanke om publiseringsskjevhet.

**Gradual dose reduction + abrupt substitution of benzodiazepines by other pharmacotherapy compared to gradual dose reduction for benzodiazepine dependence**

**Patient or population:** patients with benzodiazepine dependence

**Settings:**

**Intervention:** gradual dose reduction + abrupt substitution of benzodiazepines by other pharmacotherapy

**Comparison:** gradual dose reduction

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Gradual dose reduction	Gradual dose reduction + abrupt substitution of benzodiazepines by other pharmacotherapy				
end benzodiazepine use	Study population		OR 0.30	199	⊕⊕⊕⊕	
	860 per 1000	648 per 1000 (462 to 797)	(0.14 to 0.64)	(2 studies)	high <sup>1,2</sup>	
	Moderate					

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<sup>2</sup> Legemiddelstudie men det er ingen konkret mistanke om publiseringsskjevhet.

**Abrupt withdrawal + abrupt substitution of benzodiazepines by other pharmacotherapy compared to gradual dose reduction for benzodiazepine dependence**

**Patient or population:** patients with benzodiazepine dependence

**Settings:**

**Intervention:** abrupt withdrawal + abrupt substitution of benzodiazepines by other pharmacotherapy

**Comparison:** gradual dose reduction

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Gradual dose reduction	Abrupt withdrawal + abrupt substitution of benzodiazepines by other pharmacotherapy				
end benzodiazepine use	Study population 500 per 1000	628 per 1000 (375 to 826)	OR 1.69 (0.6 to 4.74)	41 (1 study)	⊕⊕⊕⊖ moderate <sup>1,2,3</sup>	
	Moderate					

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<sup>2</sup> Stort konfidensintervall (0.6-4.74).

<sup>3</sup> Legemiddelstudie men det er ingen konkret mistanke om publiseringsskjevhet.