

ORIGINAL PAPER

Utilization of psychotropic drugs by patients consulting for sleeping disorders in homeopathic and conventional primary care settings: the EPI3 cohort study



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Background: Utilization of sedative hypnotic drugs for sleeping disorders (SD) raises concerns, particularly among older people. This study compared utilization of conventional psychotropic drugs for SD among patients seeking care from general practitioners (GPs) who strictly prescribe conventional medications (GP-CM), regularly prescribe homeopathy in a mixed practice (GP-Mx), or are certified homeopathic GPs (GP-Ho).

Methods: This was a French population-based cohort study of GPs and their patients consulting for SD, informed through the Pittsburgh sleep quality index (PSQI) questionnaire. Information on psychotropic drugs utilization was obtained from a standardized telephone interview at inclusion, one, three and 12 months.

Results: 346 patients consulting for SD were included. Patients in the GP-Ho group experienced more often severe SD (41.3%) than patients in the GP-CM group (24.3%). Adjusted multivariate analyses showed that patients who chose to be managed by GP-Ho were less likely to use psychotropic drugs over 12 months as opposed to the GP-CM group, with Odds ratio (OR) = 0.25; 95% confidence interval (CI): 0.14 to 0.42. Patients in the GP-Mx group also used less psychotropic drugs but the result was not statistically significant (OR = 0.67; 95% CI: 0.39–1.16). Rates of clinical improvement of the SD did not differ between groups.

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Conclusions: Patients with SD who chose to consult GPs certified in homeopathy consumed less psychotropic drugs and had a similar evolution of their condition to patients treated with conventional medical management. This result may translate in a net advantage with reduction of adverse events related to psychotropic drugs. *Homeopathy* (2015) **104**, 170–175.

Keywords: Insomnia; Homeopathy; Primary care

Introduction

Sleeping disorders (SD) are highly prevalent worldwide and represent a leading reason for consultation in primary care.^{1,2} Widespread utilization of sedative hypnotic drugs raises serious risk concerns, particularly among older people as shown in systematic reviews.^{3,4} The prevalence of SD in homeopathic care also ranks high, only surpassed by low-back pain.⁵ Patients who seek homeopathic care differ from those seen in conventional medicine, but the diagnostic make-up of their consultations has been described as similar.⁶ The efficacy of homeopathic care has shown inconsistent results in systematic reviews of SD,^{7,8} but its potential to reduce psychotropic drug utilization has been raised.⁹ In France, homeopathy is practiced exclusively by physicians and is partly reimbursed by the National Health Insurance. This situation provided the opportunity to compare utilization of psychotropic drugs for SD between patients who seek care with physicians who prescribe exclusively conventional medications (GP-CM), regular prescribers of homeopathy within a mixed practice (GP-Mx), or certified homeopathic GPs (GP-Ho), and to assess in parallel the clinical evolution of their SD in a population-based one-year cohort study.

Materials and methods

Study design and selection of study subjects

This cohort study was conducted in France between 2007 and 2008 within the nationwide EPI3 survey of primary care practice in a representative sample of GPs and their patients.¹ The 'EPI3' survey included three epidemiological follow-up cohort studies of common reasons for consultation in primary care, one of which focused on patients with SD (the remaining being musculoskeletal disorders and respiratory infections). The sample was drawn using a two-stage sampling process. First, a random sample of GPs was drawn from the French National Directory of Physicians in primary care. Sampling of GPs was stratified according to their declaration of prescribing preferences, obtained by telephone at the time of recruitment and categorized into three groups: strictly prescribers of conventional medications (GP-CM) who declared never or rarely prescribing homeopathy; regular prescribers of homeopathy in a mixed practice (GP-Mx); and certified homeopathic GPs (GP-Ho). This classification of GPs by type of management served as the basis for comparing their patients. As GPs in the three groups were free to prescribe conventional and/or homeopathic drugs, this study did not

compare patients by the type of prescription issued but only by the type of physician (prescribing preferences) they had chosen to consult. The second-stage sampling consisted of a one-day survey of all patients attending the medical practice of each participating GP during which a trained research assistant surveyed all patients in the waiting room. For this cohort study, consenting adult patients consulting for SD were invited to participate in a baseline telephone interview within 72 h of recruitment, which included the French adaptation of the Pittsburgh sleep quality index (PSQI) questionnaire.¹⁰ Patients scoring on this scale (PSQI score ≥ 1) were then invited to follow-up interviews at one, three and 12 months. Primary SD was defined as no motive reported for the SD in the PSQI questionnaire. Severity of the SD at baseline was obtained from the PSQI as a result of being associated with one or more of the following complications: difficulty staying awake while driving, eating meals or engaging in social activities one or more times a week, or having problems maintaining sufficient enthusiasm to get things done (somewhat or persistent problem).

Information collected

At inclusion, GPs completed a medical questionnaire for each patient surveyed, including all drugs (conventional and homeopathic) prescribed that day. All consenting participants completed a self-administered questionnaire at inclusion (waiting room), collecting information on socio-demographics, lifestyle, history of hospitalization in the previous 12 months, and whether the physician consulted was the patient's regular physician or not. Follow-up telephone interviews included PSQI scores at one and three months, and patient's history of drug utilization (conventional and homeopathy) and injuries (resulting from a fall, motor vehicle collision, practice of sports, or occupationally-related, all of which pertinent to SD and use of psychotropic drugs) up to 12 months. Drug utilization, whether prescribed, obtained over the counter or from the family pharmacy, was assessed using a standardized method known as Progressive Assisted Backward Active Recall (PABAR), previously validated against medical prescriptions.^{11,12} Drugs were automatically recorded using the anatomical therapeutic chemical classification index (ATC), 2009 revision.

Outcomes and statistical analysis

Three outcomes were assessed at follow-up. The main outcome, consumption of psychotropic drugs for SD, was defined at each interview interval (one, three and 12

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