

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

TITLE : Influence of social deprivation on benzodiazepines dispensing among children and adolescents: a large cross-sectional population-based study in France.

Damien Driot MD, MSc ^{1,2}, Yohann Vergès, MD^{1,2}, Jordan Birebent, MD¹, Pascale Grosclaude, MD,PhD², Cyrille Delpierre, PhD², Marie-Eve Rougé-Bugat, MD, PhD ^{1,2} , Julie Dupouy, MD,PhD ^{1,2}

¹ Département Universitaire de Médecine Générale, Faculté de Médecine, 133 route de Narbonne, 31062 TOULOUSE Cedex, France

² UMR 1295 Inserm-Université Paul Sabatier, 37 allées Jules Guesde, 31000 TOULOUSE, France

Corresponding author: Damien Driot - Département Universitaire de Médecine Générale, Faculté de Médecine, 133 route de Narbonne, 31062 Toulouse Cedex, France - phone : 0033 6 33 82 75 44 – damien.driot@univ-tlse3.fr

ABSTRACT

Background: In Europe, children benzodiazepines consumption does not often match with existing recommendation, and even more among lower socio-economic families. The objective was to assess the correlation between the European Deprivation Index (EDI), a validated ecological deprivation index that approaches accurately socioeconomic position (SEP) and benzodiazepines dispensing among children and adolescents in primary care.

Methods: We used a dataset from the national reimbursement database including 540,325 subjects below 18 in a large French region representing more than 4% of the French population, for the year 2012. The association between benzodiazepines' dispensing, and the EDI was assessed with a multivariate logistic regression, including confounding and mediation factors identified in the literature and available in the database.

Results: Benzodiazepines were delivered among 2.4% of the children. EDI was significantly associated with the dispensing of benzodiazepines ($p < 0.0001$). Covariates that influenced most the probability of being dispensed benzodiazepines among the most deprived patients were the benefit of the complementary universal insurance coverage (CMU-C) and the number of consultations with a general practitioner (GP): this could be explained by the interaction between the EDI and the CMU-C, which reflects more precariousness at an individual level, favoring benzodiazepines' dispensing, mediated by the increased number of consultation with GP's.

Conclusions: SEP has an independent influence in the dispensing pattern of benzodiazepines. This raise concerns about discrepancies in mental health management, depending on patients' social background.