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

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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.