STATIN PRESCRIPTION PATTERNS IN A LOCAL HEALTH UNIT: A FIVE-YEAR ANALYSIS

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OBJECTIVES: To investigate patterns of statin use in an Italian Local Health Unit (LHU) between 2002 and 2006. METHODS: Prescription records from Pieve di Soligo (Treviso) LHU were analysed during five years. Data of patients having at least one statin prescription were retrieved. Each prescription was linked to relevant patient code and identified by issue date, product name, package description, packages/prescription number and retail price. Patient’s information consisted of gender and birth date. RESULTS: In total, 218,000 residents (4.7% of Veneto Region) have NHS coverage through this LHU. Statin prescription concerned 8,107 patients in 2002 and 9,872 in 2006. Simvastatin was always the most commonly prescribed active principle accounting for 51% of prescription in 2002 (4 available molecules) and 37.7% in 2006 (6 available molecules). Overall, statin utilization steadily increased from 50,212 prescriptions in 2002 to 61,917 in 2004. In 2004, a revision of prescription limitations caused a reduction in the number of patients eligible to free-of-charge medications, with a fall of total prescription to approx. in 2004, showing a slight reduction to €3.09 Mio in 2006. Average yearly per-patient expenditure showed limited variations (€249 in 2002, €298 in 2004 and €313 in 2006) due to changes in pack size, product mix and owing to repeated drugs’ price cut. Median patient/prescription number and median number of packages/prescription were stable throughout the period. CONCLUSION: Statin prescription increase observed in early 2000s seems not to be directly influenced by the availability of active principles. Introduction of new reimbursement criteria markedly reduced prescription of lipid-lowering drugs at NHS charge. Indicators aiming at assessing specific appropriateness of statin prescriptions should be developed and periodic audits implemented.

UTILISATION OF DRUGS FOR TREATMENT OF CARDIOVASCULAR DISEASE WITHIN SLOVAKIA

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OBJECTIVES: The aim of this study was to collect comparable and reliable data on therapy of cardiovascular disease in Slovakia during the period 1997–2006. The special interest was paid to the utilisation of antihypertensive medication. METHODS: For 1997–2006, the data about consumption of drugs for treatment of cardiovascular disease were collected, in accordance with the Anatomic Therapeutic Chemical classification (ATC: C01–C10) and Defined Daily Dose (DDD) measurement unit. Data of wholesalers, who are legally obliged provide this information to the Slovak Institute for Drug Control, was used for the analysis. RESULTS: A significant increase in the consumption of drugs for cardiovascular disease (in 1997 (115.52), Ca-blockers (in 1997 (29.60), in 2001 (46.09) and in 2006 (71.09), diuretics (in 1997 (23.88), in 2001 (30.16) and in 2006 (38.23), peripheral vasodilators (in 1997 (19.10), in 2001 (21.36) and in 2006 (14.58), vasoprotective drugs (in 1997 (34.99), in 2001 (37.10) and in 2006 (35.63), serum lipid reducing agents (in 1997 (6.68), in 2001 (16.64) and in 2006 (48.08). In financial terms, the consumption of β-blockers in 1997 (5,596,000€) and 2006 (12,740,000€), ACE inhibitors in 1997 (11,974,000€) and 2006 (42,671,000€), Ca-blockers in 1997 (8,690,000€) and 2006 (18,066,000€), diuretics in 1997 (1,566,000€) and 2006 (3,711,000€) can be seen from this study. CONCLUSION: Usage of generic drugs for the treatment of cardiovascular disease brought about a dramatic increase in drug consumptions and the financial expenditures for health insurance funds have been remained under control.

COMPARISON OF REASONS BEHIND PHYSICIANS’ ANTIHYPERTENSIVE THERAPY CHOICE IN THE UNITED STATES (US) AND EUROPE

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OBJECTIVES: To understand the differences in reasons behind physicians’ antihypertensive therapy choice both across the medication classes and geographies (Europe & US). METHODS: CardioMonitor is a multi-purpose international initiative conducted annually among primary-care physicians (PCPs) and specialists to collect data on cardiovascular patients in the outpatient setting. 2006 data from 5 major countries in Europe (EU5, reported in aggregate) and the US for patients with hypertension (HTN) diagnosis and/or antihypertensive use was included in the analysis to evaluate the reasons for choice of three antihypertensive classes (not mutually exclusive)—Angiotensin-II Receptor Blockers (ARB), Angiotensin-Converting Enzyme Inhibitors (ACE) & Calcium Channel Blockers (CCB). RESULTS: In 2006, 17,220 & 3,530 patients from EU & US respectively satisfied inclusion criteria, with distribution of 3 HTN medication classes being (EU, US; % of patients)—ARB: 31%, 26%, ACE: 44%, 48%, CCB: 23%, 16%. Key reasons (not mutually exclusive) cited by physicians for prescribing antihypertensives were (EU, US): blood-pressure reduction/control (ARB: 98%, 96%, ACE: 92%, 93%, CCB: 89%, 94%), myocardial protection (ARB: 75%, 61%, ACE: 74%, 67%, CCB: 49%, 47%), simple dosing (ARB: 73%, 61%, ACE: 64%, 61%, CCB: 60%, 59%), achieve good patient compliance (ARB: 60%, 47%, ACE: 44%/ 41%, CCB: 44%, 40%), cerebrovascular protection (ARB: 54%, 51%, ACE: 45%, 47%, CCB: 37%, 39%), side-effect minimization (ARB: 47%, 31%, ACE: 26%, 24%, CCB: 20%, 20%), heart-function improvement (ARB: 33%, 25%, ACE: 44%, 30%, CCB: 18%, 13%), good tolerability (ARB: 46%, 42%, ACE: 40%, 35%, CCB: 35%, 32%), formulary/approved-list (ARB: 15%, 18%, ACE: 25%, 28%, CCB: 20%, 25%) and cost-minimization (ARB: 1%, 6%, ACE: 10%, 18%, CCB: 6%, 9%). CONCLUSION: Cardiovascular conditions, product attributes and patient/health-system issues appear to drive differences in the reasons behind medication choice both within the antihypertensive medication classes and between geographies (EU & US) which may require close scrutiny.