Medicines 2003 was 66% of the drugs prescribed. Medications concurrently. The percentage of drugs prescribed by generic name was 6.45±0.04 medications. Over half of the patients (57.9%) received more than five treatments. The patients were prescribed an average of 210 and 365 days.

Objectives: The main purpose was to determine the cause of the distribution of drug prescriptions in Australia on an aggregate level 1 over the last 10 years and to identify the key factors for the current developments at a more detailed, therapeutic level. The data comprise the filled prescriptions at the expense of all statutory health insurance funds in Australia, covering more than 97% of the national population. Observation period from is 2005 to 2014, with a 5-year analysis over 2015. Year-on-year changes are calculated at different ATC levels. Costs are in euros excluding VAT.

RESULTS: Pharmaceutical expenditures increased significantly from 2005 until 2008, while from 2009 to 2013 there were only moderate increases. In 2014, expenditures started to rise considerably again, the ATC groups C, L, and N (immunomodulators, and B (blood and blood forming organs) practically being the sole causes. One steady development over the last 10 years is the constant cost increase in the group L. Group N (nervous system) was the second cost driver until 2011, but faded afterwards. Beginning with 2012, group B is one of the major cost drivers. There are recently no significant cost declines through losses of exclusivity, except for the year 2013. Looking more into detail, one can observe that the current rise is strongly dominated by the new hepatitis c drugs prescribed by direct oral antiviral agents (DAA).

CONCLUSIONS: The new hepatitis C drugs are the main cause for the current increases in public outpatient pharmaceutical expenditures in Australia. As rising drug costs are a remarkable compensating savings via generic entries, the cost rise poses a severe challenge for the public health insurance system, especially amid continuing weak economic growth and therefore stressed health budgets.

Objectives: To assess drug use pattern in outpatient departments (OPDs) of two tertiary care hospitals (Bahawal Victoria Hospital and Civil Hospital) of Bahawalpur, Pakistan: This was a descriptive, non-experimental and cross-sectional study. The prescribing indicators, 2,400 prescriptions (10 OPDs per hospital) were systematically selected from the total 1,560,000 prescriptions written during April 2014 to March 2015. A total of 600 randomly selected patients (300 patients per hospital, 30 per OPD) and all pharmacists available in both hospitals were interviewed to investigate the patient-care and facility-specific indicators. We used published ideal standards for each of the WHO/INRUD indicators. RESULTS: Among the prescribing indicators, the average number of drugs per encounter was 2.8 (SD = 1.3) (optimal value = 1.6–1.8), the drugs prescribed by generic name were 56.6% (optimal value = 100%), the encounters with an antibiotic prescribed were 51.5% (optimal value = 20.0–26.8%), the encounters with an injection prescribed were 0.0% (optimal value = 13.4–24.5%) and the encounters with a prescription from Essential Drugs List (EDL) were 98.6% (optimal value = 100%). Among the patient-care indicators, the average consultation time was 1.2 minutes (SD = 0.8) (optimal value ≥ 10 minutes), the average dispensing time was 4.9 seconds (SD = 4.9) (optimal value ≥ 90 seconds), the percentage of drugs actually dispensed was 97.3% (optimal value = 100%), the percentage of drugs adequately labeled was 97.3% (optimal value = 100%) and the patients' knowledge of correct dosage was 61.6% (optimal value = 100%). Among the facility-specific indicators, all health care facilities had an appropriate supply of EDL stocks available in the stock were 72.4% (optimal value = 100%). CONCLUSIONS: Irational use of drugs was observed in both health care facilities. Continuous education of the physicians, increased physician-to-patient and pharmacist-to-patient ratio are some options to promote rational drug use.

Objectives: Systematic literature reviews (SLRs) play an important role in evidence-based medicine and are increasingly favored over traditional narrative reviews as a method to objectively summarize vast amounts of data. Our objective was to evaluate a cross-section of published SLRs in oncology and determine the top journals, main purposes, meta-analysis frequency, and the top 10 SLR journals. The SLRs were conducted on February 1 2015 for the year 2014 and further restricted to cancer topics. Case reports, editorial, conference abstracts, and letters were excluded. Abstracts were manually screened to identify SLRs, producing a total of 1,510 unique citations identified. 727 were determined to be SLRs in oncology. 9 SLRs included case reports describing rare cancers or adverse drug reactions. Drug therapy was noted in 391 publications (53% of all). The top 100 journals publishing SLRs were Plos ONE (n=30), Tumor Biology (n=17), Cancer Treatment Reviews (n=15), World Journal of Gastroenterology (n=10) and Journal of Clinical Oncology (n=8). Impact factors for these journals ranged from 2.369 to 17.879. Most frequent purposes were treatment comparisons (27.9%), efficacy assessments (15.6%),...