PRODUCTIVITY LOSS AMONG PATIENTS WITH MOOD DISORDERS

OBJECTIVES: The objective of this study is to analyze antidepressants and anxiolytics drug usage (ATC groups: N06A and N05B) in two mid European, neighbouring countries, Croatia and Slovenia, for the 9-year period, from 2000 to 2008. Further, the aim was to identify the generic drugs usage in each country, the price for DDD for original and generic drugs, and to identify the most prescribed drugs in each drug group. METHODS: The data have been obtained from the International Medical Statistics database for Croatia and Slovenia. Drug usage is presented in defined daily doses per 1000 inhabitants per day (DDD/1000) according to the WHO Methodology. Financial expenditure data are presented in Euros. An average cost per DDD was calculated for each drug group. RESULTS: In 2008, the total usage of antidepressants was higher in Slovenia (42.7 DDD/1000 inhabitants/day) than in Croatia (22.2 DDD/1000 inhabitants/day), and it increased in both countries during the investigated period. The total usage of anxiolytics is more than 3 times higher in Croatia (74.7 DDD/1000 inhabitants/day) than in Slovenia (22.2 DDD/1000/inhabitants/day). The total usage of anxiolytics decreased in Slovenia in 2008 in comparison with prescriptions in 2000, while it increased in Croatia for 44.3% during the same period. The rate of generic prescriptions among antidepressants during the investigated period was higher in Croatia, i.e. in Croatia 73.6% of all prescribed antidepressants were generics in 2008, while in Slovenia 33.5%. CONCLUSIONS: Drug prescription patterns are different comparing Croatia and Slovenia. A possible reason for relatively higher usage of anxiolytics and lower usage of antidepressants in Croatia could be depression treatment with anxiolytics. This indicates the need for a more thorough analysis and the introduction of national drugs guidelines for rational prescribing, monitoring and evaluation especially anxiolytics. Although the generic drugs usage in the mentioned groups is relatively high, it should be further supported and promoted.

ANTIPSYCHOTIC PRESCRIBING TO THE ELDERLY: A TWO-YEAR COMPARATIVE ANALYSIS

OBJECTIVES: Antipsychotic medicines are commonly prescribed to elderly patients. These patients are at an increased risk of adverse drug events because of age-related pharmacodynamic and pharmacokinetic changes. The primary aim of the study was to determine antipsychotic prescribing patterns and cost to patients aged 60 years and older in a private health care sector primary care patient population in 2008 and 2009. METHODS: A retrospective, exposure-cohort drug utilization study was conducted on prescription data of a pharmacy group in South Africa for 2008 and 2009. No guidelines were available. All records for antipsychotics (MIMS category 1.5) for patients 60 years and older were extracted for analysis. RESULTS: A total of 1800 patients in 2008 and 3086 patients in 2009 received 7877 and 14538 antipsychotic products at a sales value of R78586 and R4928127, respectively. The average cost per antipsychotic product was R353.67 in 2008 and R336.98 in 2009. Most patients were female (61.78% in 2008 and 57.87% in 2009). Tablets were the preferred dosage form. Aripiprazole (37.55% in 2008 and 38.20% in 2009), quetiapine (21.42% and 20.31%), risperidone (18.88%) and olanzapine (10.94% and 10.24%) together accounted for more than 75% of antipsychotics prescribed to the elderly, a high percentage of atypical antipsychotics (84.23% in 2008 and 85.14% in 2009) were prescribed. Differences were observed between 2008 and 2009 with respect to the prescribing frequency of the atypical antipsychotics (χ² = 32.624, d.f. = 6, p < 0.0001). CONCLUSIONS: Prescribing patterns were relatively similar in both years. The dosages and duration of treatment of antipsychotics should be investigated in relation to the diagnoses for which they are prescribed. It is recommended that diagnoses be included in databases and also that qualitative studies be conducted to determine possible side effects experienced by patients.

HEALTH CARE ORGANIZATIONS/SERVICES CLUSTERING: EXAMPLE OF PCTS IN ENGLAND

OBJECTIVES: England has 152 Primary Care Trust (PCT) each having its own characteristics, and prescription patterns. As a consequence, PCT formulary lists differ, creating an additional hurdle for patient access to innovative medicines, often referred to as the postcode lottery. The objective of this study was to segment these PCTs in groups with homogeneous attitudes towards patient access for innovative drugs in Mental Health (MH) using a clustering analysis. METHODS: We collected all available information about the PCTs through public sources and the OneKey+ database. We identified 62 variables per PCT and classified them in 5 groups: profile...