SOCIOECONOMIC FACTORS OF INSOMNIA PRESCRIPTION IN A NATIONAL DATABASE

Lal L, Bojar J, Patel R, Lee V
Nova Southeastern University, Ft. Lauderdale, FL, USA

OBJECTIVES: Our study aims to identify socioeconomic factors related to insomnia prescription patterns in US outpatient settings. METHODS: This project proposes a secondary data analysis using a national longitudinal database from 2004 National Ambulatory Medical Care Survey (NAMCS). Study subjects were derived from outpatient visits in which at least one insomnia drug was prescribed. A series of weighted chi-square statistics were performed to compare insomnia drug uses across various physician and patient characteristics. All analyses used SAS statistical software and incorporated sample weights and standard errors correction. RESULTS: Among the 910 million outpatient visits that took place in the US in 2004, an estimated 24.98 million visits included at least one insomnia drug prescription. The majority of prescriptions were allocated to antihistaminics (52.3%), which were more frequently prescribed than non-benzodiazepines (34.1%) and benzodiazepines (13.6%). Differences in drug pricing may explain these findings: the average wholesale price (AWP) for antihistaminics is lower ($0.31) than non-benzodiazepine hypnotics ($2.52). Patient comparisons by insurance type revealed that Medicaid patients were less likely to receive the relatively expensive non-benzodiazepines (27.5%) than Medicare (32.3%), self-pay (33.39%), and private insurance (30.03%) patients. Prescription patterns were significantly influenced by physician specialty (P < 0.0001), with general/family physicians contributing the greatest fraction of insomnia prescriptions (36.1%). Females received significantly more insomnia prescriptions than males (16.4 vs. 13.85 ml, P < 0.0001) and Black/Hispanic patients received significantly fewer insomnia prescriptions than did white patients (10.78% vs. 87.13%, P < 0.0001). CONCLUSIONS: Our findings indicate significant socioeconomic disparities in the use of insomnia prescriptions. While drug pricing might account for some of our results, marketing—particularly in socioeconomic and physician characteristics toward which such efforts are targeted—provides another strong explanation for prescription pattern disparities. Further evaluation of current practice guidelines and development of more manageable regulations might ensure greater consistency in treatment patterns.

DRUG UTILISATION AND EXPENDITURE ASSOCIATED WITH TREATMENTS OF NEUROLOGICAL DISORDERS

Tesar T, Poltan V, Binder R
Camenius University, Bratislava, Slovak Republic

OBJECTIVES: To analyse the utilisation and costs of drugs for treatment of neurological disorder (ATC group: N01–N07) within Slovakia between 1999 and 2007 and to assess the economic consequences of the medications. METHODS: For 1999–2007, the data about consumption of drugs for treatment of neurological disorder were collected following ATC/DDD methodology. Data of wholesalers, who are legally obliged provide this information to the Slovak Institute for Drug Control, was used for the analysis. The results were expressed in the numbers of the packages, finance units (€) and defined daily doses per 1000 inhabitants per day (DDD). RESULTS: The collected data showed a significant increases in consumption of drugs for treatment of neurological disorder from 1999 to 2007 in term of DDD (in 1999 (108.6,504,000) to 2007 (119.46) and in 2007 (142.57). A large increase in consumption of psycholeptics (in 1999 (16.0), in 2003 (33.22) and in 2007 (44.84) and a stable consumption of psycholeptics in 1999 (40.88), in 2003 (38.33) and in 2007 (41.34) in term of DDD can be seen from this analysis. When we assess the influence of increased consumption of drugs in term of DDD within the group of antiepileptics (in 1999 (4.60), in 2003 (5.25) and in 2007 (6.86) and antiparkinson drugs in 1999 (3.19), in 2007 (3.81) and in 2007 (3.92). Financial expenditures for psycholeptics in 1999 (€36,615,000), in 2003 (€40,972,000) and in 2007 (€30,382,000), for psycholeptics in 1999 (€10,504,000), in 2003 (€24,603,000) and in 2007 (€36,502,000) can be seen from this study. CONCLUSIONS: Ineparamount components of the Slovak drug policy must be viewed realistically with regard to the consumption of drugs for neurological disorder. Adherence to principles of neurological treatment’s guidelines lead to fundamental short and long term financial savings within health care systems.

ANTIPSYCHOTIC DRUG USE IN PATIENTS WITH ALZHEIMER’S DISEASE TREATED WITH RIVASTIGMINE VERSUS DONEZEPIL: EVIDENCE FROM HEALTH CLAIMS DATA

Lehovec V, Hakemani F, Kabel M, Mora-Palat N, Don MS, Sarre WH
George, Pharmacy, Ltee, Montréal, QC, Canada, Group, Pharmacy, Ltee, Montréal, QC, Canada, Novartis, Pharmaceuticals Corporation, East Hanover, NJ, USA, Analysis Group Inc., Boston, MA, USA, Ohio State University, Columbus, OH, USA

OBJECTIVES: Cholinesterase (ChE) inhibitors, including donepezil and rivastigmine, are recommended as care for mild to moderate cognitive impairment due to Alzheimer disease (AD). The current study investigates whether treatment with rivastigmine is associated with less use of antipsychotics compared to treatment with donepezil. METHODS: A claims analysis was conducted from 01/2004 through 12/2006 using the Master MarkerScan database. Falls, confusion, incontinence, memory loss, hypertension, depression, dementia and diabetes complex treatment in LTC. Concomitant medication burden further complicates treatment. Ongoing examination into treatment needs and barriers to PD medication use is needed to alleviate PD burden in LTC.