

Canada spends over \$400 million on medicine that harms seniors

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Canada spends more than \$400 million annually on drugs prescribed to seniors even though the medicines should be avoided for older patients, according to new UBC research.

The study's authors conclude that the full cost to Canada's health-care system is closer to \$2 billion when hospital visits and other repercussions of inappropriate prescriptions are factored in.

"We're wasting vast sums of money on drugs that we know pose more risks than benefits for patients over 65 years of age," said Steve Morgan, a professor in the school of population and public health. "Canada urgently needs a national strategy to ensure that [older patients](#) receive only those medications that are appropriate for their health and for their age."

Physiological changes associated with aging alter the effects of many drugs, making some medications potentially inappropriate for older adults.

Using prescription claims data for 2013 in all provinces except Quebec, Morgan and colleagues looked for prescriptions filled by patients age 65 and older for medications listed as potentially inappropriate by the American Geriatrics Society. The list, known as the Beers List, is a well-established guide to help health care providers avoid medicines that pose greater risks than other available treatments for older patients.

The researchers found that 37 per cent of older Canadians filled one or more prescriptions on the Beers List in 2013. Women were more likely than men to fill such prescriptions. Sedatives were the leading contributors to both the frequency and cost of potentially inappropriate prescriptions among older Canadians.

Researchers advise that patients, families and health-care providers have more conversations

about what sorts of medications an individual is taking and whether those medications are appropriate.

"We hope these findings help destigmatize discussions on medication use and that [health-care providers](#) make time for these important conversations," said Morgan. "We need to ask more questions like: 'Am I (or is my mother or father) on the right kind of medicine?'"

The researchers call for the creation of a national strategy on the appropriate use of medicines. Other countries, such as Australia, have done so and found that investing in better prescribing behaviour and medication use improves patient health while significantly reducing prescription drug costs and costs elsewhere in the health-care system.

Morgan believes that costs associated with developing a Canadian strategy on the use of medicines - estimated to be between \$40 to \$60 million for Canada - would be more than offset by the reduced cost of inappropriate prescriptions for [older adults](#) alone.

The study was published today in the *Canadian Medical Association Journal Open*.

Quick facts:

- 37 per cent: number of older Canadians filled one or more prescriptions not recommended for people older than 65
- 42 per cent: Women over 65 are more likely than men to fill a prescription not recommended for older people
- No. 1 medicine inappropriately prescribed to seniors: Benzodiazepines, also known as sedatives and used to treat insomnia and anxiety
- \$400 million spent annually in Canada on drugs prescribed to seniors even though the medicines should be avoided for older

patients or \$75 per Canadian aged 65 and older

- \$1.8 billion: estimated full cost to Canadian health-care system of inappropriate prescriptions to older Canadians (\$1.8 billion = over \$400 million for the prescriptions and an estimated \$1.4 billion for health system costs)
- \$40 to \$60 million: the cost to develop a national strategy on the appropriate use of medicines in Canada.
- A national strategy would involve multiple policies of federal, provincial, and territorial governments to educate and empower patients and health professionals to make informed decisions and about the use of pharmaceutical and non-pharmaceutical treatments, and initiatives to monitor and evaluate prescribing patterns and health outcomes.

More information: *Canadian Medical Association Journal* Open, [DOI: 10.9778/cmajo.20150131](https://doi.org/10.9778/cmajo.20150131)

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