Seniors and Prescription Drug Use

Drug Spending and Utilization

Based on data collected from six provinces, we know the following:

- Spending is increasing: public drug spending on seniors increased from $603.5 million in 2002 to $1.0 billion in 2008.
- The top 10 drug classes accounted for almost half (48%) of public drug program spending among seniors. Five of the 10 are used to treat cardiovascular conditions.
- The most common drug class used by seniors is statins to lower cholesterol levels.
- The majority of seniors are using multiple drugs: 62% of seniors on public drug programs are using five or more drug classes.
- The number of drug classes being used by seniors increases with age: 29% of seniors age 85 and older had claims for 10 or more drugs.

Drug Use in Nursing Homes

Thirty-eight percent of nursing home residents on public drug programs made claims for antipsychotics, compared to only 3% of residents in the community. The higher prevalence of dementia among nursing home residents is likely a contributing factor. (Data is from 2006–2007, based on three provinces.)
Use of Potentially Inappropriate Drugs

The Beers Criteria is an internationally recognized list of drugs that are potentially inappropriate for seniors, due to an elevated risk of adverse effects.

Based on chronic users in four provinces, the top five drugs on this list were the following:

- Oral conjugated estrogens for hormone replacement
- Amitriptyline, an antidepressant
- Digoxin for heart failure
- Oxybutynin for incontinence
- Temazepam, a benzodiazepine used to treat sleep disorders

Decline in Hormone Replacement Therapy, Increase in Bisphosphonates

- A significant decline in hormone replacement therapy (HRT) use (-30% annual average) in five provinces occurred in the two years following the release of the 2002 Women’s Health Initiative study. This study indicated that cancer risks relating to HRT far exceeded the benefits.
- Inversely, the use of bisphosphonates for preventing osteoporosis has increased. For seniors in Canada, this is one of the top 10 fastest-growing drug classes, in terms of spending.

Figure 2: Age-Standardized Rates of HRT Use Among Female Seniors on Public Drug Programs in Five Provinces, 2000–2001 to 2006–2007

Source
National Prescription Drug Utilization Information System Database, Canadian Institute for Health Information.