

4.3 Antidepressant medicines dispensing 18–64 years

Context

This data item examines the dispensing rates of antidepressant medicines for people aged 18 to 64. These data are sourced from the PBS and relate to the number of prescriptions dispensed per 100,000 people.

Antidepressants are a class of medicine used to treat depression. Every year, about one in 25 Australian adults meets the criteria for being diagnosed with depression.¹ Clinical depression is a condition that lasts more than two weeks and can be very disabling, affecting a person's emotions, thinking, behaviour and physical wellbeing.² There is no evidence to suggest that depression increases with age; in fact, severe depression is less common in adults 65 and over who are living in the community than in those aged 64 and under.¹

Depression is commonly dealt with in the primary care setting. During 2010–11, it ranked second (after hypertension) among chronic problems most frequently seen by general practitioners.³

Non-pharmacological interventions are the optimal treatment for milder forms of depression;² moderate to severe depression is best treated with a combination of social and psychological interventions and antidepressant medicines. Some antidepressant medicines can also be used to treat neuropathic pain and some anxiety disorders.

With effective treatment about half the people with moderate depression will show great improvement within six to eight weeks. For those whose depression goes untreated, the duration of their condition varies widely. Some will get better after several months, some will recover partially, and others will continue to have longer-term problems. People who have been prescribed medicine to treat depression usually need to continue taking this medicine for between six and 24 months.⁴

Antidepressant medicines dispensing 18–64 years

Magnitude of variation

In 2013–14, there were 14,933,534 PBS prescriptions dispensed for antidepressant medicines, representing 101,239 prescriptions per 100,000 people aged 18 to 64 years (the Australian rate).

The number of PBS prescriptions dispensed for antidepressant medicines across 325* local areas (SA3s) ranged from 14,981 to 175,380 per 100,000 people aged 18 to 64 years. The number of prescriptions was **11.7 times higher** in the area with the highest rate compared to the area with the lowest rate. The average number of prescriptions dispensed varied across states and territories, from 55,785 per 100,000 people aged 18 to 64 years in the Northern Territory, to 139,004 in Tasmania.

After excluding the highest and lowest results, the antidepressant medicine prescription rate across the 305 remaining local areas was **2.8 times higher** in one local area compared to another.

Of note is the sheer volume of antidepressant medicines dispensed, with nearly 15 million PBS prescriptions dispensed.

Dispensing rates tended to be higher in inner and outer regional areas than in major cities and were lowest in remote communities.

There was a clear relationship between socioeconomic status and the dispensing rate in regional areas: dispensing rates were highest in areas of low socioeconomic status, decreasing in areas that had a higher socioeconomic status. This relationship was not evident in metropolitan areas.

Interpretation

Potential reasons for the variation include differences in:

- the prevalence of risk factors for depression in different areas
- access to optimal alternate treatment pathways, including psychosocial interventions
- access to medical and mental health services in regional and remote locations, and within disadvantaged communities⁵
- clinicians' assumptions that individuals want pharmacological assistance⁶
- prescribing practices, training, knowledge and attitudes of clinicians
- decision-making criteria of patients and clinicians about the need for antidepressant medicines.

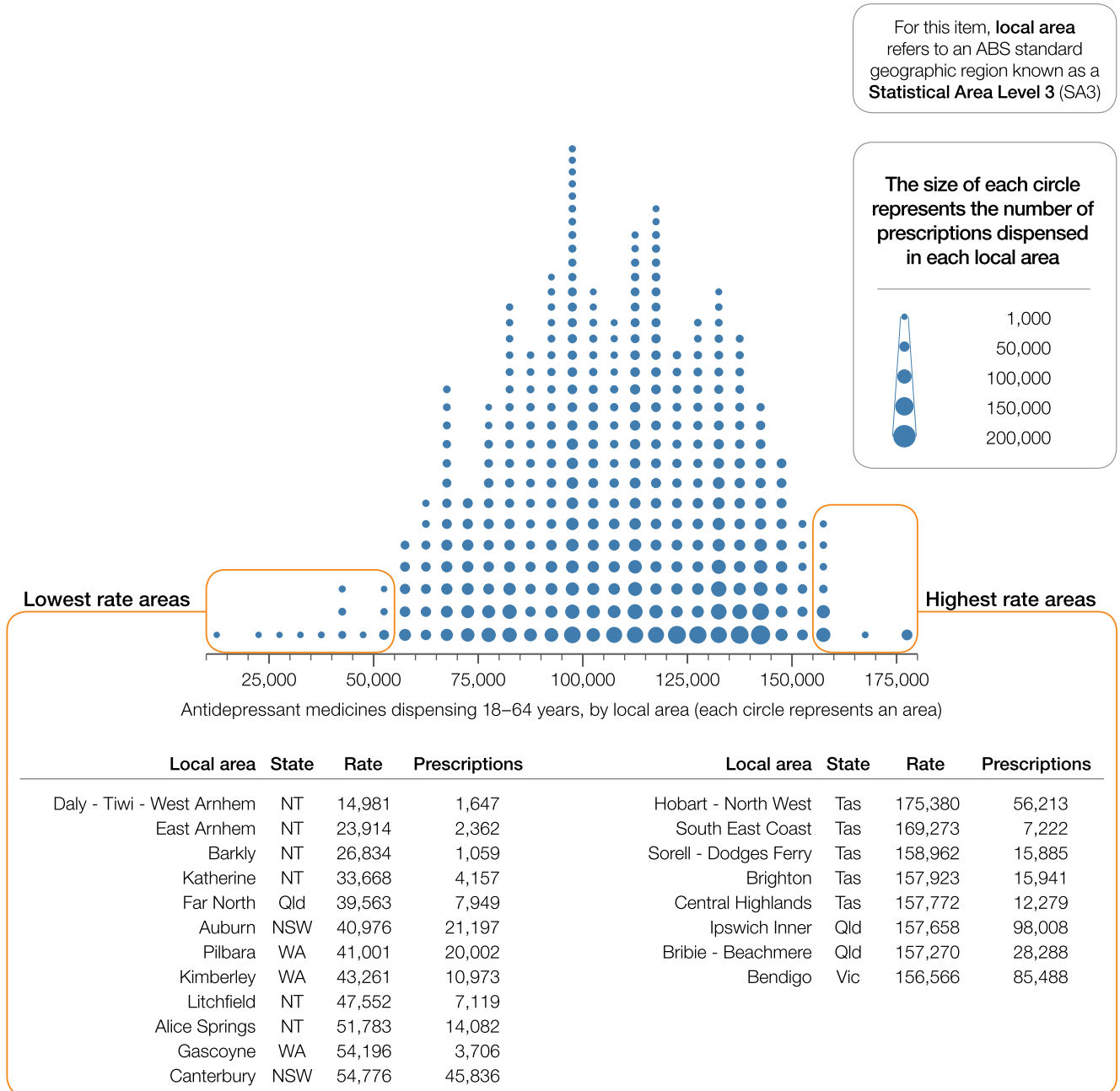
It is also important to note that the dispensing of antidepressant medicines in remote areas by some Aboriginal Health Services is not captured in the PBS.

To explore this variation, further analysis could focus on:

- the individual- and system-level factors that lead to unwarranted variations in antidepressant dispensing rates among those aged 18 to 64
- whether access to mental health services affects the variation in dispensing rates.

*There are 333 SA3s. For this item, data were suppressed for 8 SA3s. This is because of confidentiality requirements given the small numbers of prescriptions dispensed in these areas.

Figure 71: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 18 to 64 years, age standardised, by local area, 2013–14



Notes:

Rates are standardised based on the age structure of the Australian population in 2001.

State/territory and national rates are based on the total number of prescriptions and people in the geographic area.

The term local area refers to an ABS standard geographic region known as a Statistical Area Level 3 (SA3).

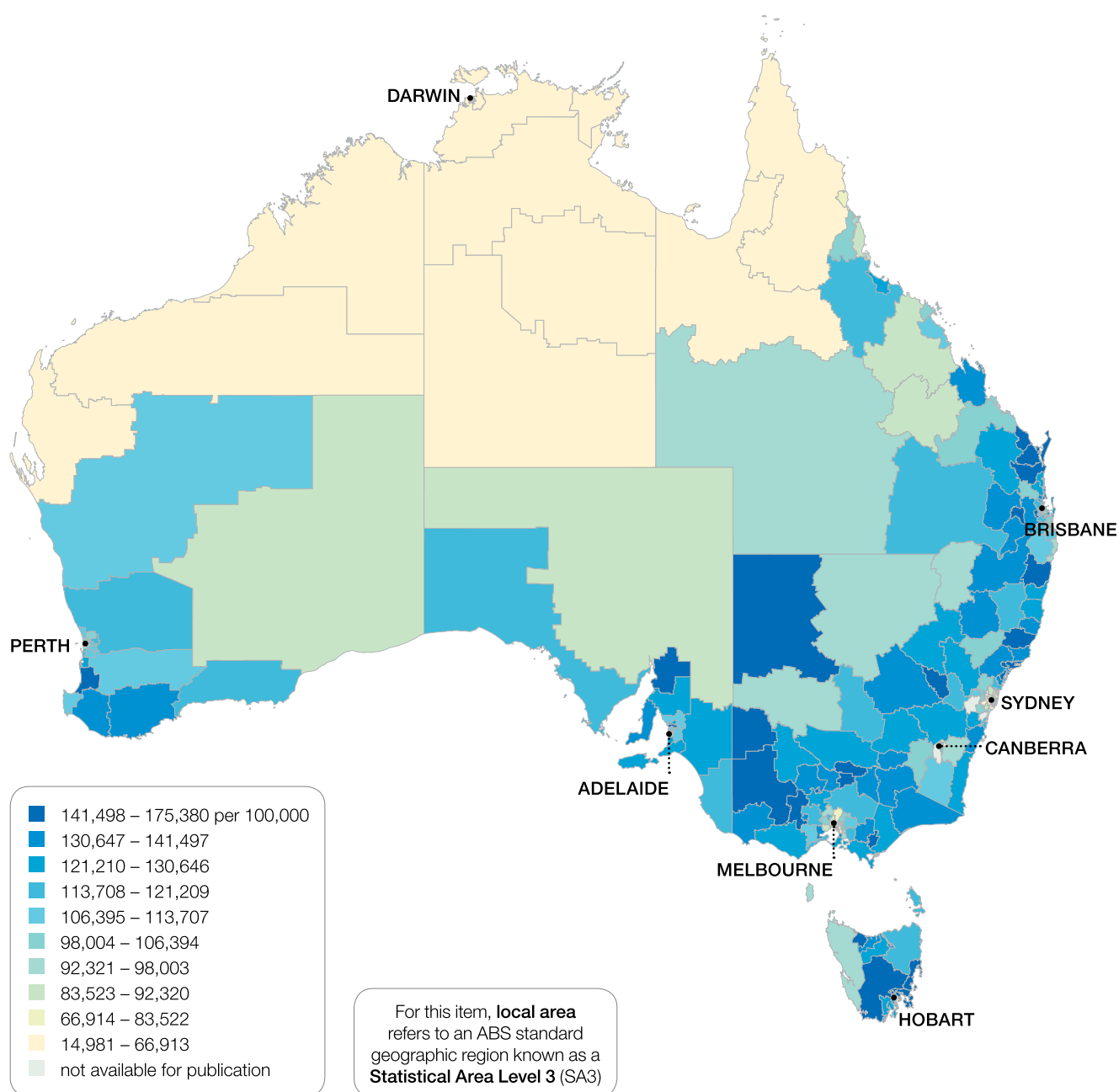
PBS prescriptions include all medicines dispensed under the PBS or RPBS, including medicines that do not receive a Commonwealth subsidy. They exclude a large proportion of public hospital drug usage, direct supply to remote Aboriginal Health Services, over-the-counter purchases and private prescriptions. SA3 analysis excludes approximately 46,180 prescriptions from GPO postcodes 2001, 2124, 3001, 4001, 5001, 6843 but these data are included in state/territory and national level analysis.

For more technical information please refer to the Technical Supplement.

Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

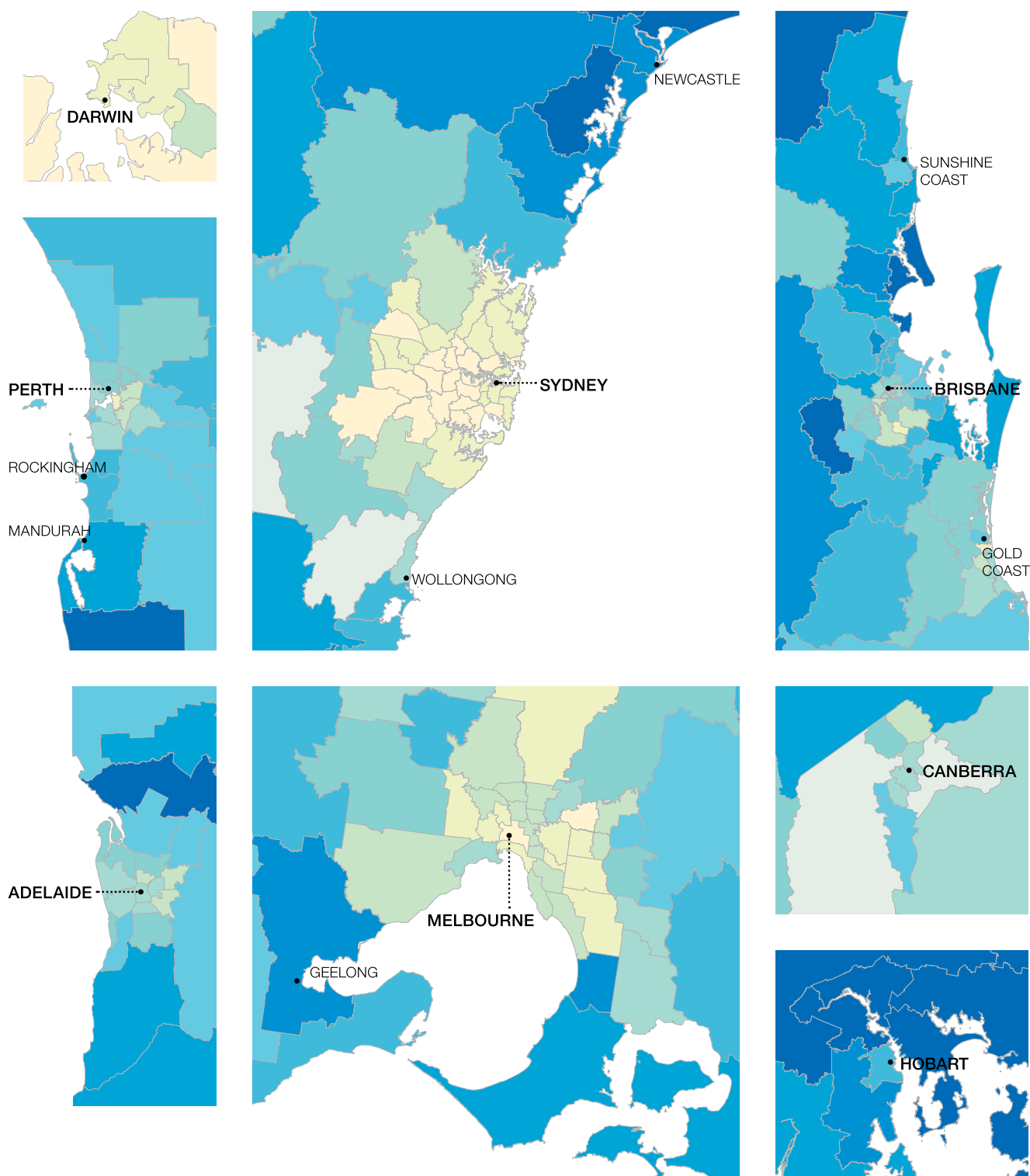
Antidepressant medicines dispensing 18–64 years

Figure 72: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 18 to 64 years, age standardised, by local area, 2013–14



Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

The number of PBS prescriptions dispensed for antidepressant medicines across 325 local areas (SA3s) ranged from 14,981 to 175,380 per 100,000 people aged 18 to 64 years. The number of prescriptions was **11.7 times higher** in the area with the highest rate compared to the area with the lowest rate.

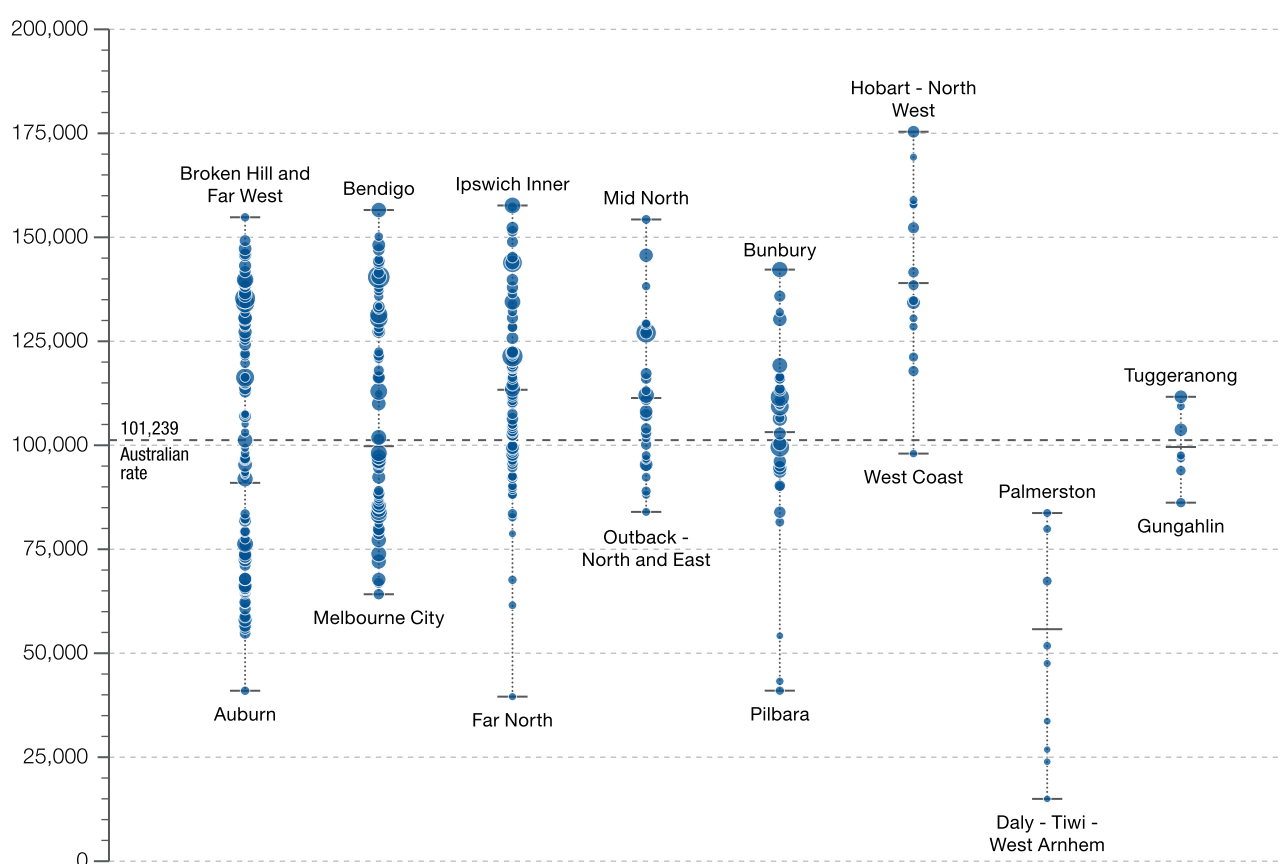


Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

Antidepressant medicines dispensing 18–64 years

Figure 73: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 18 to 64 years, age standardised, by local area, state and territory, 2013–14

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Highest rate	154,816	156,566	157,658	154,297	142,245	175,380	83,718	111,663
State/territory	90,959	99,774	113,350	111,372	103,170	139,004	55,785	99,589
Lowest rate	40,976	64,188	39,563	83,987	41,001	98,003	14,981	86,207
No. prescriptions	4,278,221	3,659,499	3,348,494	1,186,141	1,677,278	447,360	87,146	247,030



For this item, **local area** refers to an ABS standard geographic region known as a **Statistical Area Level 3 (SA3)**

The size of each circle represents the number of prescriptions dispensed in each local area

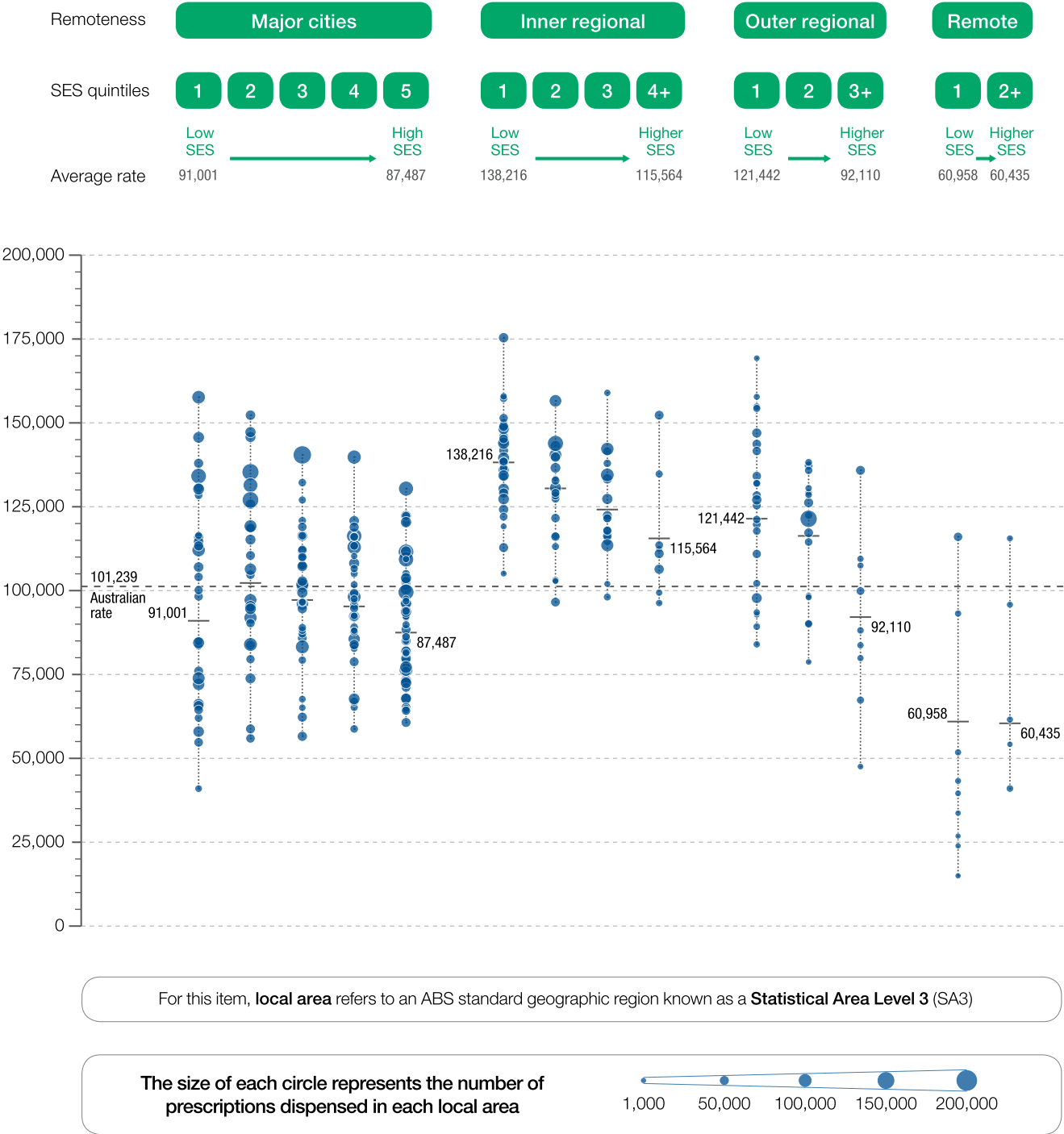


Notes:

Rates are standardised based on the age structure of the Australian population in 2001. State/territory and national rates are based on the total number of prescriptions and people in the geographic area.

Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

Figure 74: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 18 to 64 years, age standardised, by local area, remoteness and socioeconomic status (SES), 2013–14



Notes:
Rates are standardised based on the age structure of the Australian population in 2001.
The national rate is based on the total number of prescriptions and people in Australia.
Average rates are based on the total number of prescriptions and people in the local areas within each group.

Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

Antidepressant medicines dispensing 18–64 years

Resources

- Royal Australian & New Zealand College of Psychiatrists. Clinical Practice Guidelines Team for Depression. *Australian and New Zealand clinical practice guidelines for the treatment of depression*. Australian and New Zealand Journal of Psychiatry. 2004;38:389–407. Available at: www.ranzcp.org/Files/Resources/Publications/CPG/Clinician/CPG_Clinician_Full_Depression-pdf.aspx.
- Australian Government Department of Health. *What are the treatments for depression?* 2005. Available at: www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-c-coping-toc~mental-pubs-c-coping-wha.
- Beyondblue. *Clinical Practice Guidelines: Depression in adolescents and young adults*. 2011. Available at: www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ext0007_cp_guideline_depression_adolescents_young_beyondblue.pdf.

-
- 1 Australian Bureau of Statistics. National survey of mental health and wellbeing: summary of results 2007. Cat. no. 4326.0. Canberra: ABS, 2007.
 - 2 Royal Australian & New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Depression. Australian and New Zealand clinical practice guidelines for the treatment of depression. ANZJP 2004;38:389–407.
 - 3 Britt H, Miller G, Charles J, Henderson J, Bayram C, Pan Y et al. General practice activity in Australia 2010–11: Bettering the Evaluation And Care of Health. Sydney: Sydney University Press, 2011.
 - 4 Ellis PM, Hickie IB, Smith DAR. Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines: summary of guidelines for the treatment of depression. Australasian Psychiatry March 2003;11(1).
 - 5 Meadows GN, Enticott JC, Inder B, Russell GM, Gurr R. Better access to mental health care and the failure of the Medicare principle of universality. MJA 2015;202(4):190–4.
 - 6 Lin P, Campbell DG, Chaney EF, Liu CF, Heagerty P, Felker BL, et al. The influence of patient preference on depression treatment in primary care. Annals of Behavioral Medicine 2005;30(2):164–73.