

4.4 Antidepressant medicines dispensing 65 years and over

Context

This data item examines dispensing rates of antidepressant medicines for people aged 65 and over. 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. They are also used to treat a number of other conditions prevalent in adults aged 65 and over, including some anxiety disorders, chronic pain and some types of urinary incontinence. This makes it difficult to make direct comparisons between the 65 and over age group and younger adults.

Every year, about one in 25 Australian adults meets the criteria for being diagnosed with depression.¹ Clinical depression lasts for at least 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.³ Older women are more likely than men to experience depressive illnesses.⁴

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.⁵

Similarly to adults younger than 65, milder forms of depression are ideally treated with social and psychological interventions.² Moderate to severe depression is best treated with a combination of social and psychological interventions and antidepressant medicines.

With effective treatment, about half of the people with moderate depression will show 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.⁶

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Magnitude of variation

In 2013–14, there were 6,592,577 PBS prescriptions dispensed for antidepressant medicines, representing 196,574 prescriptions per 100,000 people aged 65 years and over (the Australian rate).

The number of PBS prescriptions dispensed for antidepressant medicines across 325* local areas (SA3s) ranged from 22,213 to 306,383 per 100,000 people aged 65 years and over. The number of prescriptions was **13.8 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 115,760 per 100,000 people aged 65 years and over in the Northern Territory, to 221,409 in Queensland.

After excluding the highest and lowest results, the antidepressant medicine prescription rate across the 301 remaining local areas was **1.9 times higher** in one local area compared to another.

Based on the available data, it is not possible to determine the extent to which antidepressants were prescribed to treat pain and conditions other than depression.⁷

Dispensing rates tended to be slightly higher in inner regional areas than in major cities, and variations were also noted between major cities. Evidence showed that dispensing rates were higher in areas of low socioeconomic status and variations based on socioeconomic factors were less apparent than in younger adults. Dispensing rates for older adults were almost double those for adults aged less than 64 years.

Interpretation

Potential reasons for the variation include differences in:

- disadvantaged communities with a higher risk of depression and lack of access to optimal alternate non-medication treatment pathways⁸
- access to optimal alternate treatment pathways, including psychosocial services in regional and remote locations and within disadvantaged communities, a barrier further compounded by age
- preferences and knowledge about the appropriate treatment for depression, including the role of social and psychological interventions; older people are less likely than their younger counterparts to access these available services^{9,10}
- access to services for physical illness and declining function, which are major contributors to depression in older people
- prescribing practices, training, knowledge and attitudes of clinicians
- the density of aged-care facilities¹¹
- variations in prevalence of other conditions for which some antidepressants are used, for example, neuropathic pain and urinary incontinence.

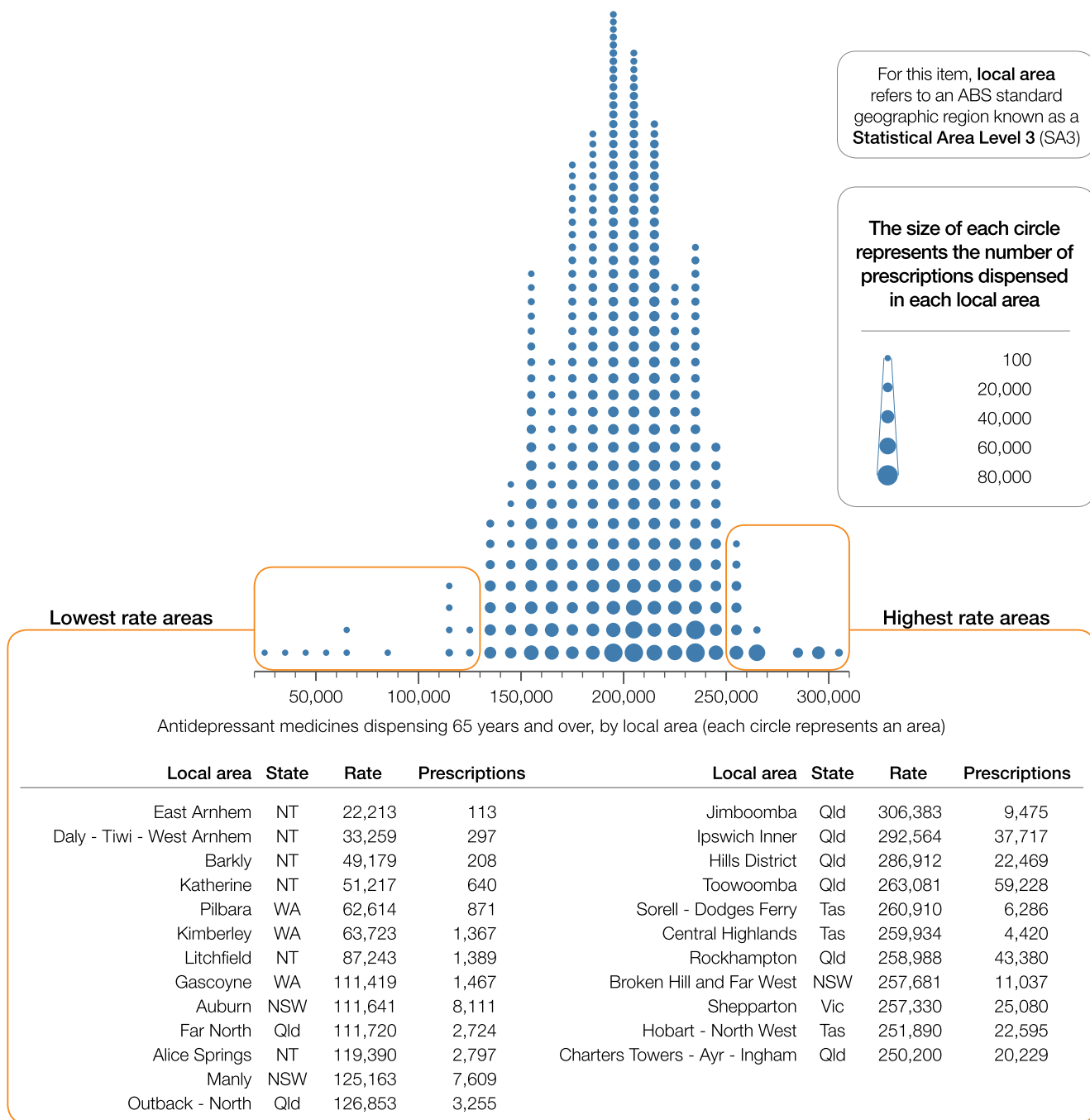
It is also important to note that the dispensing of antidepressant medicines in remote areas by some Aboriginal Health Services is not captured in the PBS.

To explore this variation, further analysis could focus on:

- individual- and system-level factors that lead to variation in antidepressant dispensing rates within more specific age groups (for example, 65 years and over, 75 years and over, and 85 years and over, compared with those aged 64 years and under)
- the relationship between dispensing rates and the proportion of older adults living in residential and community settings.

*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 75: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 65 years and over, 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).

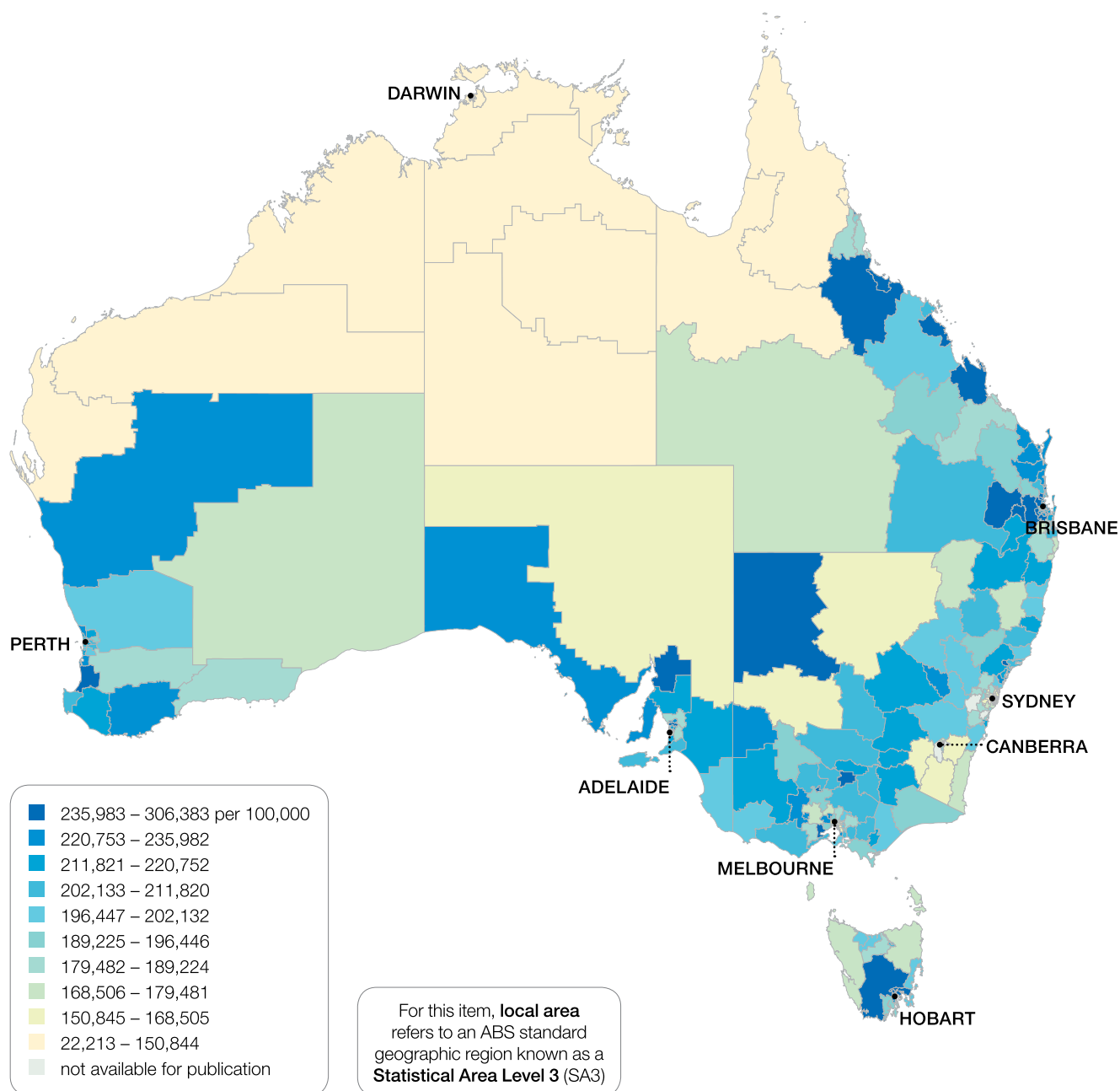
PBS prescriptions include all medicines dispensed under the PBS or RPBS, including medicines that do not receive a Commonwealth subsidy. They exclude a large proportion of public hospital drug usage, direct supply to remote Aboriginal Health Services, over-the-counter purchases and private prescriptions. SA3 analysis excludes approximately 28,780 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.

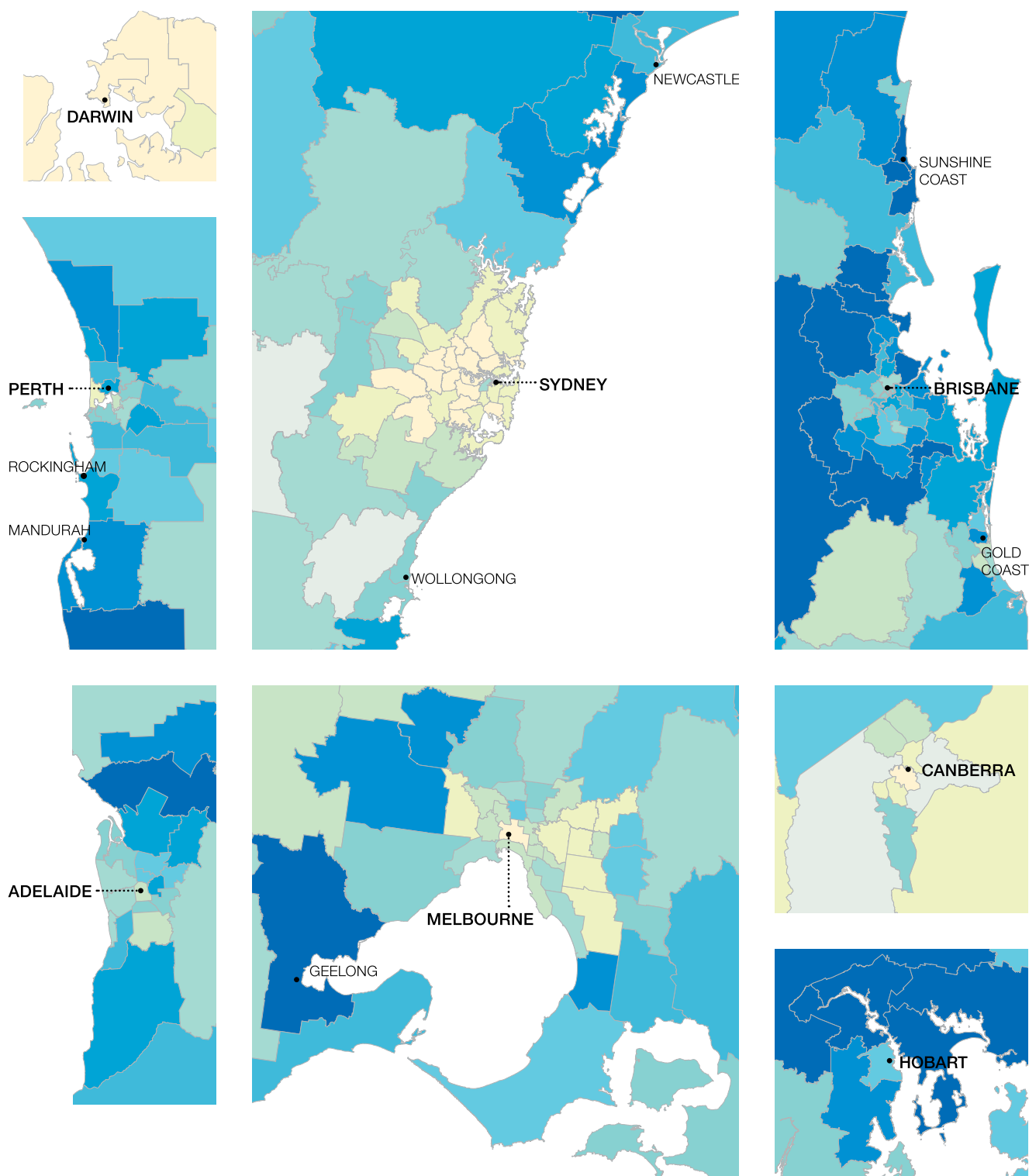
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Figure 76: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 65 years and over, age standardised, by local area, 2013–14



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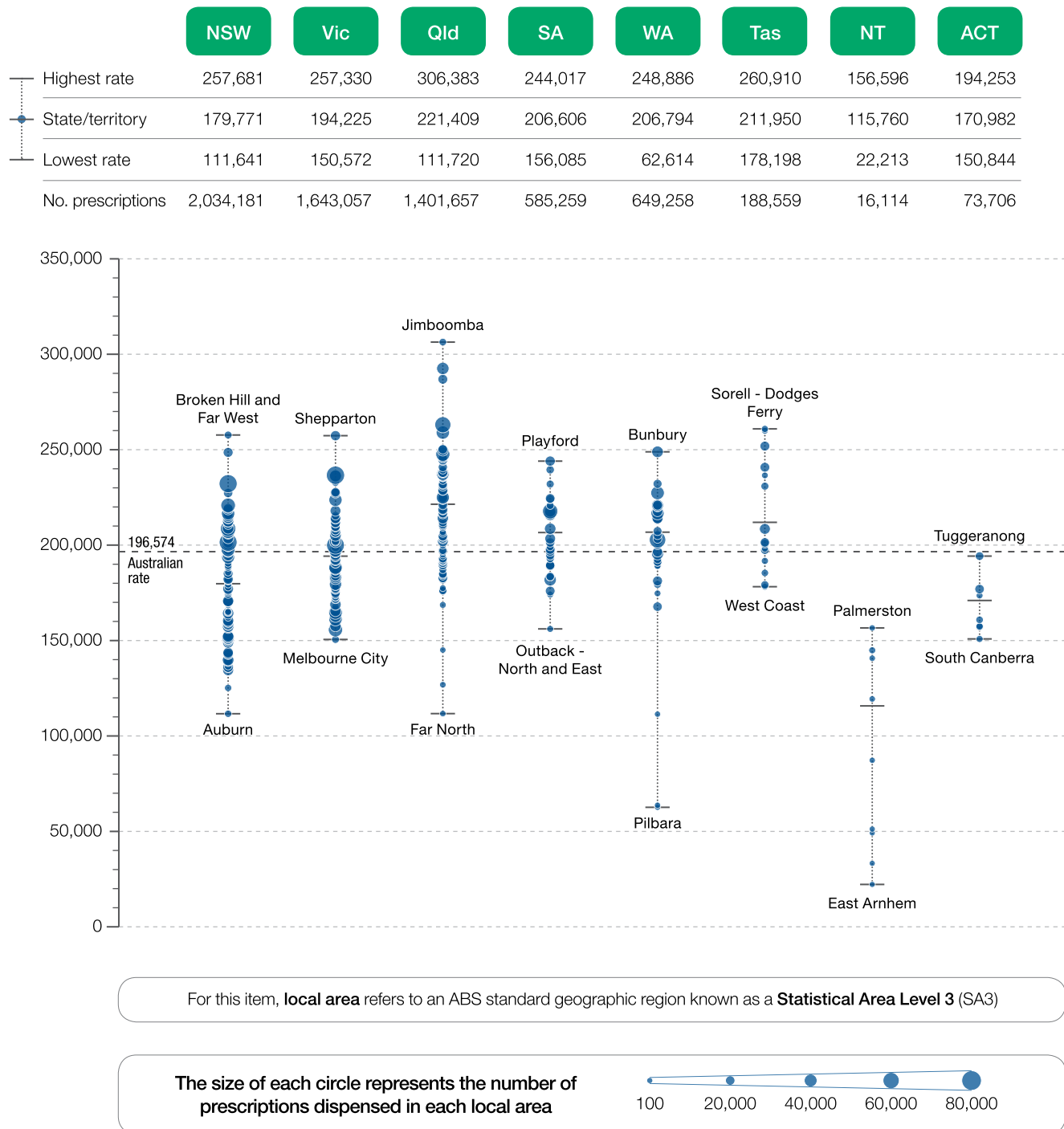
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Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

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Figure 77: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 65 years and over, age standardised, by local area, state and territory, 2013–14

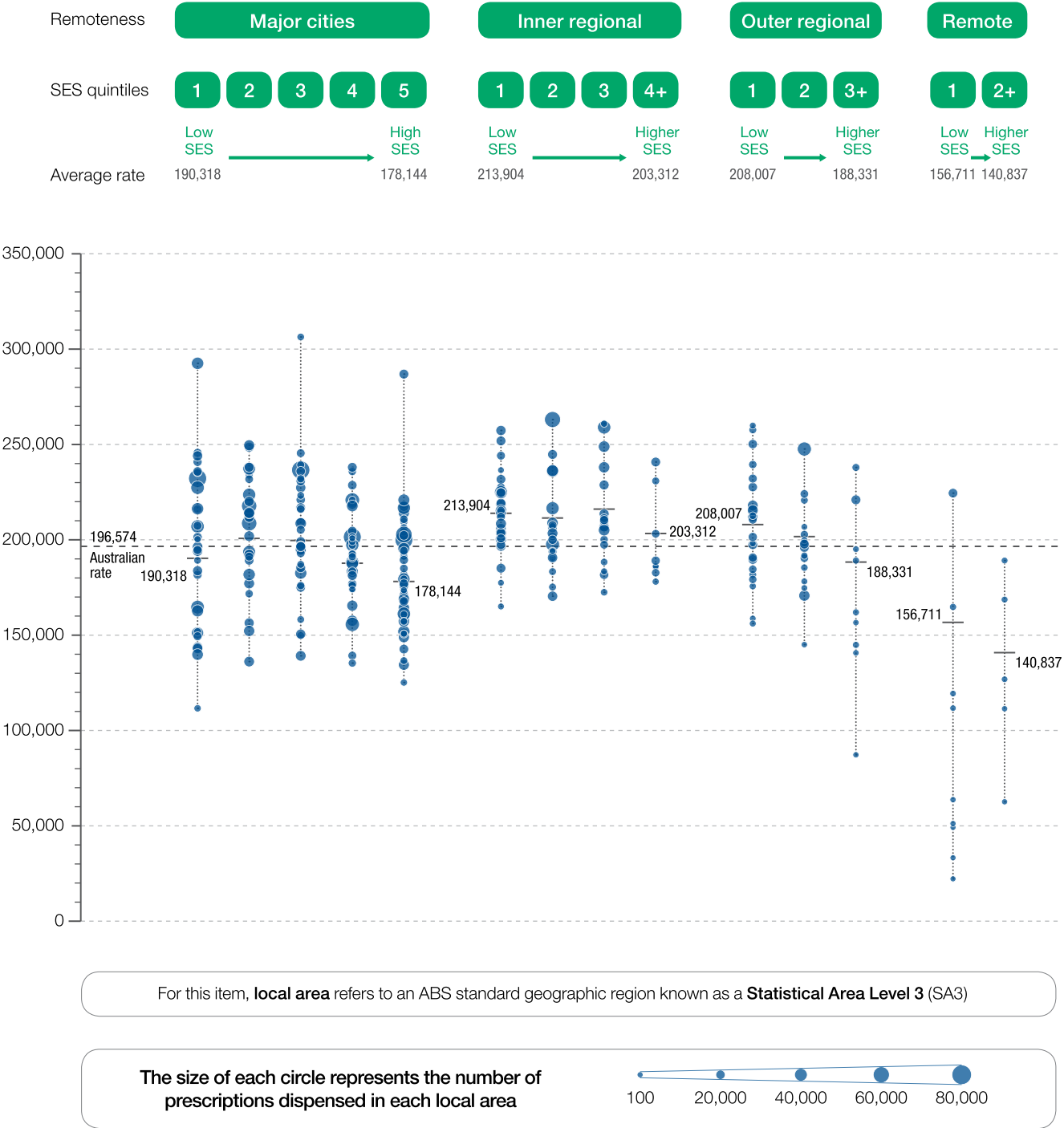


Notes:

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.

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 78: Number of PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 65 years and over, 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.

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Resources

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 - 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.
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 - 4 Djernes JK. Prevalence and predictors of depression in populations of elderly: a review. *Acta psychiatrica Scandinavica* 2006;113(5):372–87.
 - 5 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.
 - 6 Ellis PM, Hickie IB, Smith DAR. Royal Australian & New Zealand College of Psychiatrists Clinical Practice Guidelines: Summary of guidelines for the treatment of depression. *Australasian Psychiatry* March 2003;11(1).
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 - 8 Spence R, Roberts A, Ariti C, Bardsley M. *QualityWatch. Focus on: antidepressant prescribing. Trends in the prescribing of antidepressants in primary care*. London: Health Foundation and Nuffield Trust, 2014.
 - 9 Mental Health Services in Australia: Characteristics of Access to Allied Psychological Services (ATAPS) consumers. Australian Institute of Health and Welfare. 2013. (Accessed 31 August 2015 at: mhsa.aihw.gov.au/home/)
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