

4.5 Anxiolytic medicines dispensing 18–64 years

Context

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

Anxiety disorders are now the most common mental health problem in Australia, affecting 14 per cent of people. Although anyone can develop an anxiety disorder, women are more at risk than men. In Australia, almost 20 per cent of women have an anxiety disorder, compared to about 10 per cent of men.¹

Anxiolytics are a class of prescription medicines most appropriately used to treat the symptoms of anxiety, insomnia and substance withdrawal over short periods. While effective in the short term, they are not recommended for long-term use as they can be addictive and have a number of side effects.

Anxiolytics are not the sole medicines used in the treatment for anxiety; antidepressants may also be used in some situations. In the longer term, a combination of antidepressant medicines and psychological interventions is more suitable and more effective at maximising positive treatment outcomes.²

Anxiolytic medicines dispensing 18–64 years

Magnitude of variation

In 2013–14, there were 2,508,346 PBS prescriptions dispensed for anxiolytic medicines, representing 17,201 prescriptions per 100,000 people aged 18 to 64 years (the Australian rate).

The number of PBS prescriptions dispensed for anxiolytic medicines across 325* local areas (SA3s) ranged from 1,079 to 41,473 per 100,000 people aged 18 to 64 years. The number of prescriptions was **38.4 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 6,930 per 100,000 people aged 18 to 64 years in the Northern Territory, to 25,802 in Tasmania.

After excluding the highest and lowest results, the anxiolytic medicine prescription rate across the 302 remaining local areas was **4.8 times higher** in one local area compared to another.

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

Dispensing rates were highest in areas with low socioeconomic status, and lower in areas with higher socioeconomic status.

Interpretation

Potential reasons for the variation include differences in:

- the risk of anxiety and depression, which is higher in disadvantaged communities³
- access to optimal alternate non-pharmacological treatment pathways³
- prescribing practices, including short courses of treatment and planning to discontinue medication, which can prevent long-term dependence
- private prescriptions, which are not included in this data.

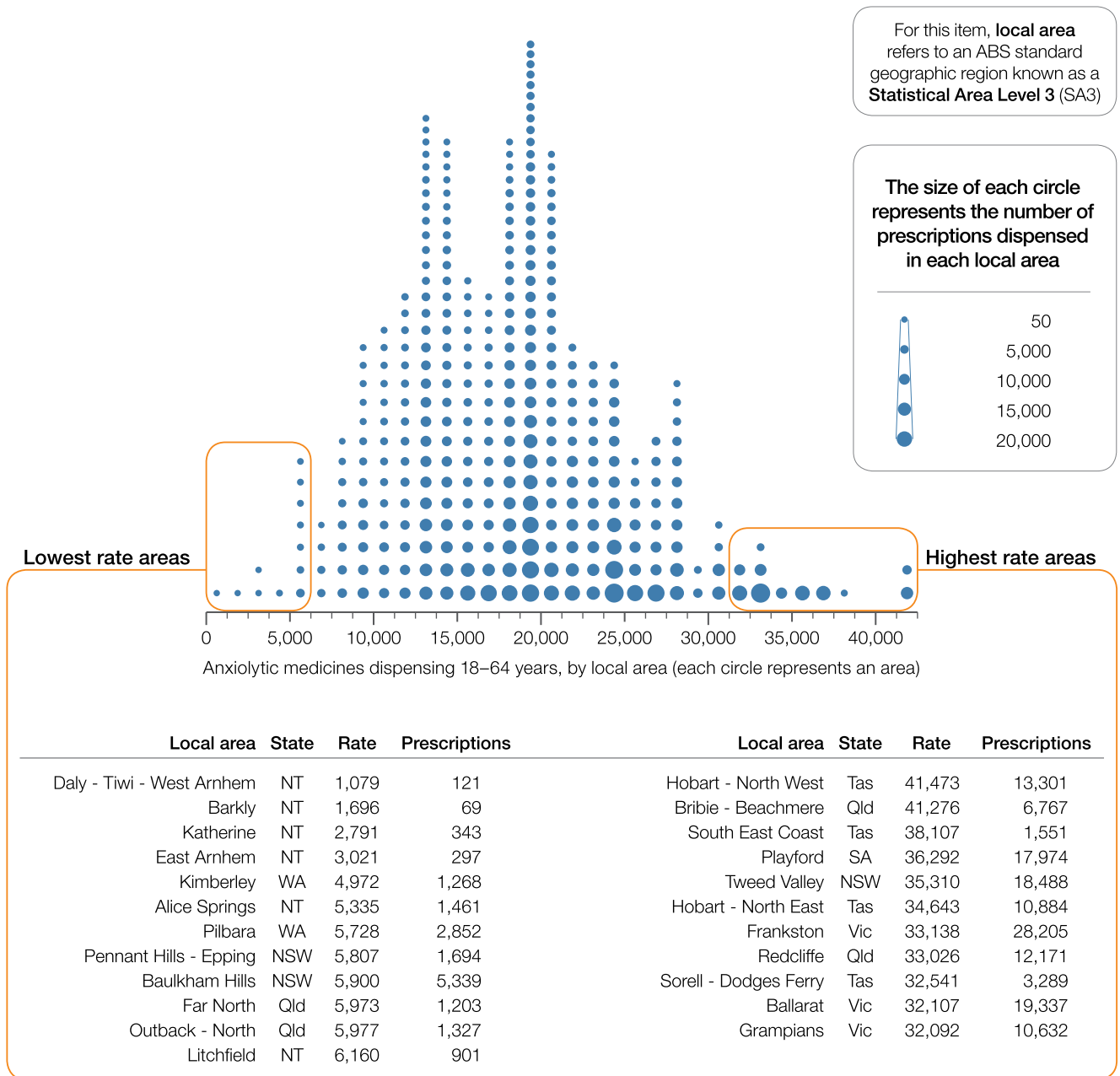
It is also important to note that the dispensing of anxiolytic medicines in remote areas by some Aboriginal Health Services is not captured in the PBS.

To explore this variation, further analysis could focus on:

- the individual- and system-level factors that lead to variation in the dispensing rates for anxiolytic and antidepressant medicines among those aged 18 to 64
- the influence of access to mental health services and variations 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 79: Number of PBS prescriptions dispensed for anxiolytic 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).

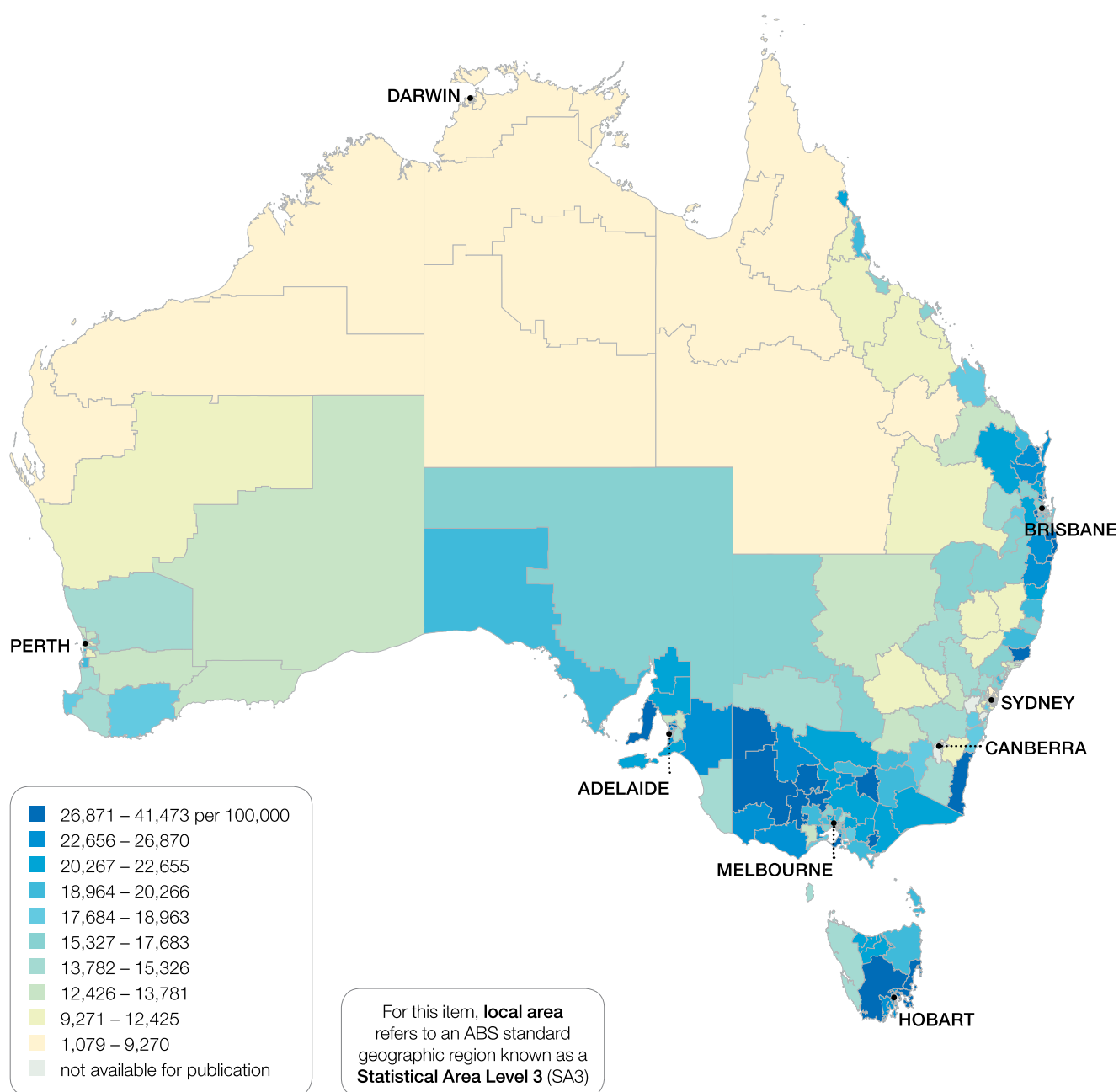
PBS prescriptions include all medicines dispensed under the PBS or RPBS, including medicines that do not receive a Commonwealth subsidy. They exclude a large proportion of public hospital drug usage, direct supply to remote Aboriginal Health Services, over-the-counter purchases and private prescriptions. SA3 analysis excludes approximately 14,520 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.

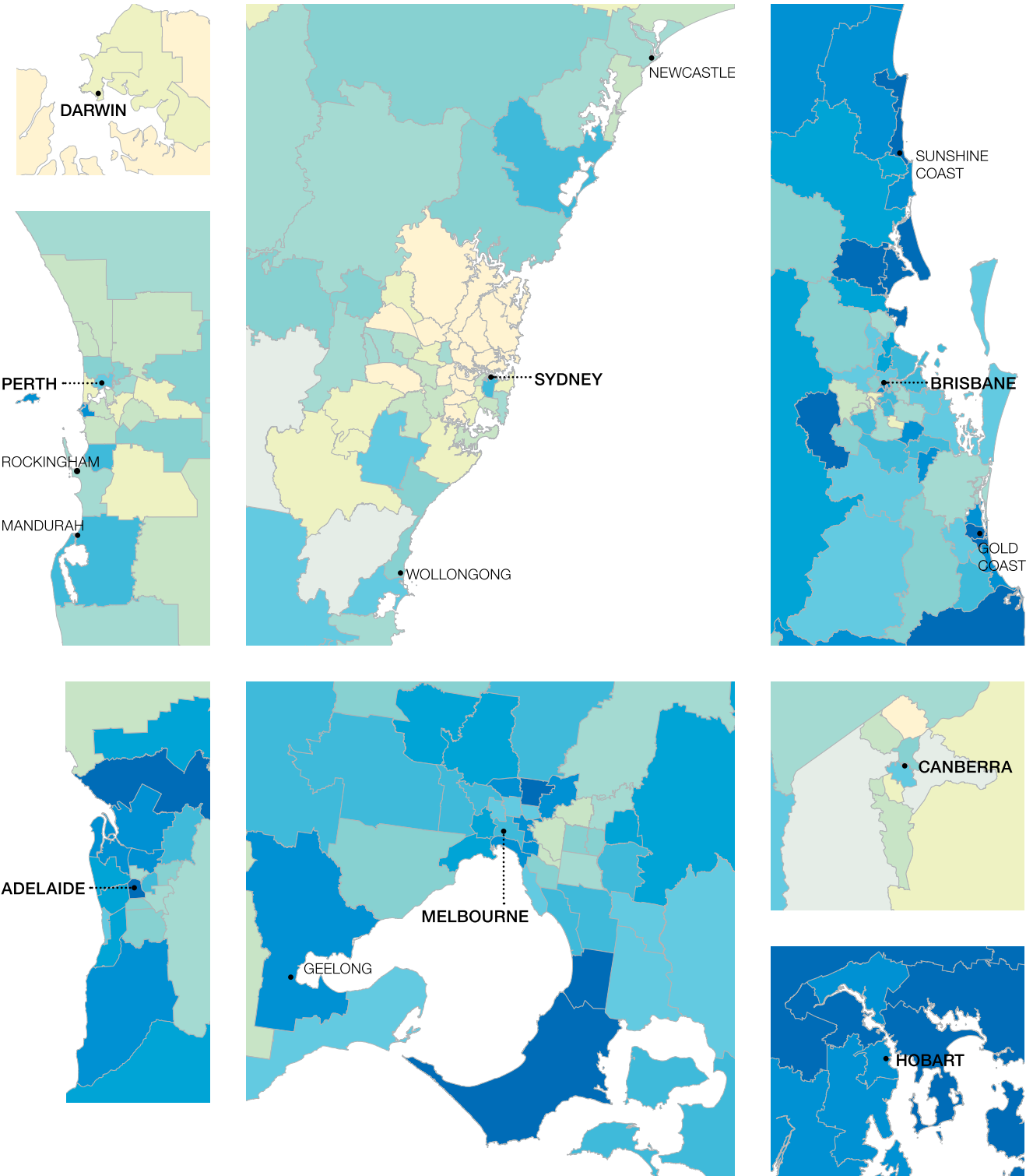
Anxiolytic medicines dispensing 18–64 years

Figure 80: Number of PBS prescriptions dispensed for anxiolytic 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 anxiolytic medicines across 325 local areas (SA3s) ranged from 1,079 to 41,473 per 100,000 people aged 18 to 64 years. The number of prescriptions was **38.4 times higher** in the area with the highest rate compared to the area with the lowest rate.

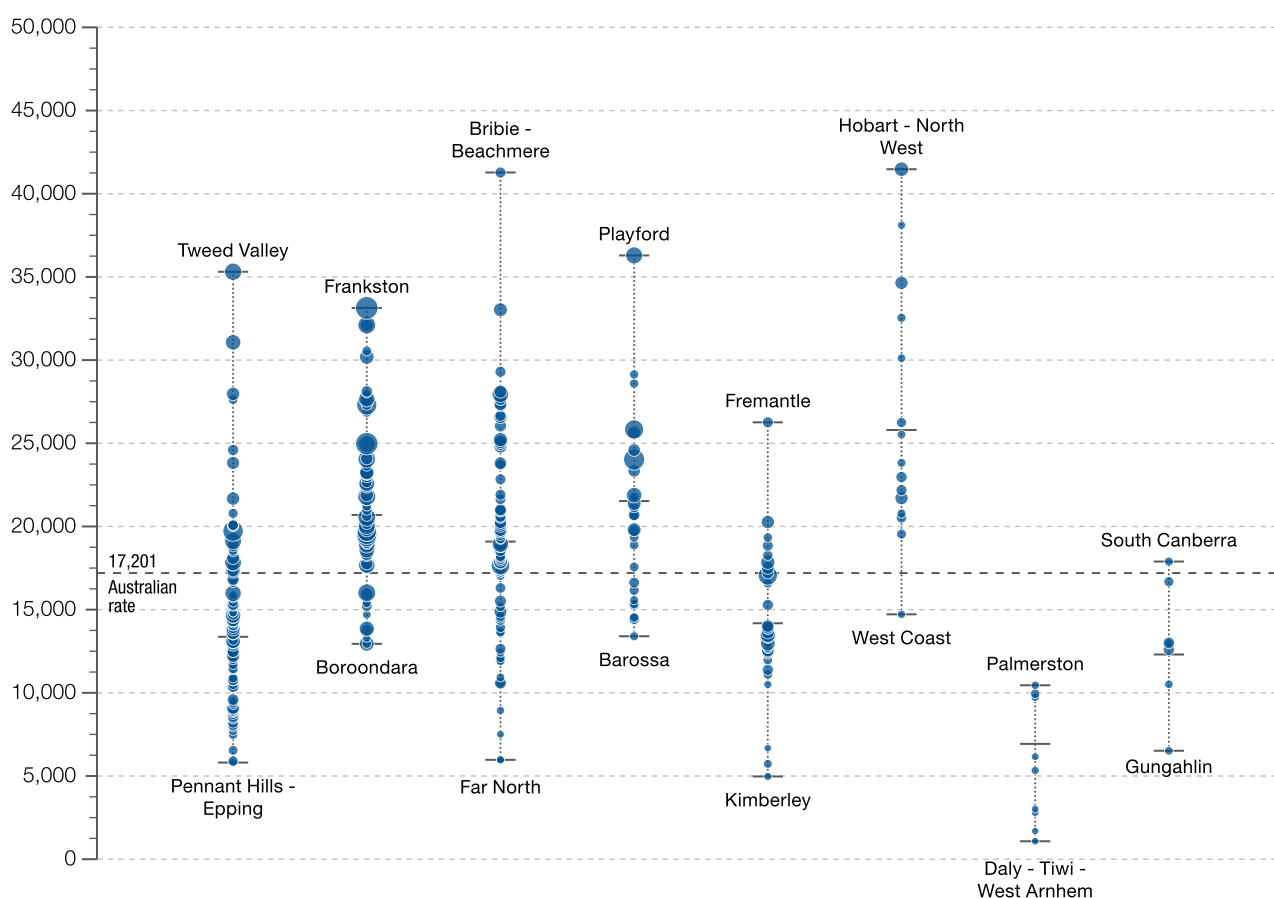


Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

Anxiolytic medicines dispensing 18–64 years

Figure 81: Number of PBS prescriptions dispensed for anxiolytic 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	35,310	33,138	41,276	36,292	26,261	41,473	10,454	17,890
State/territory	13,367	20,689	19,091	21,527	14,183	25,802	6,930	12,305
Lowest rate	5,807	12,946	5,973	13,398	4,972	14,716	1,079	6,516
No. prescriptions	624,047	749,760	558,128	224,701	227,901	82,548	10,766	30,053



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

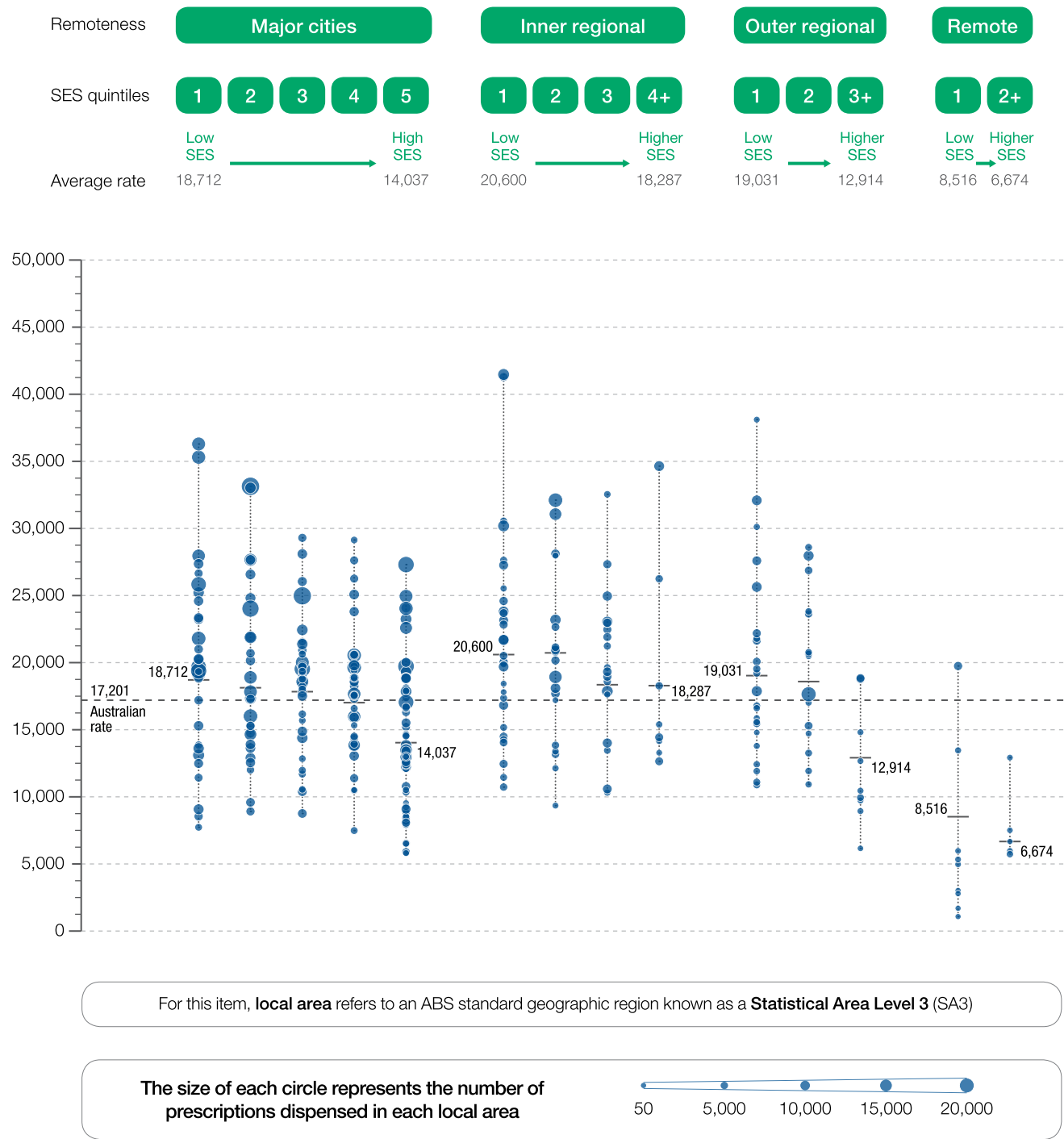


Notes:

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 82: Number of PBS prescriptions dispensed for anxiolytic 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.

Anxiolytic medicines dispensing 18–64 years

Resources

- HealthDirect Australia. *Anxiety*. 2013. Available at: www.healthdirect.gov.au/anxiety.
- Kyrios M. *Anxiety Disorders: Assessment and management in general practice*. Australian Family Physician. June 2011;40(6). Available at: www.racgp.org.au/download/documents/AFP/2011/June/201106kyrios.pdf.
- Pharmaceutical Benefits Scheme. *Australian Statistics on Medicines*. 2015. Available at: www.pbs.gov.au/info/browse/statistics.

1 Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: summary of results. Cat. no. 4326.0. Canberra: ABS, 2007.

2 National Institute of Health and Care Excellence. Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: management in primary, secondary and community care. Clinical guideline 113. Manchester: NICE, 2011.

3 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.