

## 4.6 Anxiolytic medicines dispensing 65 years and over

### Context

This data item examines the dispensing rates of anxiolytic medicines for people 65 years and over. These data are sourced from the PBS and relate to the number of prescriptions dispensed per 100,000 people.

Rates of anxiety disorders are lower among older people.<sup>1</sup> 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.<sup>1</sup>

Anxiety in older people can be associated with increased disability, mortality and the use of health services.<sup>2</sup> Although it is not as well researched as anxiety among other groups, the condition may be harder to recognise in older people because the symptoms of anxiety overlap with the symptoms of depression and dementia.<sup>3</sup>

Anxiolytics are a class of prescription medicine 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 to treat 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.<sup>4</sup>

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## Magnitude of variation

In 2013–14, there were 1,265,996 PBS prescriptions dispensed for anxiolytic medicines, representing 37,695 prescriptions per 100,000 people aged 65 years and over (the Australian rate).

The number of PBS prescriptions dispensed for anxiolytic medicines across 323\* local areas (SA3s) ranged from 6,193 to 80,445 per 100,000 people aged 65 years and over. The number of prescriptions was **13.0 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 14,506 per 100,000 people aged 65 years and over in the Northern Territory, to 54,247 in Tasmania.

After excluding the highest and lowest results, the anxiolytic medicines prescription rate across the 302 remaining local areas was **4.0 times higher** in one local area compared to another.

Dispensing rates tended to be higher in inner and outer regional areas than in major cities and were lowest in remote communities. A clear association was seen between socioeconomic status and the anxiolytic dispensing rate; dispensing rates were highest in areas with low socioeconomic status, and lower in areas with higher socioeconomic status.

The anxiolytic medicine dispensing rate for older adults was almost double the rate for the 18–64 age group, and socio-demographic variations were similar for younger and older adults.

## Interpretation

Potential reasons for the variation include differences in:

- the density of aged-care facilities<sup>4</sup> and disadvantaged communities<sup>5</sup>
- older people's referrals for psychological therapies<sup>2</sup>
- access to psychological treatment pathways<sup>5</sup> – a barrier that is compounded among older people<sup>6</sup>
- individual clinicians' prescribing practices
- community awareness regarding prevention, self-management and non-medication treatments for anxiety
- private prescriptions, which are not included in this data.

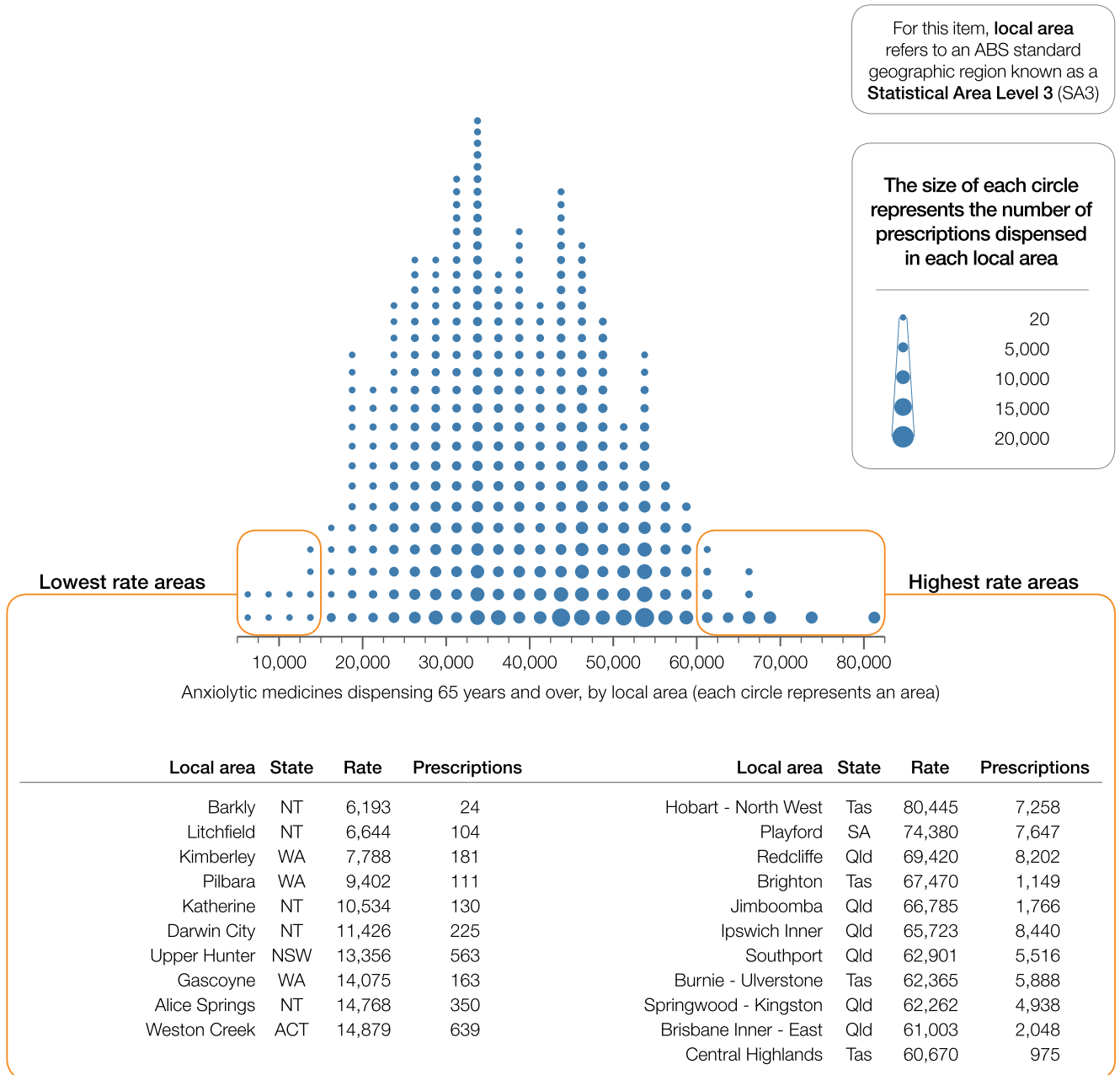
It is also important to note that the dispensing of anxiolytic medicines in remote areas by some Aboriginal Health Services is not captured in the PBS.

To explore this variation, further analysis could focus on:

- the individual- and system-level factors that lead to variation in dispensing rates for people aged 65 and over compared with the rates for people aged 18 to 64, including gaps in the availability of mental health services.

\*There are 333 SA3s. For this item, data were suppressed for 10 SA3s. This is because of confidentiality requirements given the small numbers of prescriptions dispensed in these areas.

**Figure 83: Number of PBS prescriptions dispensed for anxiolytic 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).

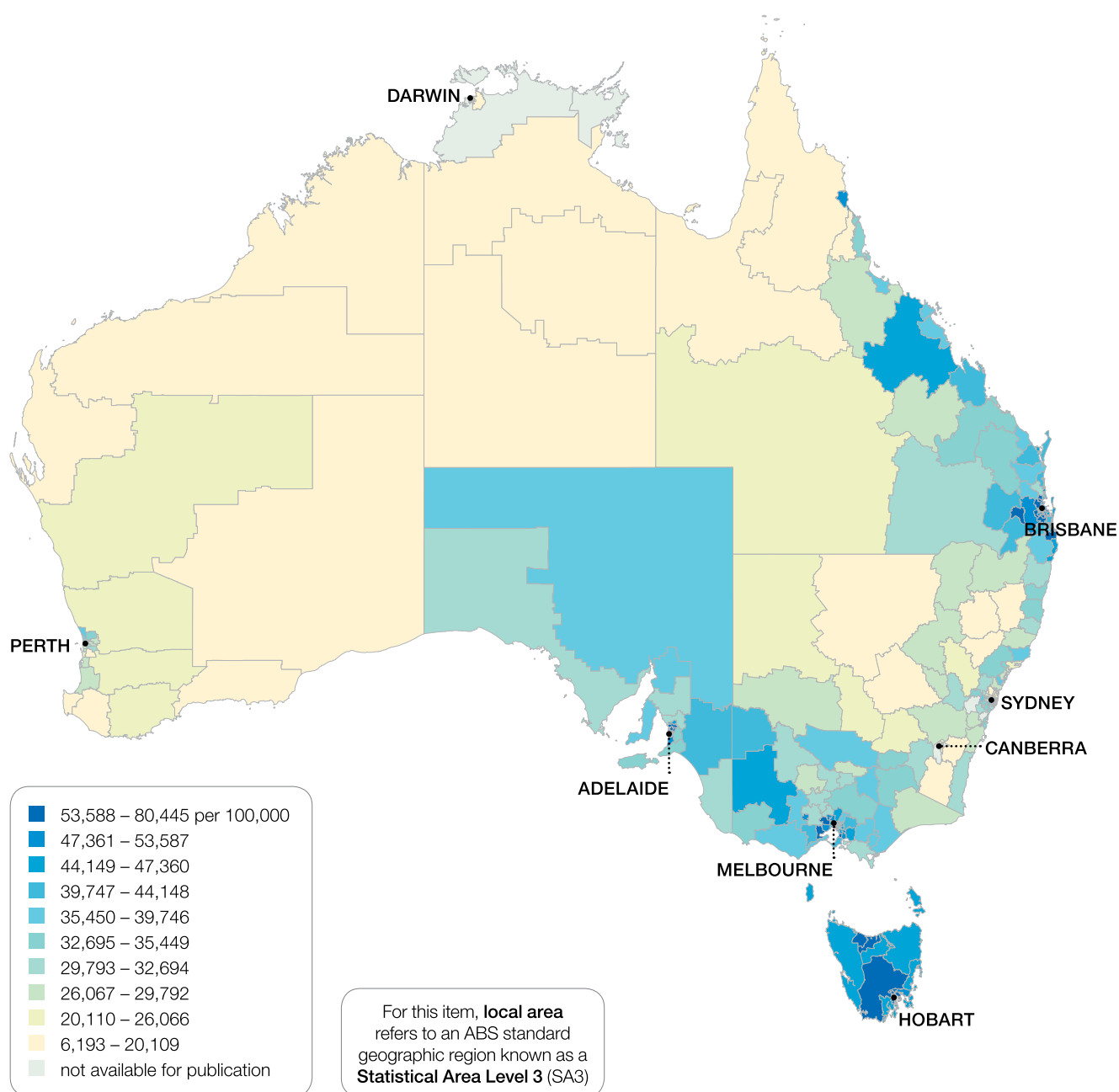
PBS prescriptions include all medicines dispensed under the PBS or RPBS, including medicines that do not receive a Commonwealth subsidy. They exclude a large proportion of public hospital drug usage, direct supply to remote Aboriginal Health Services, over-the-counter purchases and private prescriptions. SA3 analysis excludes approximately 9,220 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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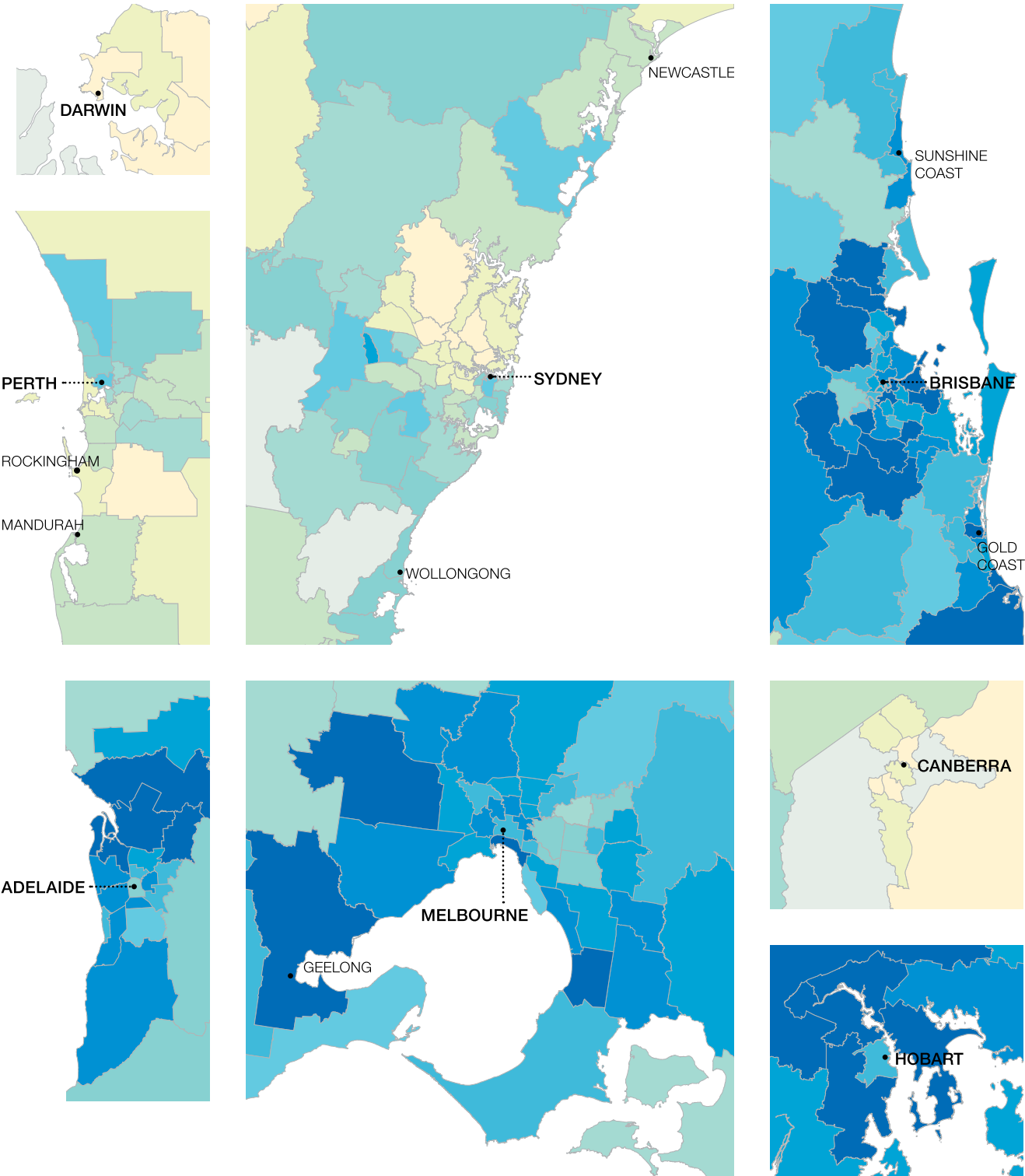
**Figure 84:** Number of PBS prescriptions dispensed for anxiolytic medicines per 100,000 people aged 65 years and over, age standardised, by local area, 2013–14



**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.



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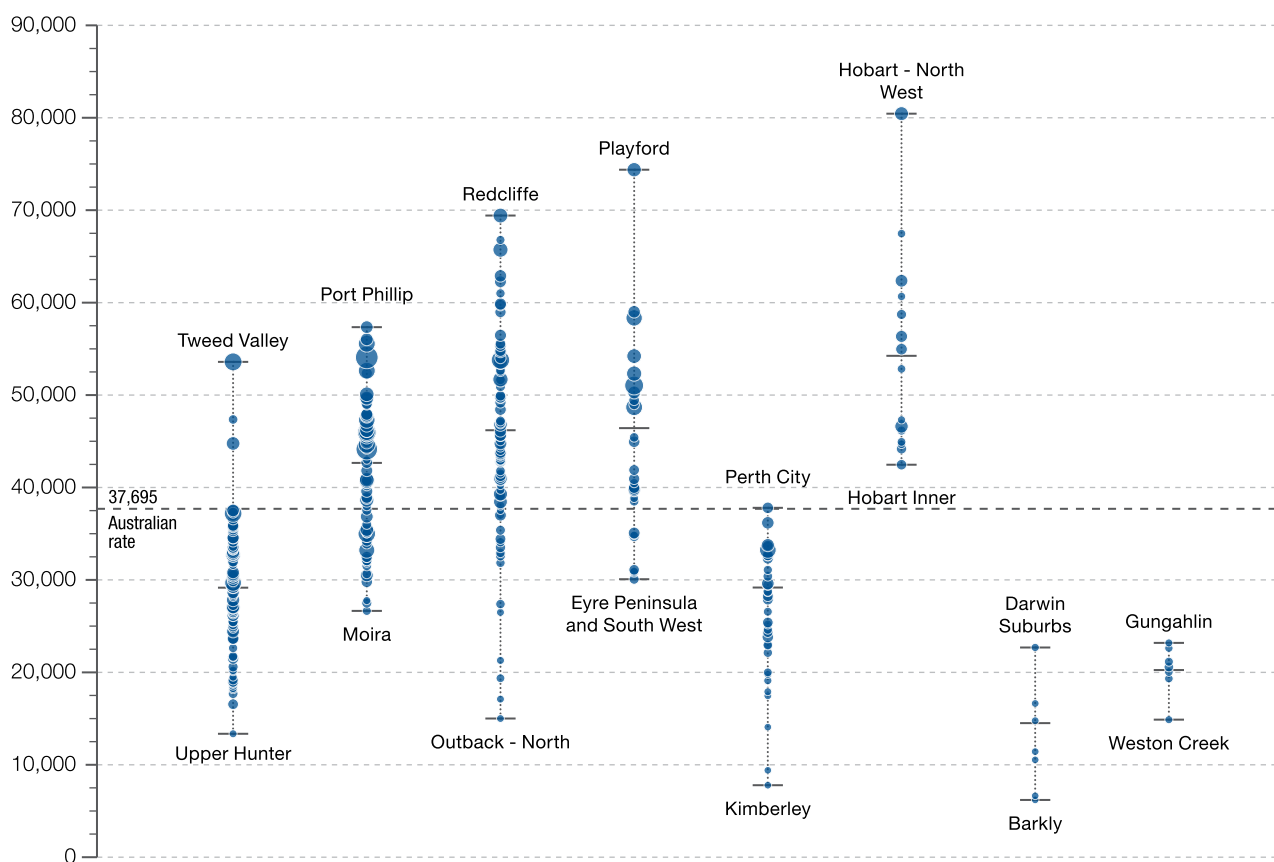


**Sources:** National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

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**Figure 85: Number of PBS prescriptions dispensed for anxiolytic medicines per 100,000 people aged 65 years and over, age standardised, by local area, state and territory, 2013–14**

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Highest rate	53,591	57,347	69,420	74,380	37,799	80,445	22,692	23,185
State/territory	29,159	42,664	46,197	46,426	29,175	54,247	14,506	20,249
Lowest rate	13,356	26,648	15,004	30,074	7,788	42,466	6,193	14,879
No. prescriptions	329,006	363,214	289,607	133,941	91,434	48,002	1,997	8,685



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

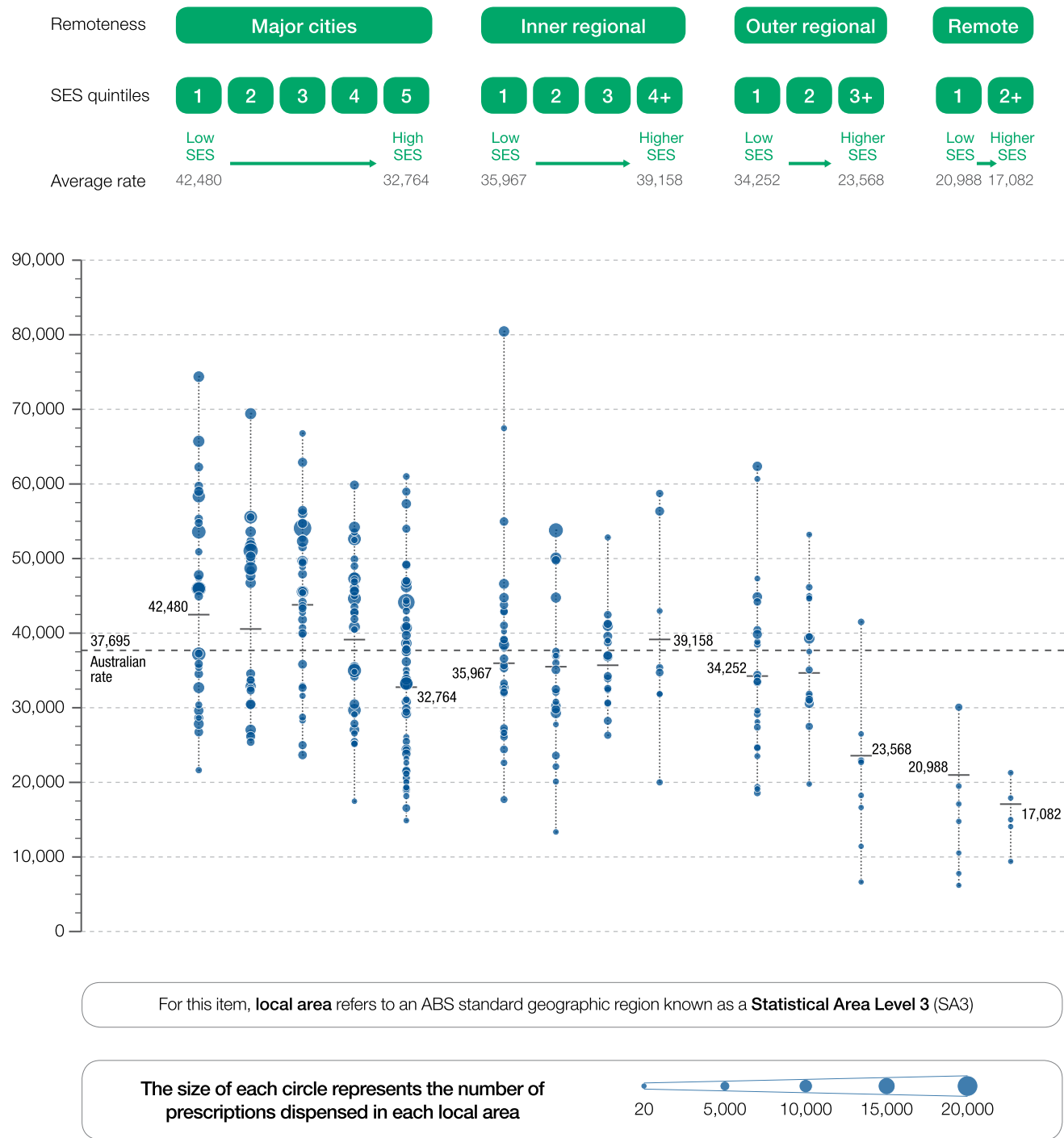


## Notes:

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 86: Number of PBS prescriptions dispensed for anxiolytic 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

- HealthDirect Australia. *Anxiety*. 2013. Available at: [www.healthdirect.gov.au/anxiety](http://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](http://www.racgp.org.au/download/documents/AFP/2011/June/201106kyrios.pdf).
- McKay R, Casey J, Stevenson J, McGowan H. *Psychiatry services for older people: a report on current issues and evidence to inform the development of services and the revision of RANZCP Position Statement 22*. Royal Australian and New Zealand College of Psychiatrists. 2015. Available at: [www.ranzcp.org/Files/Resources/College\\_Statements/Position\\_Statements/RPT-FPOA-Psychiatry-services-for-older-people-revi.aspx](http://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/RPT-FPOA-Psychiatry-services-for-older-people-revi.aspx)
- Pharmaceutical Benefits Scheme. *Australian Statistics on Medicines*. 2015. Available at: [www.pbs.gov.au/info/browse/statistics](http://www.pbs.gov.au/info/browse/statistics).

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- 1 Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: summary of results. Cat. no. 4326.0. Canberra: ABS, 2007.
  - 2 Gonçalves DC, Byrne GJ. Interventions for generalized anxiety disorder in older adults: systematic review and meta-analysis. *Journal of Anxiety Disorders* 2012;26(1):1–11.
  - 3 Seignourel PJ, Kunik ME, Snow L, Wilson N, Stanley M. Anxiety in dementia: a critical review. *Clinical Psychology Review* 2008;28(7):1071–82.
  - 4 Australian Institute of Health and Welfare. Depression in residential aged care 2008–2012. Aged care statistics series no. 39: Cat. no. AGE 73. Canberra: AIHW, 2013.
  - 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 McKay RG, Draper BM. Is it too late to prevent a decline in mental health care for older Australians? *MJA* 2012;197(2):87–8.