

4.9 Antipsychotic medicines dispensing 65 years and over

Context

This data item examines dispensing rates of antipsychotic medicines for people aged 65 and over. These data are sourced from the PBS and show the number of prescriptions dispensed per 100,000 people.

In Australia, antipsychotic medicines are primarily used to treat psychotic disorders, including schizophrenia, and the psychotic symptoms of mood disorders. They are used to reduce, or sometimes eliminate, the distressing and disabling symptoms of psychosis, such as delusions and hallucinations.

Antipsychotic medicine is one component of treating mental health conditions, but is rarely considered sufficient on its own. Effective treatment for schizophrenia and related disorders usually includes ongoing clinical support in the community; psychological therapies; education about symptoms and how to deal with them; psychosocial rehabilitation; accommodation, employment and educational support.

In particular, high and inappropriate prescribing of antipsychotics has been documented in older people.¹ Concerns have been raised about prescribing antipsychotic medicines outside guideline recommendations, such as for behavioural disturbances related to dementia or delirium, before secondary causes have been excluded and non-pharmacological measures have been tried.^{2,3,4}

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Magnitude of variation

In 2013–14, there were 919,026 PBS prescriptions dispensed for antipsychotic medicines, representing 27,043 prescriptions per 100,000 people aged 65 years and over (the Australian rate).

The number of PBS prescriptions dispensed for antipsychotic medicines across 324* local areas (SA3s) ranged from 8,043 to 57,130 per 100,000 people aged 65 years and over. The number of prescriptions was **7.1 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 17,522 per 100,000 people aged 65 years and over in the Northern Territory, to 31,763 in Victoria.

After excluding the highest and lowest results, the antipsychotic medicine prescription rate across the 299 remaining local areas was **2.4 times higher** in one local area compared to another.

Dispensing rates were higher in major cities than in regional and remote areas and were lowest in remote communities.

There was some correlation between socioeconomic status and the dispensing rate: the dispensing rate was lower in areas of high socioeconomic status.

Dispensing rates for older adults were higher than for those aged 64 and under, and variations based on socioeconomic factors were less apparent than in younger adults.

Interpretation

Potential reasons for the variation include differences in:

- prescribing practices, training, knowledge and attitudes of clinicians
- the use of antipsychotic medicines outside the guideline recommendations, such as to treat behavioural disturbances in older people¹
- multiple repeat dispensing, which could influence recorded dispensing rates at the local area level
- the density of aged-care facilities
- private prescriptions, which are not included in this data.

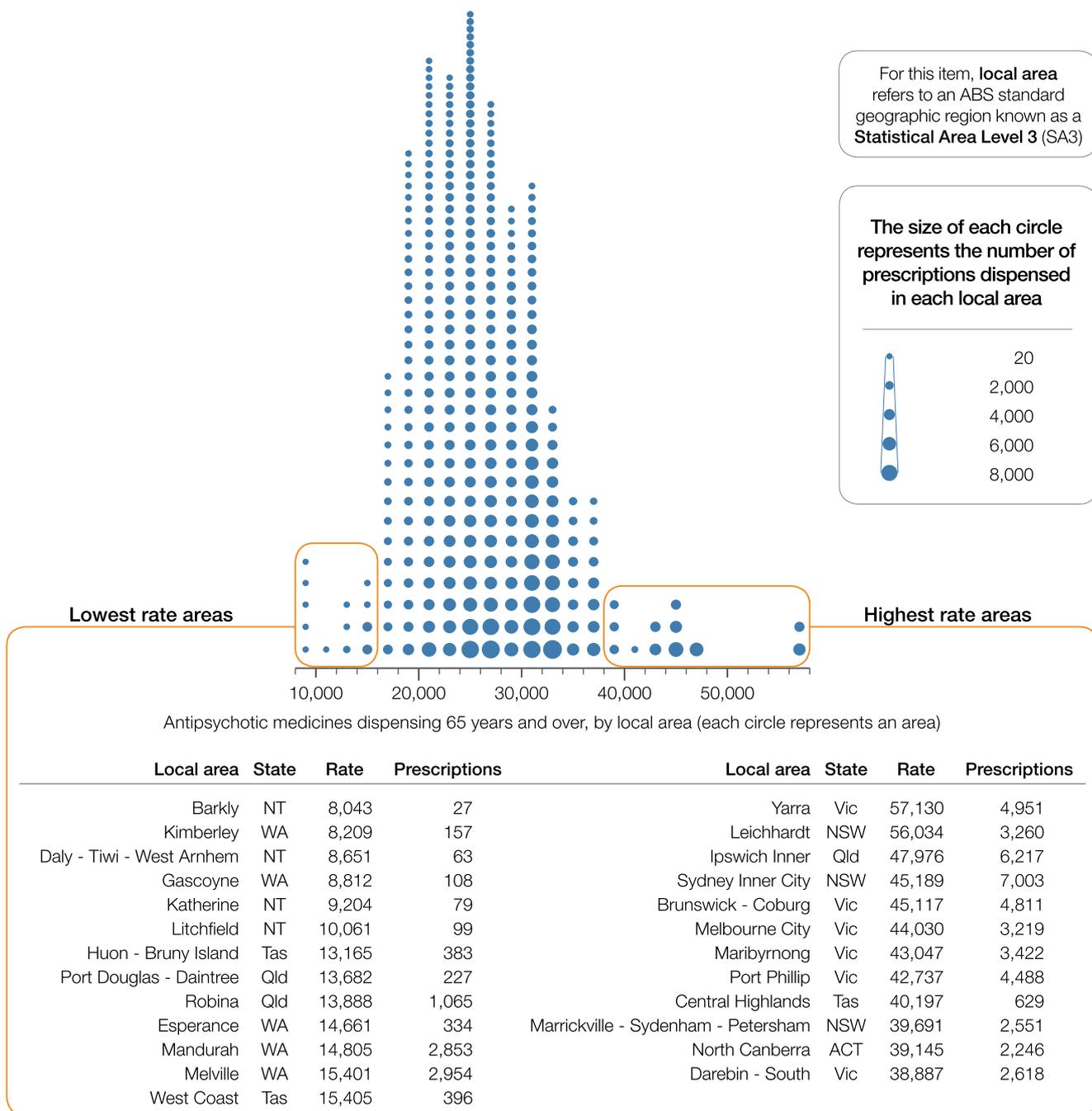
It is also important to note that the dispensing of antipsychotic medicines in remote areas by some Aboriginal Health Services is not captured in the PBS.

To explore this variation, further analysis could focus on:

- individual- and system-level factors that lead to variation in antipsychotic dispensing rates within more specific age groups (for example, 65 years and over, 75 years and over, and 85 years and over, compared to 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 9 SA3s. This is because of confidentiality requirements given the small numbers of prescriptions dispensed in these areas.

Figure 95: Number of PBS prescriptions dispensed for antipsychotic medicines per 100,000 people aged 65 years and over, age standardised, by local area, 2013–14



Notes:

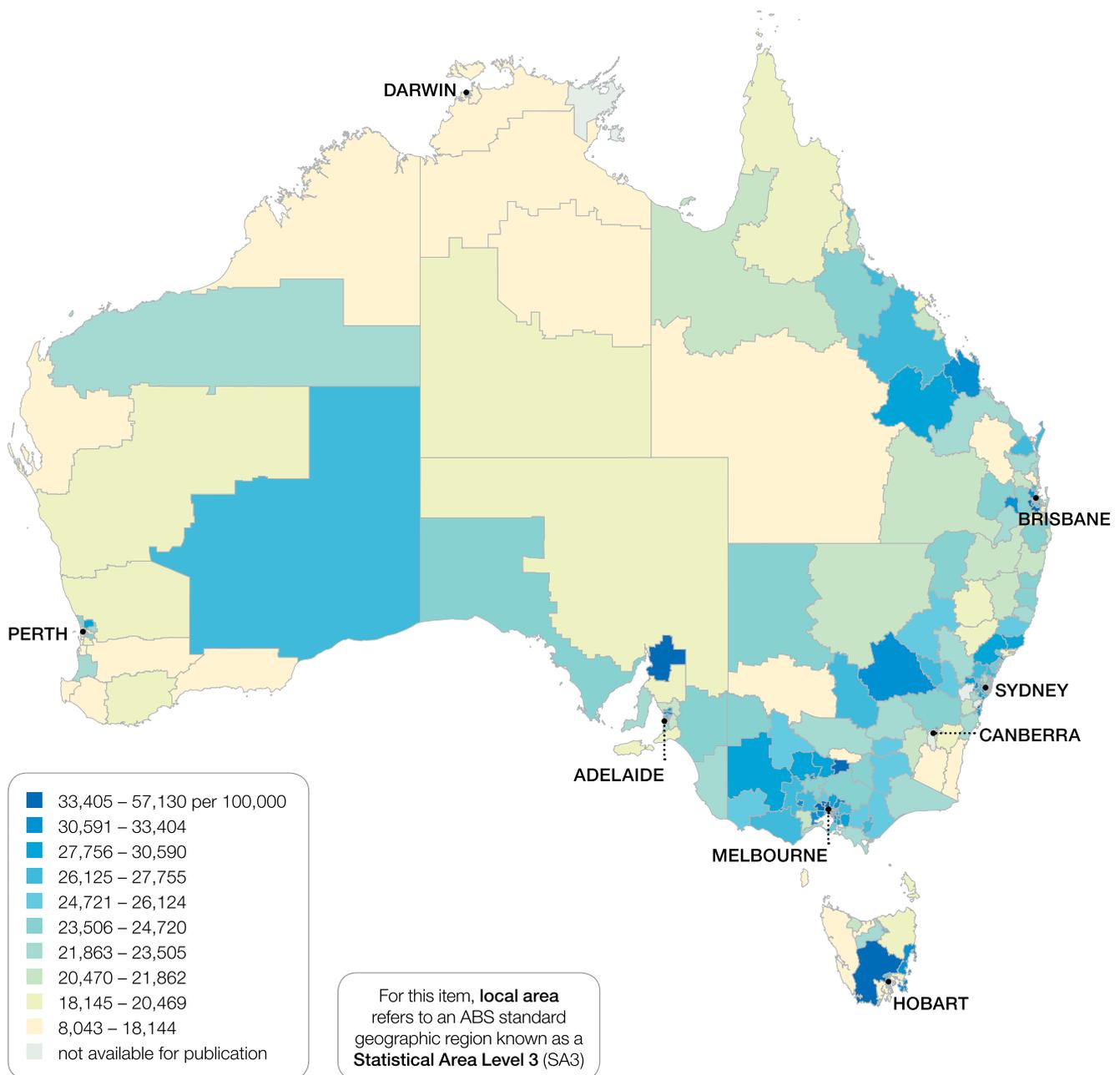
Rates are standardised based on the age structure of the Australian population in 2001. State/territory and national rates are based on the total number of prescriptions and people in the geographic area. The term local area refers to an ABS standard geographic region known as a Statistical Area Level 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 34,320 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.

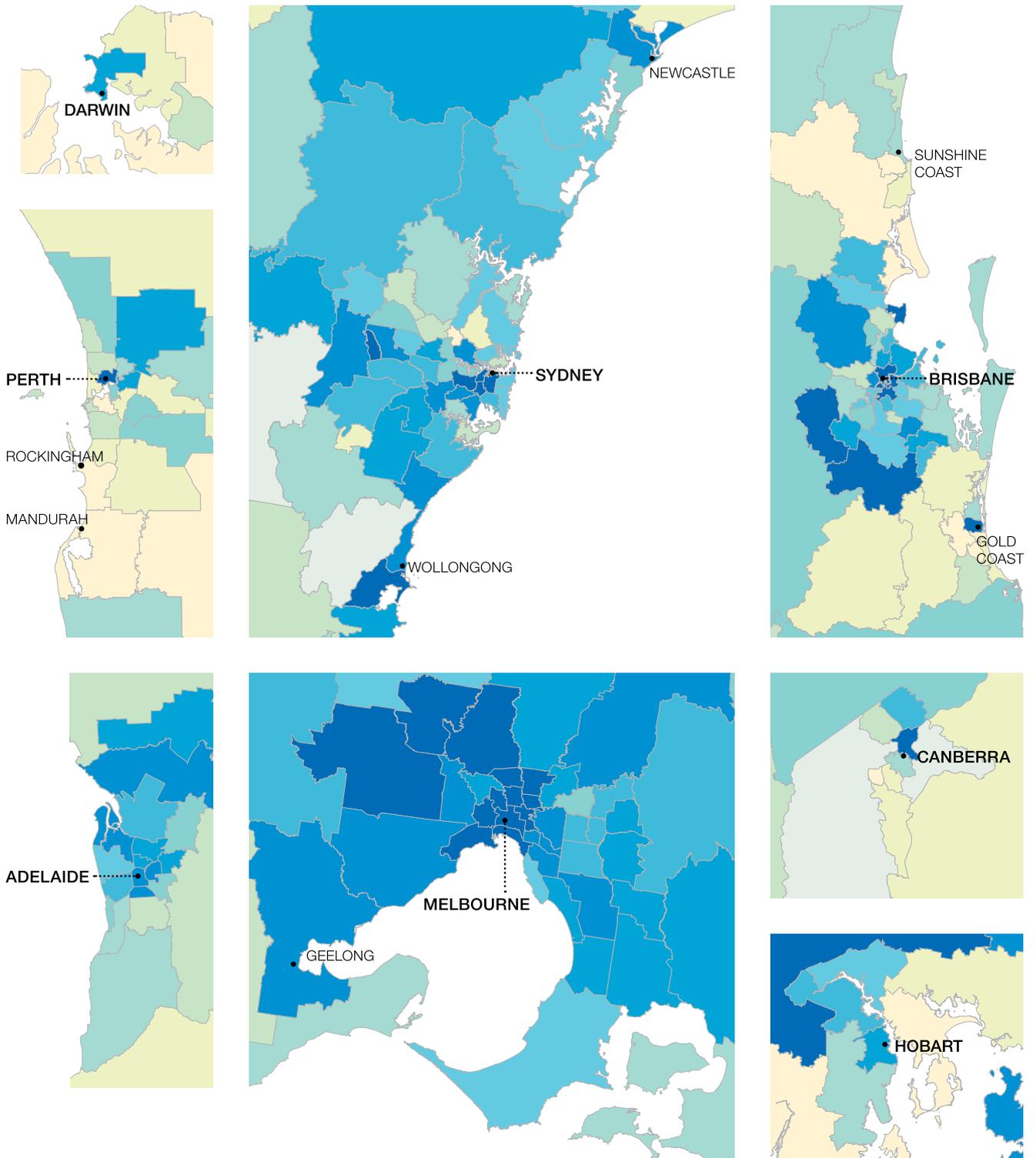
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Figure 96: Number of PBS prescriptions dispensed for antipsychotic medicines per 100,000 people aged 65 years and over, age standardised, by local area, 2013–14



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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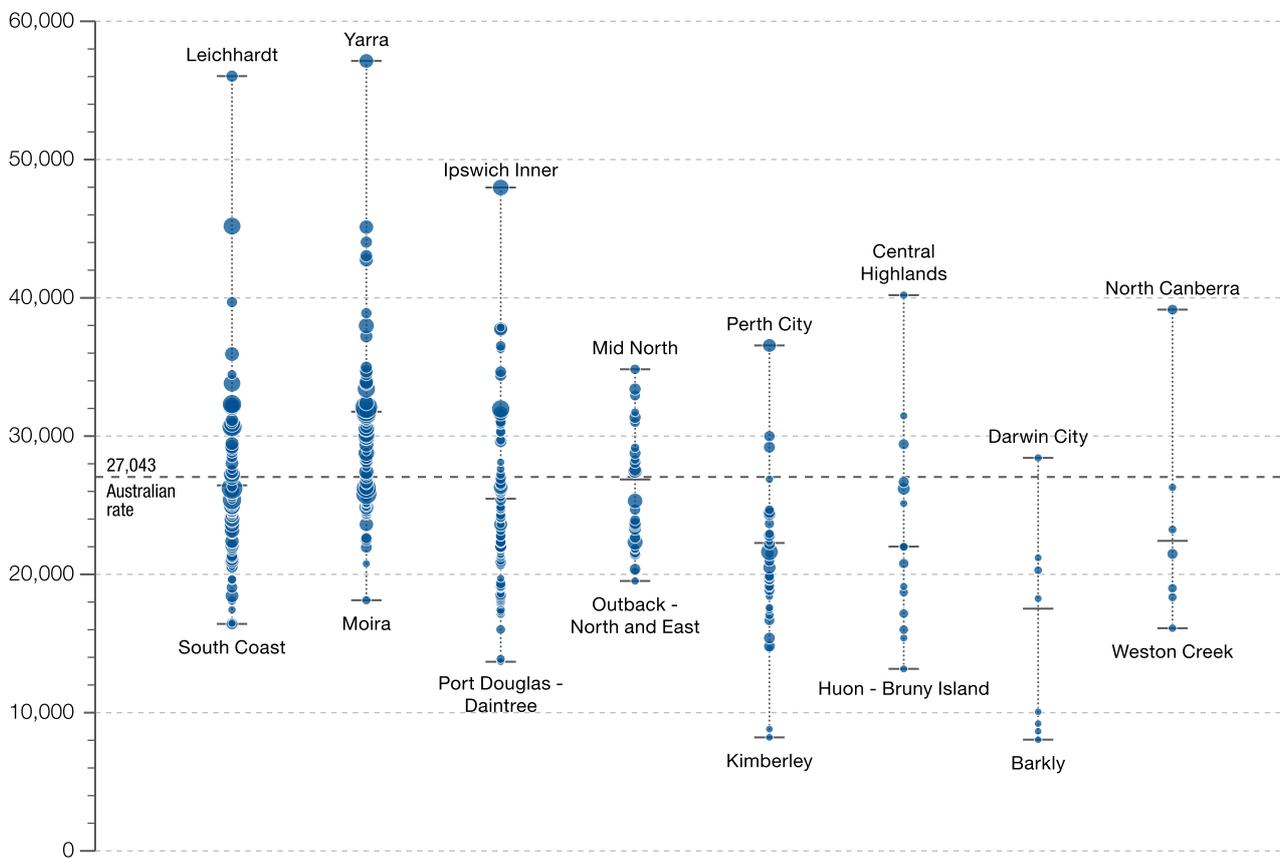


Sources: National Health Performance Authority analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013.

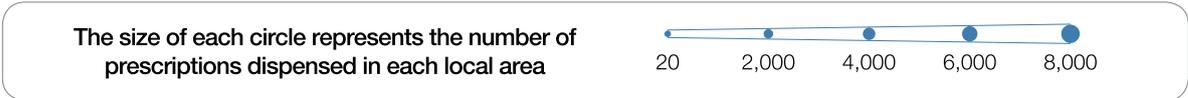
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Figure 97: Number of PBS prescriptions dispensed for antipsychotic medicines per 100,000 people aged 65 years and over, age standardised, by local area, state and territory, 2013–14

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT
Highest rate	56,034	57,130	47,976	34,831	36,555	40,197	28,426	39,145
State/territory	26,436	31,763	25,467	26,865	22,270	22,009	17,522	22,425
Lowest rate	16,418	18,130	13,682	19,520	8,209	13,165	8,043	16,108
No. prescriptions	305,145	273,268	160,524	78,255	70,092	19,561	2,270	9,684



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

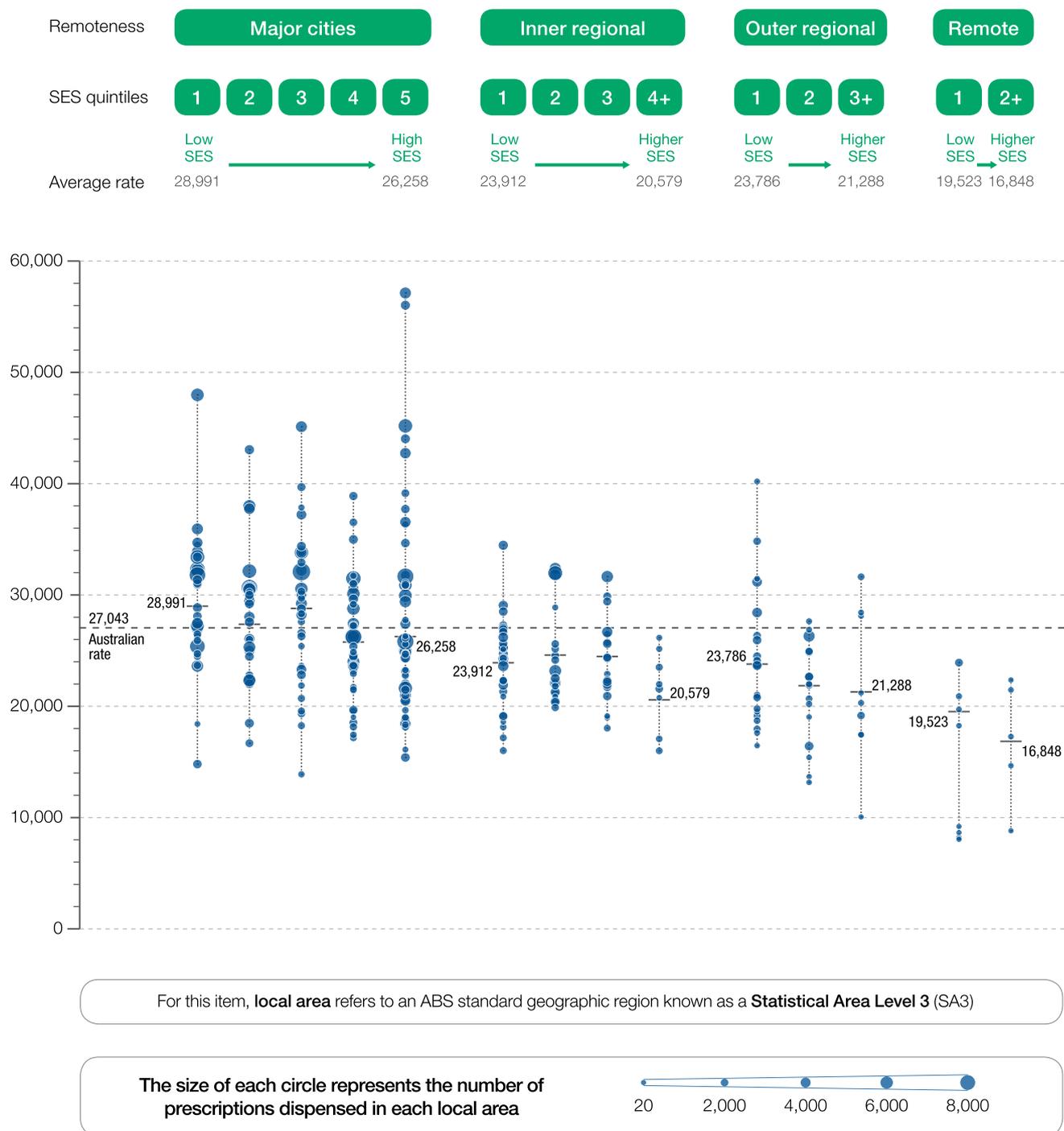


Notes:

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 98: Number of PBS prescriptions dispensed for antipsychotic 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

- Royal Australian & New Zealand College of Psychiatrists. *Practice Guideline 10: Antipsychotic medications as a treatment of behavioural and psychological symptoms in dementia*. 2009. Available at: www.ranzcp.org/Files/Resources/College_Statements/Practice_Guidelines/pg10-pdf.aspx.
- NPS MedicineWise. *Medicines for psychotic conditions*. Available at: www.nps.org.au/medicines/brain-and-nervous-system/medicines-for-psychotic-conditions.
- Australian Commission on Safety and Quality in Health Care. *A better way to care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital*. 2014. Available from: www.safetyandquality.gov.au/our-work/cognitive-impairment/better-way-to-care/
- 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
- Royal College of Psychiatrists. *Consensus statement on high-dose antipsychotic medication: Council Report CR190*. 2014. Available at: www.rcpsych.ac.uk/files/pdfversion/CR190.pdf
- Pharmaceutical Benefits Scheme. *Australian Statistics on Medicines*. 2015. Available at: www.pbs.gov.au/info/browse/statistics.

1 Drug Utilisation Sub-Committee. Outcome Statement. Canberra: Pharmaceutical Benefits Advisory Committee, Pharmaceutical Benefits Scheme, 2013.

2 National Prescribing Service MedicineWise. Antipsychotic overuse in dementia – is there a problem? Health News and Evidence. Sydney: NPS MedicineWise, 2013.

3 Declercq T, Petrovic M, Azermai M, Vander Stichele R, De Sutter AI, van Driel ML, et al. Withdrawal versus continuation of chronic antipsychotic drugs for behavioural and psychological symptoms in older people with dementia. The Cochrane database of systematic reviews. 2013;3.

4 Hollingworth SA, Siskind DJ, Nissen LM, Robinson M, Hall WD. Patterns of antipsychotic medication use in Australia 2002–2007. ANZJP 2010;44(4):372–7.