

ETMIS 2012; Vol. 8: N° 11

Summary
Study of antipsychotic use.
Part 3: adults aged 25 or older primarily
those 65 or older diagnosed with dementia

May 2012

A production of the Institut national d'excellence en santé et en services sociaux

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SUMMARY

Study of antipsychotic use. Part 3: adults aged 25 or older primarily those 65 or older diagnosed with dementia

Introduction

The National Institute for Health and Clinical Excellence (INESSS) has taken over the mandate of the Conseil du médicament with regard to monitoring drug use and has documented the use of antipsychotics among adults aged 25 or older, paying special attention to those aged 65 or older who have received a diagnosis of dementia.

Objectives

The aims of this study are to determine the prevalence and proportion of use of all types of antipsychotic therapies among adults aged 25 or older and to describe the use of antipsychotics by psychopathology group among those aged 65 or older, with a more detailed analysis of those diagnosed with dementia.

Methods

A retrospective cross-sectional descriptive study was carried out with individuals aged 25 or older who had ongoing coverage for at least 360 days during the years 2006 and 2009, under the Public Prescription Drug Insurance Plan administered by the Régie de l'assurance maladie du Québec (RAMQ).

Information regarding the drugs administered to insured individuals as well as socio-demographic and medical information (medical services and associated diagnostic codes) for these individuals was obtained from RAMQ computer files. A descriptive analysis of individuals insured by the Public Prescription Drug Insurance Plan and antipsychotic users was conducted according to age group, gender, category of insured person and type of therapy (monotherapy or combination therapy), the duration of therapy and by psychopathology group, using a non-mutually-exclusive analysis. In the case of seniors diagnosed with dementia, a descriptive analysis was conducted according to their antipsychotic use, the type of therapy, the duration, the doses used and the monitoring done by the prescribing physicians.

Results

In 2009, in comparison to 2006, the prevalence of antipsychotic use increased 7.5 % among adults aged 25 or older. Short-term antipsychotic therapy experienced similar growth (10 %) in both age groups (25-64 year-olds and 65 or older), while the use of long-term combination therapy remained stable. As for long-term monotherapy, it increased twice as much (13.5 %) among 25-64 year-olds as it did among seniors (6.0 %). The prevalence of atypical (second-generation) antipsychotic use was three times higher than that of typical (first-generation) antipsychotic use in 2009 and, by psychopathology group, the highest use of antipsychotic therapy among adults aged 65 or older was observed in the group of patients suffering from anxiety, personality and other non-psychotic disorders.

Among seniors diagnosed with dementia, the prevalence of antipsychotic use increased by 13.3 % (from 1.5 % in 2006 to 1.7 % in 2009); risperidone was the most popular antipsychotic (46.7 % of all users), followed by quetiapine (37.7 % of cases). High doses were administered to 8.3 % of the patients: 95% of these high doses were prescribed in long-term therapy and significantly exceeded the upper limit of the recommended dose, while doses associated with a high risk of mortality were observed in 25.2 % of cases. The average number of health care visits per patient (in all areas of medicine) varied from 9.7 for short-term therapy to 7.1 for long-term in 2009; however, 22 % of patients in 2006 and 13 % in 2009 did not consult a health care professional during the 365 days following their prescription for antipsychotics.

Conclusion

The prevalence of antipsychotic use grew from 2006 to 2009; it was much higher and grew at a faster rate among adults aged 25 to 64 than among seniors. This increase is associated primarily with the use of long-term antipsychotic monotherapy, while the numbers pertaining to long-term combination therapy remained stable in both age groups. Despite a lack of official indication as to the use of antipsychotics, specifically atypical (second-generation) antipsychotics, in geriatrics, these drugs are being prescribed in Québec to treat several psychopathologies. The prevalence of antipsychotic use among seniors diagnosed with dementia has also increased, despite the advisories issued by Health Canada to health care professionals concerning the increased risk of mortality and cerebrovascular events associated with the use of atypical (second-generation) antipsychotics. The long-term use of high doses and doses associated with a high risk of mortality observed among these patients, without this use being supported by clinical evidence, gives cause for concern and highlights the need to establish guidelines for antipsychotic use among seniors, especially those diagnosed with dementia.