

- Title** Study of antipsychotic use. Part 3: adults aged 25 or older primarily those 65 or older diagnosed with dementia
- Agency** INESSS, Institut national d'excellence en santé et en services sociaux, 2535 boul. Laurier, 5^{ème} étage, Québec, QC G1V 4M3; Tel: 418 643-1339, Fax: 418 646-8349
inesss@inesss.qc.ca, www.inesss.qc.ca
- Reference** ETMIS 2012 8 (11) Printed French edition 978-2-550-65008-9
http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Medicaments/ETMIS2012_Vol8_No11.pdf
English summary (PDF) 978-2-550-65009-6
http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/Medicaments/INESSS_Summary_antipsychotiqueIII_EN.pdf

Aim

The Institut national d'excellence en santé et en services sociaux (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. The aims of this study are to determine the prevalence and proportions 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.

Conclusions and results

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.

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 each year of the period of study, from 2006 to 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 follow-up done by the prescribing physicians.

Written by

Éléna Morescu, INESSS, Canada