

## **CO-ADMINISTRATION OF ANTIPSYCHOTICS** AND ANTI-DEMENTIA DRUGS IN AUSTRIA

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## **BACKGROUND / OBJECTIVES**

The use of antipsychotics for people with dementia is regarded as problematic, with a higher probability of causing cerebrovascular side effects and increasing mortality. In some countries, health-policy makers have already addressed a need for action to reduce the prescription of antipsychotics in dementia. The main goal of the analysis is to determine the extent of co-medication of antipsychotics for patients with medically-treated dementia in Austria, stratified by age and sex.

## **METHODS**

Provided in a pseudonymised manner, the data comprise all filled prescriptions of cholinesterase inhibitors (ATC code N06DA) and memantine (N06DX01) in the years 2011 and 2012 at the expense of the 13 major Austrian health insurance funds. These funds cover more than 97% of the Austrian population. Additionally, antipsychotic medication (ATC code N05A) of the involved patient pseudonyms is included, as well as year of birth, sex and – if event occurred – date of death. Since the overlapping intake of both substance groups is of interest, the overlapping time frame of intake is analysed. This is determined by the prescription filling dates of the two substance groups (figure 1). Descriptive statistics are used to capture the extent and variability of comedication of these two substance groups: days of co-administation, number of defined daily doses (ddd) and number of units (i.e. tablets) are calculated.



## RESULTS

72,549 patients (0.9% of insurees) received anti-dementia drugs and thus met the criterion for inclusion, 66% being female. 31,604 (43.6%) were simultaneously being

Figure 2: Anti-dementia drugs and antipsychotics, patients stratified by age and sex. Percentage of anti-dementia patients and of the age cohorts.

prescribed antipsychotic medication in addition to receiving anti-dementia drugs (male 42.4%, female 44.2%).

The median overlapping time frame is 294 days (table 1). Prescribed ddds for antipsychotics are remarkably lower than for anti-dementia drugs (median 45 vs. 240), whereas the corresponding number of units is significantly higher (median 360 vs. 300). This reflects the use of low-dosed antipsychotics in this patient population. The distribution of these measures is considerably right skewed, especially regarding antipsychotics (median vs. mean in table 1).

Age is a strong factor for increasing co-administration across all patients and for increased antipsychotics prescription in the most affected age cohorts (75+). Considering demography, there are no remarkable differences between men and women (figures 2 and 3).



Table 1: Co-administration of anti-dementia drugs and antipsychotics, distribution of the main measures



Figure 3: Anti-dementia drugs and antipsychotics, absolute number of patients by age and sex





Our data demonstrate that the use of antipsychotics in dementia is notably common in Austria, with a high prevalence as well as a tendency to long-term use. The results reflect the prescription reality and can be used as a solid basis for discussions, possible actions and evaluations about antipsychotics in dementia in the Austrian health system.

Competing interests: None Contact: manfred.hinteregger@hvb.sozvers.at

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