Potentially inappropriate use of antipsychotics in community-dwelling adults with dementia more common in those with low income

doi:10.1136/eb-2012-101180

QUESTION

Question: Does both essential and potentially inappropriate use of antipsychotics vary across income groups?

Population: Essential antipsychotic use was assessed in 11 417 adults (aged 19–64 years, 60% men, 34% urban) with a diagnosis of schizophrenia (international classification of diseases (ICD-9), ICD-10; 27% hospitalised for schizophrenia). Potentially inappropriate use of antipsychotics was assessed in 33 633 older adults (aged 65 years and older, 60% women; 23% in long-term care facilities) with dementia (DSM-IV) and no diagnosis of schizophrenia or bipolar disorder. People living in British Columbia (BC) for less than 9 months were excluded, as were people with incomplete data, or living in areas with a high proportion of non-fee for service claims.


Assessment: Physician and hospital diagnostic records were searched for people with diagnoses of schizophrenia and dementia in 2004 or 2005. Hospitalisation for schizophrenia was taken as a crude measure of severity. Data on filled prescriptions for antipsychotics in 2005 were obtained from the PharmaNet database of prescriptions filled in community pharmacies in BC. For 85% of the sample, income quintile was derived from the BC Ministry of Health Services which records income data for people registered with the income-based drug benefit programme. For the remaining 17%, average household tax returns from census dissemination areas (400–700 people) were used. Overall health status was assessed using Aggregated Diagnostic Groupings (ADGs). Sex, age and urban or non-urban residence status was recorded.

Income-related disparities in antipsychotic use were assessed using multivariable logistic regression analyses (adjusted for age, gender, health status, residence and hospitalisation for schizophrenia if relevant). The highest income quintile was used as the reference group for calculation of ORs.

MAIN RESULTS

Essential antipsychotic use: 85% of participants had filled a prescription for antipsychotics in 2005, with 71% having long-term use. The highest and lowest income groups had about the same odds for essential use. The third and fourth quintiles had greater odds of use than the highest quintile. Findings were similar for long-term use (see Webextra table). Potentially inappropriate use: Overall, 25% of adults with dementia received antipsychotics, with 14% taking antipsychotics long-term. Among community-dwelling adults, any antipsychotic use and long-term use were more likely in the lowest income quintile than in the highest income quintile (see Webextra table). There were no significant differences in antipsychotic use among income quintiles in people in long-term care. People with dementia in long-term care were more likely to receive antipsychotics compared with people living in the community (56% vs 13%; OR 9.31, 95% CI 8.75 to 9.91).

CONCLUSIONS

Potentially inappropriate use of antipsychotics is more prevalent in older adults with dementia from low-income households than those from high-income households. Potentially inappropriate antipsychotic use is also more prevalent in those in long-term care than those living in the community.

ABSTRACTED FROM


Correspondence to: Puyat JH, School of Population and Public Health, University of British Columbia, 201–2206 East Mall, Vancouver, Canada BC V6T 1Z3; puyat@interchange.ubc.ca

Sources of funding: BCMOHS, Canadian Health Services Research Foundation; Alberta Heritage Foundation for Medical Research, Canadian Institutes of Health Research.

► Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/eb-2012-101180).

REFERENCES


Potentially inappropriate use of antipsychotics in community-dwelling adults with dementia more common in those with low income

_Evid Based Mental Health_ 2013 16: 56 originally published online February 16, 2013
doi: 10.1136/eb-2012-101180

Updated information and services can be found at: [http://ebmh.bmj.com/content/16/2/56](http://ebmh.bmj.com/content/16/2/56)

_Supplementary Material_
Supplementary material can be found at: [http://ebmh.bmj.com/content/suppl/2013/02/15/eb-2012-101180.DC1](http://ebmh.bmj.com/content/suppl/2013/02/15/eb-2012-101180.DC1)

_References_
This article cites 4 articles, 0 of which you can access for free at: [http://ebmh.bmj.com/content/16/2/56#BIBL](http://ebmh.bmj.com/content/16/2/56#BIBL)

_Email alerting service_
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

_Topic Collections_
Articles on similar topics can be found in the following collections

- **Editor's choice** (98)
- **Drugs: psychiatry** (344)
- **Schizophrenia spectrum** (430)
- **Neurology** (1070)
- **Bipolar disorder** (236)
- **Epidemiologic studies** (631)
- **Epidemiology** (1570)

_Notes_

To request permissions go to: [http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to: [http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to: [http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)