Providing value for medicines in older people

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The demographic change

Yesterday, today, tomorrow
Older people
Inequalities in access to treatment, some examples

- Although needs for health care services increase with age, older people, especially those aged 75 years and over, receive less and lower-quality treatment
- They receive less costly treatments than younger people for the same illness
- Some studies indicate that dispensing of recently introduced non-substitutable pharmaceuticals tend to be proportionally lower in the oldest age groups
- Diagnostic procedures are often less intensive among older people compared to younger adults

European Review on the Social Determinants of Health and the Health Divide, Older People 2012

Older people
Inequalities in access to medication, examples

- Older patients were less likely to be prescribed and have target doses of relevant medication: ACE-I or ARB and anticoagulants prescriptions declined sharply at 75 – 85 years
- A number of country specific studies showed that older people were less likely to receive antihypertensive drugs
- Some studies have shown that older people are less likely to receive statins, ACE-inhibitors and Calcium channel blockers, as well as angiotensin blockers
- Generally, less treatment was given to older women with breast cancer

European Review continued
Older people
Inequalities in access to health care by educational level (Sweden)

- People with higher education were more likely to be prescribed newly marketed drugs compared to people with lower education
- Higher educational level was associated with higher odds of using dementia medication despite the higher prevalence of dementia among the less highly educated
- The medication of older people has been shown to be based on the treatment of symptoms, not a diagnosis

Reasons for inadequate/irrational drug treatment of older people

- Ageism
- Medicines not tested in older people
- Absence of proper diagnosis
- Lacking concordance
- Polypharmacy
- Lacking compliance
Ageism

Ageism is a type of discrimination that involves prejudice against people based upon their age. Similar to racism and sexism, ageism involves holding negative stereotypes about people of different ages.

How to combat ageism

Need to approval of the draft EU-directive from 2008 against age discrimination (KOM (2008) 426) which covers not only work but also access to goods and services, health care and social welfare

Act and react when you meet ageism in all walks of life
How to improve drug treatment of older people

Role of pharmaceutical industry and drug regulatory agencies (www.ema.europa.eu)

Pharmaceutical industry

• All medicines, old and new should be tested in the age groups to which the medicines are prescribed
• Health economic gains should be documented
• Comprehensive patient insert leaflet
• Advertising according ethical codes by WHO and national rules
MA geriatric medicines strategy
EMA/CHMP/137793/2011

• Ensuring that medicines used by geriatric patients are of high quality, and appropriately researched and evaluated, throughout the life cycle of the product, for use in this population

• Improving the availability of information on the use of medicines for older people, thereby helping informed prescription

EMA Actions

• Medicines development
• Medicines evaluation
• Product Information and European Public Assessment Reports (EPAR)
• The Committee for Medical Products for Human Use (CHMP) Advisory Group on Geriatrics
• Interaction with stakeholders
• Pharmacovigilance program, adverse reactions and medication errors (Regulation (EU) No 1235/2010 and Directive 2010/84/EU)
Medication errors are the most common single preventable cause of adverse events in medication practice. Acknowledging medication errors as a major public-health burden, the new pharmacovigilance legislation (2012) explicitly foresees reporting of suspected adverse reactions associated with medication errors.

Major public-health burden with an estimated annual cost between 4.5 – 21.8 billion € (World Alliance for Patient Safety 2010)

18.7 – 56 % of all adverse drug events among hospital patients result from medication errors what would be preventable

The responsibility of prescribers

- **One** physician responsible for the medication of the patient - coordination of prescriptions written by other physicians
- Education, education, education
- With patients – information leading to concordance
- “Therapeutic auditing” – follow-up of the patient`s reactions to treatment
The pharmacist

• Check that the right medicine is delivered
• Signal to the prescriber when medicines not to be used by older people have been prescribed
• Signal to the prescriber when interactions might happen
• Time for Questions and Answers

The patient/consumer

The Swedish campaign “Master your drugs”

Questions to ask, examples

• Why am I prescribed this medicine?
• For how long should I take it?
• Which are the most common adverse effects?
• Can I use it together with other medicines and herbal products I take?
• Is it good for me to take this medicine bearing in mind how old I am?
• Has this medicine been tested in older people?

And important! The provision of a list of medicines not to be used by older people
• The information about this medicine says it is contraindicated in older people, why do you prescribe it for me?
Back to pharmaceutical industry
The importance of good reputation, factors to take into account

- Development of medicines we are lacking
- Testing in the patient groups who are to use the medicines (age, sex, pharmacogenetics etc)
- Description of human value – benefit/risks
- Health economic evaluation
- Balanced promotion
- Preventive medicine: Number to treat in order to save one life

Mencius 100 B.C

If a drug does not cause reactions in a patient it will not cure his disease either