Results

Phase 1: A total of 36 falls related studies and 39 stroke/CVAE related studies were identified with only six and ten studies included respectively.

Pooled results of falls data indicated that the odds ratio of a fall event was not statistically significant. The results of the stroke/CVAE related studies indicated that the odds ratio of a stroke event or CVAE occurring was 1.67 higher in antipsychotic users compared to non-users (95% CI: 1.26-2.21) (Figure 1).

Phase 2

41% of GP Australia wide participated in the program. Changes in GP prescribing practice, attributable to the NPS MedicineWise program, were associated with a decrease of 72,384 prescriptions, or a relative 7.3% reduction in modelled PBS prescription volume. It is estimated that the NPS MedicineWise program reduced government expenditure on antipsychotics in adults over 70 years of age, for the 2011-14 financial years, by $4.27 million.

Phase 3

The NPS MedicineWise program was found to be cost effective compared with standard practice. The incremental cost-effectiveness ratio for the NPS program compared with standard practice were AUD$52,225 per 0.01 Stroke/CVAE avoided. The model suggests that 177 stroke/CVAE were avoided as a result of the NPS MedicineWise program.

Conclusions

This is a comprehensive economic analysis conducted in Australia to have utilisedPBS data and large scale evaluation results to examine interventions focusing on the appropriate use of medicines in older adults. The results will be used to further inform future public health interventions aimed at managing the health outcomes of this vulnerable and growing population.

References:

[...]

Figure 1: Meta-analysis for risk of stroke / CVAE secondary to antipsychotic use in dementia patients

Figure 2: Estimated impact of NPS MedicineWise programs on the use of antipsychotics in patients over 70 years of age

Figure 3: Simplified decision model

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