

Towards more equitable medicine use? Developments in socio-economic determinants of the consumption of prescribed and non-prescribed medicines in Austria

Sabine Vogler^{1,*}, August Österle², Susanne Mayer³

¹ WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, Pharmacoeconomics Department, Gesundheit Österreich GmbH (Austrian Public Health Institute), Austria

² Institute for Social Policy, Department of Socioeconomics, Vienna University of Economics and Business, Austria

³ Department of Health Economics, Center for Public Health, Medical University of Vienna, Austria

*correspondence: sabine.vogler@goeg.at

Background

- A variety of determinants can impact the utilisation of prescribed and non-prescribed medicines.
- These include pharmaceutical policies to ensure affordable and equitable access to medicines, medicine prices, economic situation/developments).

Objectives

- To analyse the socio-economic determinants in medicine use in Austria in 2014
- To compare the findings to 2006/2007 data

Methods

- Cross-sectional data from the second wave (2014) of the European Health Interview Survey were analysed and compared to the results of the first wave in 2006/2007 (Mayer & Österle, 2015).
- Multivariate logistic regression analyses were performed in order to determine the association between the socio-economic status (measured by education, income and employment status, controlled for age, gender, health status and outpatient visits) and the utilisation of prescribed and non-prescribed medicines in Austria.

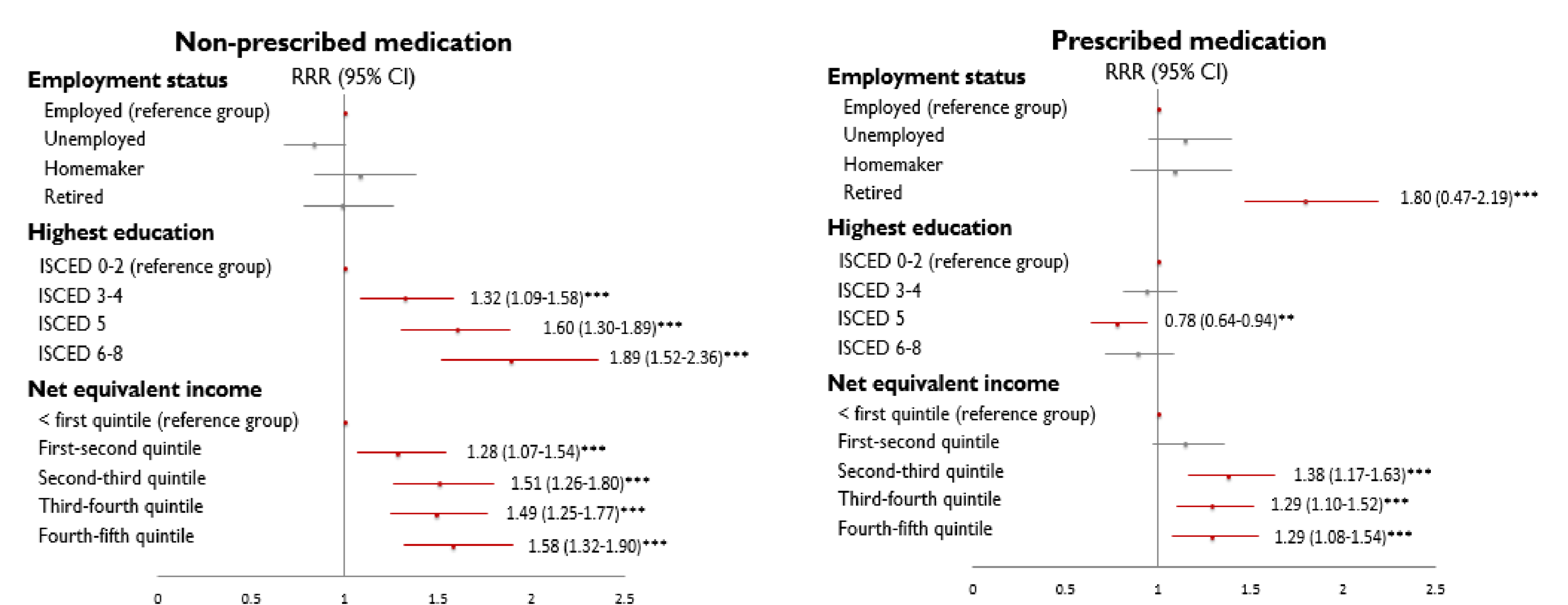
Results

- The composition of medicine use changed between 2006/2007 and 2014: In 2014 (Table 1), an increased number of people reported using only non-prescribed medicines (19.0% in 2014 vs. 10.1% in 2006/2007), whereas the utilisation of only prescribed medicines (34.4% in 2014 vs. 41.1% in 2006/2007) decreased. In contrast, consumption of both prescribed and non-prescribed medicines slightly increased (16.7% in 2014 vs. 12.7% in 2006/2007).
- The 2014 data analysis (Figure 1) confirmed a pro-well-off gradient in non-prescribed medicine use that had also been observed in the 2006/2007 data.
- For prescribed medicines, the pro-worse-off education gradient for prescribed medicines remained stable but, at the same time, higher income was associated with a higher chance of such medicine consumption in 2014.

Table 1. Sample characteristics (2014)

	n	Non-prescribed		Prescribed		Both	
		n	%	n	%	n	%
Total	14,363	2,723	19.0	4,944	34.4	2,393	16.7
Sex							
Men	6,350	1,032	16.3	2,262	35.6	711	11.2
Women	8,013	1,691	21.1	2,682	33.5	1,682	21.0
Age							
25-34	2,285	622	27.2	409	17.9	248	10.9
35-44	2,919	755	25.9	607	20.8	386	13.2
45-54	3,698	761	20.6	1,114	30.1	604	16.3
55-64	2,900	416	14.3	1,328	45.8	517	17.8
65-74	1,844	143	7.8	1,023	55.5	460	25.0
75+	717	26	3.6	463	64.6	178	24.8

Figure 1. Non-prescribed medicine use (only), prescribed medicine use (only), medicine use of both types versus no medicine use by socioeconomic status, controlled for age, sex, outpatient visits, chronic conditions, self-perceived health (not shown) (2014)



Notes: Multinomial logistic regression with no medicine use as reference group (n = 4,303); n, number of cases; RRR, multivariate relative-risk ratios; CI, 95% confidence interval; *** = significant at 1%, ** = significant at 5%. Likelihood Ratio Chi-square = 6,487.44 (df = 69, p < 0.0001), McFadden's R² = 0.17, n = 14,363.

Discussion and conclusion

- The results about socio-economic determinants in medicine use are in line with findings for other healthcare services, confirming that higher educated people likely consume more health resources paid out-of-pocket such as non-prescribed medicines.
- After 2006/2007, Austria saw a decreasing use of prescribed medicines and an increasing use of non-prescribed medicines. The results suggest growing inequity in the consumption of non-prescribed medicines.
- The stable pro-worse-off education gradient for prescribed medicines over the years, however, suggests that pharmaceutical policies in Austria were able to contribute to equitable access to prescription medication.

References

Mayer S, Österle A (2015): Socioeconomic Determinants of Prescribed and Non-Prescribed Medicine Consumption in Austria. *European Journal of Public Health*, 25(4), 597-603.

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