

Analgesic Drugs Prescription in Geriatric and Palliative Patients in Slovakia

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Original Article

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Abstract:

Objective: The aim of this study was the evaluation of analgesic drugs prescription as an epidemiological indicator of average annual percentage change (AAPC) in geriatric and palliative patients in the period 2016-2017.

Design: Descriptive study.

Participants: Geriatric and palliative patients.

Methods: We analysed 12,889 analgesic drugs within the period of two years (2016-2017). Epidemiological indicator of AAPC was proposed for analysis of analgesic drugs prescription.

Results: The highest percentage from all analgesic drugs under our evaluation was Acetylsalicylic Acid in 1st half of 2017 (54.3%) with 0.05% decrease compared to 2016. The significant decrease or increase of the AAPC of other analgesic drugs prescription was not observed in geriatric and palliative patients.

Conclusion: The regular reassessments of analgesic drug prescriptions is in line with the regular assessment of patients' needs are required.

To the Editor

Chronic pain is often observed in elderly patients (≥ 65 y.) with a significant economic burden on society (1) and health system. 45-80% of older people with pain reported inadequate treatment (2). Qualified help is one of the important aspects for a dying person (3,4,5).

The aim was an evaluation of analgesic drug prescriptions as an epidemiological indicator of average annual percentage change (AAPC) in geriatric and palliative patients in the period 2016-2017.

The data were provided by the General Health Insurance Company. It analysed 12,889 of analgesic drug prescriptions in the period 2016-2017. The epidemiological indicator of AAPC (analysing of decline/growth of drugs) was proposed for analgesic drug prescriptions (6). The trend of AAPC was tested by the Nonparametric Wilcoxon Test (IBM SPSS Statistics).

The AAPC of analgesic drug prescriptions in geriatric patients in the period 2016-2017 can be seen in Table 1.

Table 1: The AAPC of analgesic drugs prescription (n = 12,889) in geriatric and palliative patients in the period 2016 – 2017

Analgesic Drugs	1 st half of 2016 n (%)	2 nd half of 2017 n (%)	1 st half of 2017 n (%)	2 nd half of 2017 n (%)	AAPC (%)
Acetylsalicylic Acid	1,810 (54.1)	1,808 (53.4)	1,741 (54.3)	1,580 (53.5)	-0.05
Diclofenac	169 (5.1)	138 (4.1)	152 (4.7)	146 (4.9)	-0.06
Nimesulide	59 (1.8)	78 (2.3)	70 (2.2)	63 (2.1)	0.01
Tramadol	215 (6.4)	205 (6.1)	207 (6.5)	212 (7.2)	-0.01
Metamizole Sodium	1,049 (31.4)	1,126 (33.2)	994 (31.0)	922 (31.2)	-0.05
Codeine	41 (1.2)	32 (0.9)	40 (1.2)	32 (1.1)	-0.11
SUM	3,343	3,387	3,204	2,955	-0.04

The highest proportion of analgesic drugs was observed for Acetylsalicylic Acid in 1st half of 2017 (54.3%) with a 0.05% prescription decrease in 2016-2017. A decrease of analgesic drug prescriptions for Diclofenac (AAPC -0.06%; p=n.s.); Tramadol (AAPC -0.01%; p=n.s.); Metamizole Sodium (AAPC -0.05%; p=n.s.); Codeine (AAPC -0.11%; p=n.s.); an increase of analgesic drug prescriptions for Nimesulide (AAPC 0.01%; p=n.s.) was found in the period 2016-2017. The significant decrease/increase of the AAPC of analgesic drug prescriptions was not observed in geriatric patients (Table 1).

A regular reassessments of analgesic drug prescriptions and the needs of patients are needed.

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