



Repeat Prescribing in Elderly People: an Analysis of QRESEARCH Data

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2 EXECUTIVE SUMMARY

This is the fourth in our series of reports on prescribing to older people and concerns repeat prescribing and its relationship to concurrent consultation.

- Overall, 75% of all scripts are issued as a repeat in patients of all ages on the pilot QRESEARCH database. This is the same as was found in the literature (Harris et al.).
- In 2002, 13.6% of prescriptions were acute; 82.6% were repeat; and 3.8% were unclassified by the clinician.
- The ratio of repeat prescriptions to acute prescriptions is overall 6:1.
- As expected, older patients have higher repeat prescribing rates than younger patients with highest rates in patients aged 85 to 89 years.
- The overall rates of repeat prescribing across all age groups has increased over the five year study period.
- There has been a steady decline in the percentage of prescriptions issued in association with a consultation. In 1998, 32% of scripts were associated with a consultation compared with 18.5% in 2002.
- Older patients have fewer scripts issued in association with a consultation than younger patients. For example, in 2002, 20.9% of scripts were associated with a consultation in patients aged 60-64 years compared with just 10.3% of scripts in patients over 90 years.

3 SPECIFICATION

“We would like to have an idea of repeat prescribing rates for older people and how they compare to overall prescribing rates. It would be useful to see how much this varies by age. We would also like to know how often repeats are being prescribed without the patient seeing a GP.”

4 OBJECTIVES

Objective 1 To determine the prescribing rates per 1000 patient years by age and prescription type and by calendar year (1998-2002).

Objective 2 To determine the proportion of all prescriptions which were issued as a repeat in by age and by calendar year (1998-2002).

Objective 3 To determine the proportion of repeat consultations issued in association with a prescription by age and calendar year (1998-2002)

5 METHOD

5.1 Prescription types

Prescription items were classified as either repeat or acute by the GP at the time that they were issued. This information was available in over 96% prescriptions in 2002.

5.2 Prescription items vs. prescriptions

Each item prescribed is listed separately in the database. For example, if a prescription contained 5mg and 10mg tablets of a particular drug, this is regarded as two prescription items.

5.3 Prescriptions and consultations

If the patient had a record of a consultation with any member of practice staff on the same date as a repeat prescription was issued, then the prescription was counted as being associated with a consultation [this could include a nurse or doctor]. For this analysis we grouped prescription items together into a single prescription if they were issued to the same person on the same date.

5.4 Numerators for rates

The numerator for prescribing rates is the total number of prescription items issued in the analysis year, by prescription type [ie acute, repeat, unclassified].

5.5 Denominators for rates

Our denominator was patient years at risk for registered population. This is the sum of the number of days each patient was registered with a QRESEARCH practice, divided by the number of days (365.25) in the year.

6 COMPARATIVE DATA

We used the following article for comparative data for repeat prescription data.

Harris, CM and Dajda R. The scale of repeat prescribing. British Journal of General Practice 1996; 46:649-653.

7 RESULTS

Overall, repeat prescriptions for patients of all aged in the QRESEARCH database accounted for 75% of all items. This is the same as that found by Harris et al. (1996).

Table one shows the proportion of all scripts issued as a repeat in patients aged 60 and over from 1998 to 2002. There has been a marginal increase in the proportion of scripts prescribed as a repeat from 78.1% in 1998 to 2002 although this is really due to an increase in classification of prescriptions as the proportion which were unclassified fell from 11.2% to 3.8% over the same period.

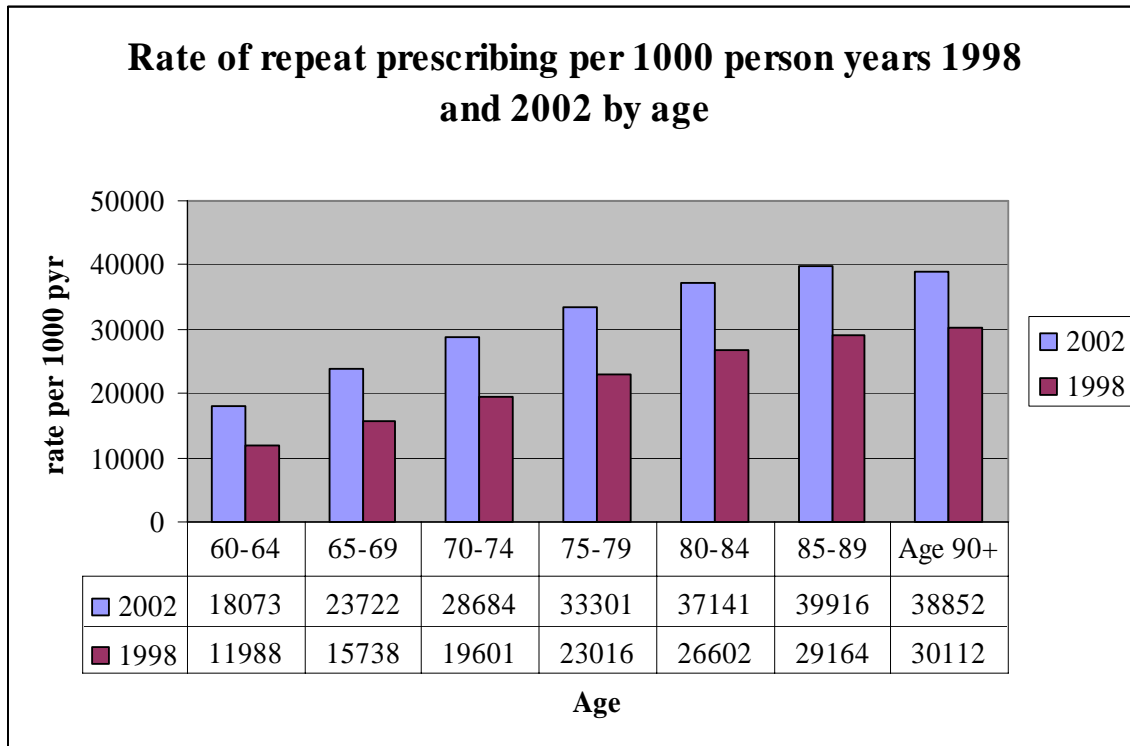
Table 1: % of items issued as a repeat.

DESCRIPTION	Year	Number of prescription items	% of all items issued as a repeat
Acute scripts	1998	85,155	10.7
Repeat scripts	1998	624,528	78.1
Unclassified	1998	89,763	11.2
All scripts	1998	799,446	100.0
Acute scripts	1999	119,476	11.1
Repeat scripts	1999	739,531	68.5
Unclassified	1999	220,591	20.4
All scripts	1999	1,079,598	100.0
Acute scripts	2000	209,988	14.7
Repeat scripts	2000	1,144,040	80.2
Unclassified	2000	73,318	5.1
All scripts	2000	1,427,346	100.0
Patient years	2000	n/a	
Acute scripts	2001	227,962	14.3

Repeat scripts	2001	1,296,435	81.4
Unclassified	2001	67,569	4.2
All scripts	2001	1,591,966	100.0
Acute scripts	2002	257,278	13.6
Repeat scripts	2002	1,562,944	82.6
Unclassified	2002	72602	3.8
All scripts	2002	1,892,824	100.0

Chart one shows the repeat prescribing rate per 1000 person years for patients by age in 1998 and 2002. Table 4A in the accompanying excel workbook shows the prescribing rates for each individual year between 1998 and 2002 and for each age group by category of prescription.

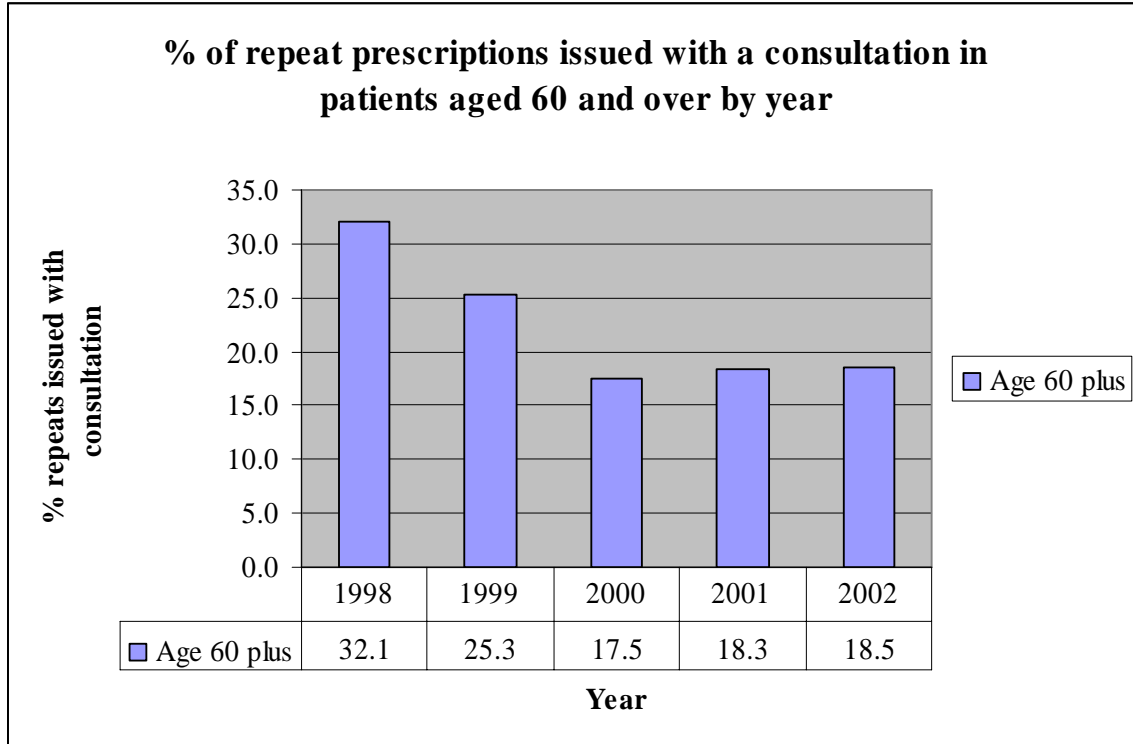
Chart one



As expected, older patients have higher repeat prescribing rates than younger patients with highest rates in patients aged 85 to 89 years. The overall rates in all age groups has increased over the five year study period.

Chart two shows the percentage of repeat prescriptions issued in association with a consultation in patients aged 60 and over by calendar year 1998 to 2002. The full data can be found in table 4B of the accompanying Excel workbook.

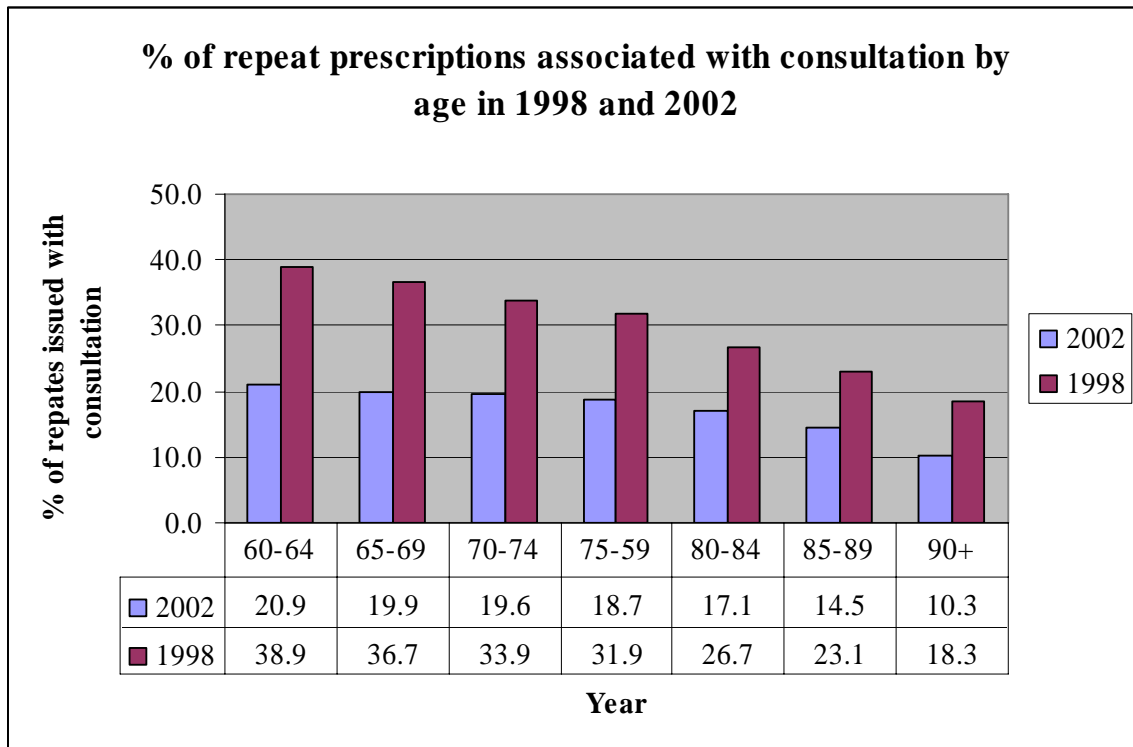
Chart two



There has been a steady decline in the percentage of prescriptions issued in association with a consultation. In 1998, 32% of scripts were associated with a consultation compared with 18.5% in 2002. From our experience as GPs, we know that patients on repeat medication tend to be reviewed about twice a year and this is consistent with patients being seen every five or six prescriptions as shown here.

Chart three shows the % of repeat prescriptions associated with a consultation by age group in two years (1998 and 2002)

Chart three



This chart shows that older patients have fewer scripts issued in association with a consultation than younger patients. For example, in 2002, 20.9% of scripts were associated with a consultation in patients aged 60-64 years compared with just 10.3% of scripts in patients over 90 years. We suspect this is could be due to the very elderly being more housebound and hence less able to attend the surgery than younger patients.

8 REFERENCES

Harris, CM and Dajda R. The scale of repeat prescribing. British Journal of General Practice 1996; 46:649-653.