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FIRST OF ITS KIND STUDY LOOKS AT PRESCRIPTION PRACTICES IN MANITOBA

In Manitoba, between 1998 and 2007, the average cost of a person's annual prescription medication regimen rose from \$232 to \$525 because of increased costs and prescription rates. What hasn't been clear until now, however, is whether medications have been prescribed by doctors according to the latest guidelines. A new study by the U of M's Faculty of Medicine reports that Manitoba doctors are adept at following prescription guidelines.

Dr. Colette Raymond is a pharmacist with the WRHA and lead researcher for the report, released by the Manitoba Centre for Health Policy. "Optimal prescribing might be the best term to describe what's evaluated in this study," says Raymond. "The report examines if the increasing use of a drug is supported by the latest research, whether or not medications are prescribed when the latest information suggests another should be tried first, and if the drug recommended most for a particular condition is actually the one that is prescribed most often."

The results of this study will be useful for policymakers to determine how medications are being prescribed in Manitoba and for whom.

For example, metformin is the most recommended drug to treat diabetes and the study found that it's the most common drug people with diabetes start with. Its use is increasing which is useful information because the evidence suggests Manitoba doctors are following guidelines.

However, the report found that the guidelines for treating asthma are less likely to be followed by physicians.

There are three main types of inhalers for long-term asthma control. A LABA-corticosteroid inhaler combines a long-acting airway-opening drug with a steroid to reduce inflammation. The other two are LABA-only and corticosteroid-only. The guidelines for asthma suggest a patient use inhaled steroids before taking LABA. But the study found that fewer and fewer patients are being prescribed this ordered regiment; patients are taking LABA without first taking the steroids.

“This is not such good news,” says Raymond. “According to guidelines, LABAs without corticosteroids should not be used because they may cause serious side effects in asthma patients. Due to these risks, it is recommended that asthma should first be treated with a corticosteroid.”

Antipsychotics prescription use among seniors was another area the report looked at. According to the latest guidelines, newer antipsychotic medications should be avoided in older patients with dementia because of a link to strokes in these patients. It is further suggested that older patients not be given high doses of any antipsychotic due to possible side effects that may cause them to fall. Despite these cautions, the use of newer antipsychotics is rising—especially among Manitobans living in a personal care homes. Among these patients the prescription of these newer antipsychotics rose from two to 27 per cent, while the use of older antipsychotics declined.

There was, Raymond said, some good news with these types of medications. “The report found high doses of antipsychotic medications were not prescribed to older patients at high risk of dangerous side effects.”

MCHP is a research unit in the Department of Community Health Sciences in the Faculty of Medicine, at the University of Manitoba. Research scientists and their collaborators at MCHP study health services, population and public health, and the social determinants of health using data from the entire population of Manitoba. Most of the research is oriented towards answering questions of interest to policy makers in Manitoba based on a formal association with Manitoba Health and input from other government departments.



Dr. Raymond is available for interviews.

The summary and full report will be available for download on Friday, January 21, from <http://mchp-appserv.cpe.umanitoba.ca/deliverablesList.html>

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