

200 percent increase in cardiovascular medication costs to \$5 billion in Canada

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The number of prescriptions in Canada for cardiovascular medications has been increasing over the past decade, with a 200% increase in costs, found a new study in *CMAJ* (*Canadian Medical Association Journal*). In 2006, total costs of cardiovascular medications exceeded \$5 billion, with statins accounting for almost 40% of the expenditure.

Cardiovascular disease is the leading cause of premature death and disability in Canada, exerting a significant societal burden.

Cardiovascular drugs are the most commonly prescribed medications in the country, and expenditures outpace overall drug prescription increases.

If the trend continues, costs are expected to rise to approximately \$10.6 billion in 2020 and could threaten the sustainability of public drug [insurance](#) programs. Canadians spent 17 cents of every healthcare dollar on medication in 2007, representing a 16% increase in proportional healthcare spending since 1997.

Factors such as population growth, increasing rates of hypertension, pharmaceutical cost inflation and an ageing population only partly explain the significant increase in costs. Variations exist across provinces, with higher costs in the east. Increases in prescription volume and use of new and more expensive cardiovascular medications are also fuelling this rise. However, this practice needs to be examined as some older, established drugs may be the most cost-effective to use.

"We found that the medication classes with the greatest increases in prescriptions dispensed and associated expenditures were angiotensin receptor blockers, antiplatelets, statins and angiotensin converting enzyme inhibitors," state Dr. Cynthia Jackevicius, a researcher at the Institute for Clinical Evaluative Sciences (ICES) in Toronto and Western University of Health Sciences in Ponom, USA and coauthors from the Canadian Cardiovascular Outcomes Research Team (CCORT). Many of these medications are brand name drugs and the authors suggest that older drugs may still be the best option.

The study was conducted by researchers participating in the CCORT initiative including researchers from the Institute for Clinical Evaluative Sciences, University Health Network, University of Toronto, Toronto, Ontario, Western University of Health Sciences in Ponom, USA; Dalhousie University; Laval University; University of Ottawa Heart Institute; Statistics Canada; McGill University and University of British Columbia.

"Given the magnitude of growth of the expenditures involved, ensuring the prescribing of cost-effective medications is essential," conclude the authors.

In a related commentary <http://www.cmaj.ca/press/cmaj-181-15.pdf>, Dr. Robert Califf from Duke University Medical Center writes that the higher costs of cardiovascular medication prescribing might result in a health benefit that would be worth the increases in spending. He notes that accurate information, such as including prescribing information in electronic medical records, could provide rapid evidence about the best medications for patient conditions and be incorporated into practice.

More information: <http://www.cmaj.ca/press/cmaj-181-E19.pdf>

Source: [Canadian Medical Association Journal](#) ([news](#) : [web](#))

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