Controlling the rising costs of cardiovascular care

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Canada's health care system could have saved $77 million in 2006 if it had adopted a more restrictive policy on the cardiovascular drugs angiotensin receptor blockers without a negative impact on cardiovascular health, according to a study published in CMAJ (Canadian Medical Association Journal).

Cardiovascular drug costs in Canada increased by more than 200% from 1996 to 2006. In particular, the use of angiotensin-receptor blockers rose by 4000% during the same time, although the benefits of these medications over angiotensin-converting-enzyme (ACE) inhibitors has not been proven other than a reduction in dry cough, a benign and reversible side effect.

Angiotensin-receptor blockers have been shown to reduce deaths from hypertension in one study. However, other studies including several randomized controlled trials, did not show angiotensin-receptor blockers to be more effective than ACE inhibitors when treating hypertension, heart failure, or the secondary prevention of coronary artery disease.

The study, an economic analysis of health care costs in two scenarios, found that Canada could have saved $77.1 million, likely without negative effects on health, if the country had a policy restricting access to angiotensin-receptor blockers. Unfortunately, British Columbia is currently the only province in Canada with a restrictive policy on angiotensin receptor blockers.

Administrators of drug benefit plans need to consider carefully the restriction of specific drugs, let alone an entire class, especially in the absence of an effective alternative," writes Dr. Stéphane Rinfret, Multidisciplinary Cardiology Department, Quebec Heart and Lung Institute (Institut universitaire de cardiologie et de pneumologie de Québec) with coauthors. They cite the example of restrictions on clopidogrel that resulted in underuse of the drug and increased mortality in Ontario and Quebec. However, given that angiotensin-receptor blockers have a cheaper and effective alternative, ACE inhibitors, restricting these drugs, as British Columbia currently does, would safely save money.

"Given a future of increasing economic uncertainty complicated by a demographic shift to an older population with a relatively shrinking tax base, measures are needed to deal with the rising health care costs," state the authors.

The study was conducted by a team of researchers from University of Montreal; Western University of Health Sciences (Pomona, USA); University of Toronto and the Institute for Clinical Evaluative Sciences, Toronto; Dalhousie University, Halifax, Nova Scotia; Centre for Health Evaluation and Outcome Sciences, Vancouver, BC; McGill University Health Centre; University of Ottawa Heart Institute; Sunnybrook Health Services, Toronto and Institut universitaire de cardiologie et de pneumologie de Québec.

The authors conclude that strategies like a restriction policy on angiotensin-receptor blockers should be considered to control the rising costs of cardiovascular care.

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