

Barrier to effective treatment for seniors -- the cost of medicine

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As many as one in ten elderly people in the US, registered with Medicare, do not stick to their prescribed medication because it is too expensive, according to Dr. Larissa Nekhlyudov and colleagues from Harvard Medical School. Their work, funded by the National Institute on Aging and the National Cancer Institute, shows that cost-related medication non-adherence - skipping pills to make the medicine last longer, and not filling in a prescription because it is too expensive - is common among this group, whether or not they suffer from cancer.

This suggests that elderly [cancer survivors](#) do not face a greater financial burden related to medical costs than those without cancer. The study is published online in Springer's *Journal of [Cancer Survivorship](#)*.

As the population ages, the cost of medicines is rising and there is evidence that this has resulted in financial burden for patients. Cancer costs in particular have grown substantially and patients with cancer are faced with significant out-of-pocket expenses during diagnosis, treatment and follow-up care. Many cancer survivors also take drugs for other [chronic illnesses](#) (or co-morbidities), including hypertension, diabetes, hyperlipidemia and osteoporosis.

In order to better understand cancer patients' medication issues, the authors analyzed data from the 2005 Medicare Current Beneficiary Survey and Medicare claims. They looked at cost-related medication non-adherence, spending less on basic needs to afford medicines and other cost-reduction strategies among both cancer survivors and non-cancer

sufferers.

Nekhlyudov and team found no differences in the rate of cost-related non-adherence between cancer survivors (10 percent) and those without cancer (11 percent). Six percent of cancer survivors and nine percent of those without cancer also said they spent less on basic needs (such as food and heat) so that they could afford medicines. In addition, more than half of all enrollees used other cost-saving measures, including taking generic medications, requesting free samples and comparing pharmacy prices before buying drugs.

Dr. Nekhlyudov concludes: "As the number of cancer survivors continues to increase and get older, the findings of our study enhance our understanding of the potential barriers to effective treatment of their non-cancer co-morbidities."

More information: *Journal of Cancer Survivorship*. [DOI 10.1007/s11764-011-0188-1](https://doi.org/10.1007/s11764-011-0188-1)

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