

# Women skip medications more in the US than other countries

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For patients, especially those living with chronic conditions, nonadherence to prescription medicines due to cost is a common problem. By not filling prescriptions, skipping doses, delaying refills, or splitting pills, patients risk compromising the therapeutic benefit of their treatments. To understand the extent of this problem, Jamie Daw,

assistant professor of Health Policy and Management at Columbia University Mailman School of Public Health and colleagues at the University of British Columbia, studied survey data from 11 high-income countries. They found that the largest disparities for non-adherence occurred among younger women in the U.S. The study results are published in the August issue of the journal *Health Affairs*.

The authors compared cost-related nonadherence among younger (ages 18-64) and [older men](#) and women (ages 65 or more) in eleven [high-income countries](#) including Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States. They found that the largest disparities for non-adherence occurred among U.S. women compared with men—54 percent higher—compared to Canada at 33 percent and Australia at 17 percent higher.

Their analysis also showed that in the U.S., one in four [younger women](#) reported cost-related nonadherence compared with one in seven younger men, with no significant female-differences among older adults in any of the eleven countries.

"Prescription drug coverage systems —like those in the U.S. and Canada—that rely on employment-based insurance or require high patient contributions may disproportionately affect women, who are less likely to have full-time employment and more likely to be lower income. The disparities we found in access to medicines may produce health disparities between men and women that should be further explored," said Daw.

**More information:** *Health Affairs* (2020). [DOI: 10.1377/hlthaff.2019.01554](https://doi.org/10.1377/hlthaff.2019.01554)

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