

OP39.4

Use of anxiolytics, hypnotics and antidepressants in elderly Oslo residents, Norway – differences between nursing home residents and home-dwelling elderly

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Background & Aim: Drug consumption increases with age and whether home-dwelling elderly are treated differently than those living at nursing homes is not known. We compared the use of anxiolytics, hypnotics and antidepressants of Oslo residents > 80 years living at nursing homes or at home.

Method: Medication use for nursing home residents was recorded as part of a medication review in 2012 (n= 1346 residents > 80 years). The Norwegian Prescription Database (NorPD) covers prescriptions to all persons living outside institutions. Prevalence rates in nursing homes were compared with prevalence data retrieved from the NorPD for persons ≥80 years living in Oslo in 2012 (n=23670).

Results: The prevalence rates in nursing homes residents as compared to home-dwelling elderly were 48.9% vs. 16.6% (p < 0.01) for anxiolytics, 51.9% vs. 31.6% (p < 0.01) for hypnotics-sedatives and 30.2% vs. 11.6% (p < 0.01) for antidepressants.

of the twelve most frequently used drugs, elderly living at nursing homes had significant higher use of oxazepam (42.1% vs. 8.3%), zopiclone (39.2% vs. 26.2%), clomethiazole (10.4 vs. 0.2%), escitalopram (8.5% vs. 3.6%), citalopram (7.5% vs. 1.6%) and mirtazapine (9.2% vs. 2.5%) than those living at home (P-values < 0.05).

The prevalence rates of diazepam (7.7% vs 7.9%), mianserin (4.8% vs. 1.8%), melatonin (2.5% vs. 1.1%), zolpidem (2.6% vs. 3.7%) and venlafaxine (1.9% vs 0.4%) were comparable in the two settings.

Conclusions: The use of anxiolytics, hypnotics and antidepressants of elderly > 80 years is high. Nursing home residents are more likely to use all the three drug groups than their home-dwelling peers. Especially the use of oxazepam, zopiclone, mirtazapine, citalopram and escitalopram is higher in elderly nursing home residents. Clomethiazole is still used in the nursing home setting. Further research is needed on the appropriateness of therapy according to comorbidity.