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Morbidity trends of hypertension registered in Croatian Family Practice and the consumption of antihypertensive drugs: longitudinal study, 2005-2014

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Arterial hypertension is the main independent risk factor for cardiovascular diseases, the most common cause of death and disability around the world. The aim of this study was to explore the morbidity trend of hypertension registered in Croatian family practice (FP), and utilisation of anti-hypertension drugs in ten-year period, from 2005 to 2014.

Method: From the Croatian Health Service Yearbooks, 2005 - 2014, data were collected on the number of diagnoses of hypertension registered in FP. Data on consumption of antihypertensive drugs were collected from annual reports of Croatian Agency for Medicinal Products and Medical Devices, 2005 - 2014. The utilization was expressed in both, DDD/TID and financial indicators (Croatian kunas).

Results: in the period 2005 - 2014, the number of hypertension diagnoses increased by 1.33 times; sharing 54 - 57% of total cardiovascular morbidity. Consumption of anti-hypertension drugs during this period increased from 184.7 to 285 DDD/TID or by 1.54 times. A group of drugs which affect the renin-angiotensin system are mostly used, followed by Ca-channel blockers and diuretics. Utilisation of all groups of anti-hypertensive' increased. The most increase is observed in group of adrenergic (by 2.04 times and containing 5% of total utilisation), followed by rennin-angiotensines (by 1.88 times). Financial cost of anti-hypertensive drugs is stable and ranges from 600-700 million kunas per year. The most spending is on rennin-angiotensins (from 300 to 350 million kunas per year), followed by Ca-channel and beta-blockers. Anti-hypertensive drugs share 50-70% of the gross amount of all cardiovascular drugs expenses.

Conclusions: Increase in the consumption of antihypertensive drugs is higher then the increase in the morbidity of hypertension registered in Croatian FP. High increase in the group of rennin-angotensine drugs requires special attention. Financial spending does not follow the therapeutical consumption, probably due to the introduction of different pricing methods.