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The drugs don't work?

DR LISET VAN DIJK, OF THE NETHERLANDS INSTITUTE FOR HEALTH SERVICES, TALKS TO PUBLIC SERVICE REVIEW'S ANTHONY HALL ABOUT AMBIVALENT ATTITUDES TO PHARMACEUTICAL USE IN HOLLAND…

The role of pharmaceuticals in long-term care has come under scrutiny in recent years. It is now recognised that the widespread and prolonged use of prescription antibiotics is having an impact both on healthcare costs and on the epidemic outbreaks of multiresistant bacteria.

More restrictive use is required to address these issues, but the problem must be approached in social and cultural terms if effective policy is to be made. This has become a focus of research in Europe, and the acknowledged disparity in consumption levels between patients in the Netherlands and those of neighbouring countries has become the subject of debate.[1]

The Netherlands Institute for Health Services Research (NIVEL), as one of the organisations responsible for assessing the effectiveness of healthcare in the country, is now becoming involved in these issues. To discover more about its role and the research now being undertaken into pharmaceutical consumption in the Netherlands, *Public Service Review* poses a series of questions to Dr Liset van Dijk, NIVEL's Programme Coordinator of Pharmaceutical Care.

THE NETHERLANDS USES FEWER PHARMACEUTICALS COMPARED TO THE UK. WHAT DO YOU BELIEVE ARE THE REASONS FOR THIS?

I think that's quite a difficult question because, as far as I know, it has never been studied. There was a small comparative study a few years ago on culture and prescription volume in different European countries, and what was said there was that the attitude of the Dutch people in receiving prescriptions is quite different to those, for example, from France or the UK, in that patients do not expect to receive a prescription. Half of the patients are happy when they leave the general practitioner without a prescription – indeed they are relieved that they don't receive a prescription. One of my colleagues recently presented her published PhD thesis and one of its main conclusions was that in the Netherlands, people in general practice with depression and anxiety in primary care prefer to have a non-pharmaceutical treatment. I think it's a Dutch attitude. A few years ago I also looked at the ranking in prescribed medication and ranking in OTC (over the counter) medication. What you saw there was that countries with a high use of prescription medication had a low ranking in OTC and vice-versa, with the exception of the Netherlands where both figures were near the bottom of comparative lists. So I think it says something about how the Dutch look at medication. Although it is increasing because of well-known reasons such as the ageing population, I still think the attitude in the Netherlands is that you don't need to use medication for everything.

WITH THE GREATER AVAILABILITY OF PHARMACEUTICALS TO TREAT LONG-TERM CHRONIC CONDITIONS, HOW HAVE PRESCRIPTION PATTERNS CHANGED IN RECENT DECADES?

Of course there has been an increase in use in the Netherlands because of this, particularly of medication for diabetes and cardiovascular care. What has increased tremendously is the prescription of statins, and that's because the guidelines for diabetes state that all patients, with a few exceptions, should receive it. There has also been an increase in antidepressants. Chronic diseases, I believe, have led to an increase in pharmaceutical use in the Netherlands compared to other countries. For example, between 2004 and 2008 the number of people using cardiovascular medication increased from 2,927,000 to 3,619,000.[2] In the same period the number of patients using antidepressants increased from 936,350 to 978,330.

HOW HAVE PRESCRIPTION PATTERNS BEEN ASSESSED IN YOUR STUDY?[3] IN RELATION TO THE PRESCRIPTION OF PSYCHOTROPIC DRUGS TO CHILDREN IN ADOLESCENCE, FOR EXAMPLE, ARE YOU FINDING AN INCREASE IN THEIR USE? AND IF SO WHY DO YOU THINK THIS IS THE CASE?

What we used in this study, and what we have at NIVEL, is a general practice database. It is a little similar to the GPRD (General Practice Research Database) database in the UK.[4] That means we have all the consultations in a sample of general practices, with the electronic patients records of about 350,000 to 400,000 patients. So we get all consultations. We have data on what the International Classification Primary Care does with the diagnosis, and we get information on prescriptions. We also have information on referrals. As well as NIVEL's own data sources there are other databases in the Netherlands comparable to ours, such as pharmacy databases.

IS THE DUTCH MINISTRY OF HEALTH INVOLVED WITH TRACING CHANGING PATTERNS OF PRESCRIPTION?

They don't do it themselves, but they use the data from a pharmacy database because that's a national database. We are now doing a study for them to look at costs of prescribing and the databases they sometimes use. Normally they ask the research institute to do studies for them, but they don't do studies themselves. They have institutes including NIVEL that work for them.

WHAT DOES YOUR STUDY CONCLUDE ABOUT THE SOCIAL IMPACT OF PHARMACEUTICAL CARE IN THE NETHERLANDS?[5] DO YOU FEEL IT IS INCREASING, ARE THE PEOPLE IN THE NETHERLANDS HOLDING ONTO OLD VIEWS OF PHARMACEUTICALS OR ARE THEY BY NECESSITY USING MORE?

I haven't drawn any conclusions about that yet and I hope to study more about it. We did a lot of focus groups with patients over the last few years, and what we see is that they are slightly reluctant to use pharmaceuticals, though views vary. For example, we had a focus group of patients who use drugs for hypertension and we had quite a variety of opinions. There were a few people in the study who tried to change their lifestyle or just take medication for a few months and then stop, but noticed they felt worse when they didn't use pills and started again. In many cases people in the focus groups retained a sceptical attitude to medication, despite the fact that its use is on the increase.

1 See Deschepper R, Grigoryan L, Stalsby Landborg C, Hofstede G, Cohen J, Van der Kelen G, Deliens L, Haaijer-Ruskamp F M. "Are cultural dimensions relevant for explaining cross-national differences in antibiotic use in Europe?" June 6 2008. BMC Health Services Research www.biomedcentral.com
2 www.gipdatabank.nl
3 www.nivel.nl
4 General Practice Research Database www.gprd.com
5 Van Dijk L, Prescription in Dutch medical practice. In: Westert G, Jabaaij L, Schellvis F, Morbidity, performance and quality in primary care. Dutch general practice on stage. Oxon: Radcliffe publishing 2006
6 http://www.rijksoverheid.nl/regering/bewindspersonen/ab-klink/toespraken/ 2010/03/31/ziekte-en-gezondheid-zijn-niet-meer-wat-ze-geweest-zijn.html
7 http://www.rijksoverheid.nl/regering/bewindspersonen/ab-klink/toespraken/ 2009/12/09/kwart-van-ouderen-zieken-en-gehandicapten-straks-niet-meer-teverzorgen. html
8 Speech 31/3/2010: Sickness and health are not what they have been. Note 1 Ibid

Holland's healthcare plans

The Netherlands' Health Minister Dr Ab Klink has made a series of speeches recently warning of the impact of chronic disease and an ageing population on the healthcare system.

In a speech made on his behalf in May, the minister explained that "at present we already live in a country with 4.5 million chronically ill."[6] This includes, he has explained, almost one million Dutch people suffering with Type 2 diabetes, almost one in 16 of the population. Klink added, in a speech in December, that the number of chronically ill will increase as the population ages, estimating that by 2025, 22% of Dutch people will be over 65, which will see a 47% increase in heart failure and a 37% increase in stroke.[7]

The healthcare system, Klink outlined in January, will face two major challenges because of these developments: the affordability of long-term care, and a shortage of health workers. The minister has advocated a series of strategies to address these challenges. These include the application of e-health ICT systems to free staff time. He has also called for reform of funding to provide the chronically ill with customised care from various providers, creating, as far as possible, a home care plan. Greater investment in prevention and a change in the mindset of employers towards the chronically ill are also required, insists Klink. "40% of people with permanent disorders indicate that they are not working as they would like, and 60% experience difficulties in work and education," he said. "There is still so much potential. Chronically ill people in employment on the one hand and disease prevention on the other is a situation in which we all win."[8]