

INTRODUCTION

The costs for reimbursed drugs has strongly increased, jeopardising the sustainability of the present health system based on reimbursement of prescription drugs by the national health insurance fund (RIZIV-INAMI). A national commission, consisting of representatives of the sickness fund and physicians associations, agreed to increase in medical fees if and only if a more rational prescription behaviour for antibiotics and antihypertensives is obtained.

This change in prescription behaviour was supposed to materialise in a "change in trend" in the volume and choice of: antibiotics (penicillins, incl. beta-lactamase inhibitors, quinolones) and antihypertensives (angiotensin II antagonists (or sartans) among the agents acting on the renin-angiotensin system).

However this desired "change in trend" had not been quantified nor defined exactly.

AIM of the study

To determine whether a change in prescription behaviour took place.

MATERIAL, METHODS, WORKING DEFINITIONS

Data sources

Different databases are used. They don't collect exactly the same data and cover different time ranges.

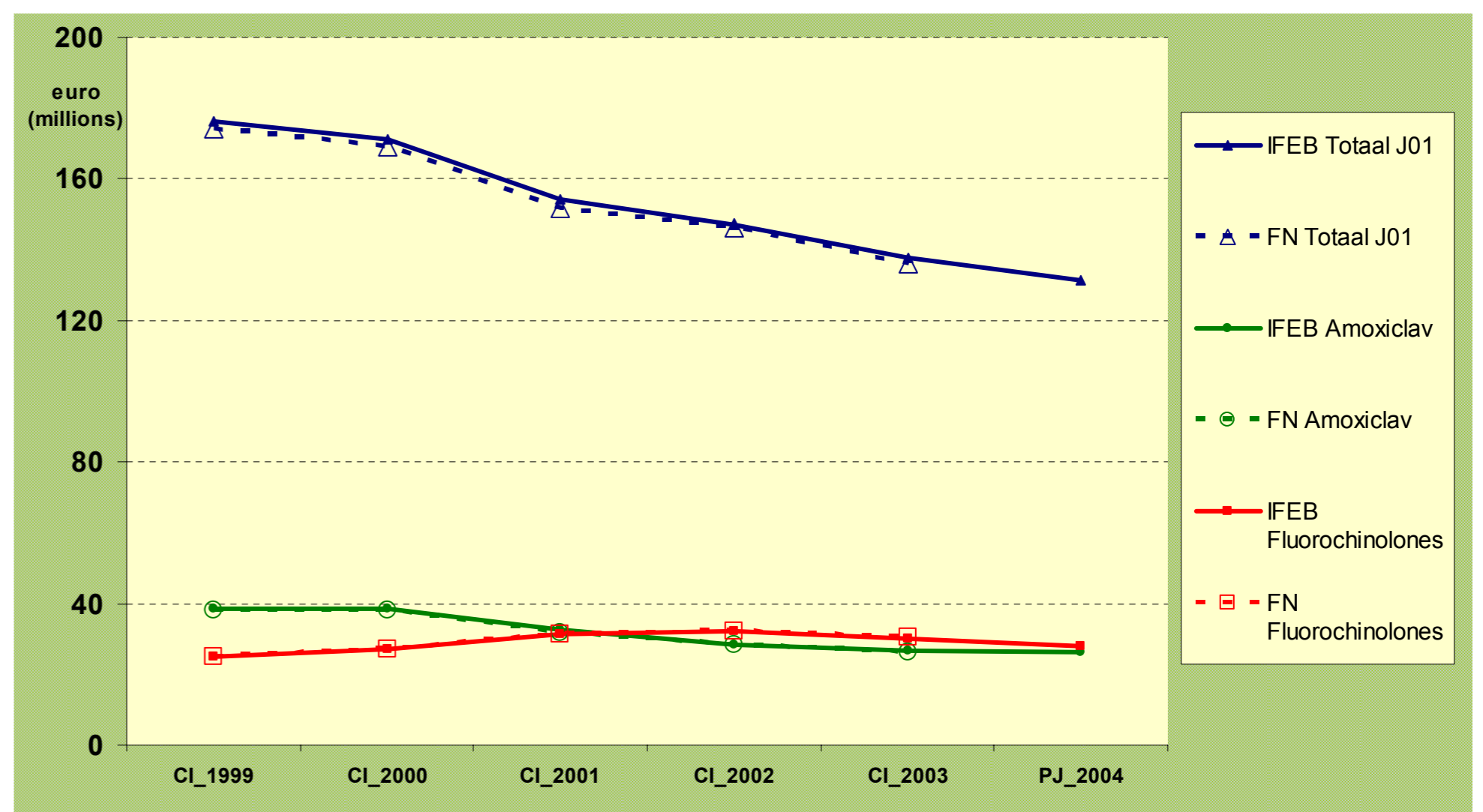
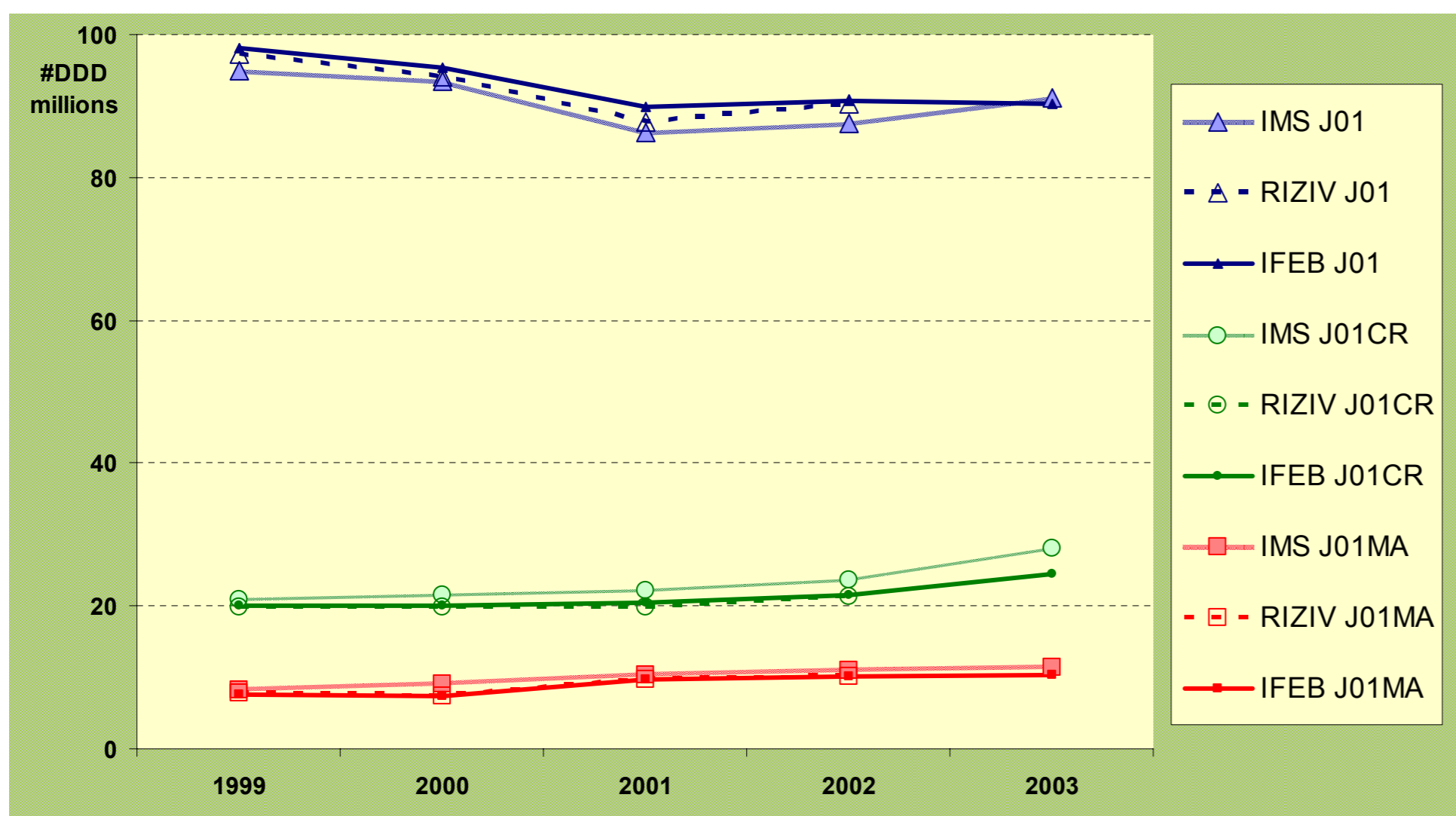
- The **IPhEB** data base (issuing) gives very recent information, 93% complete, without patient data.
- The **Pharmanet** database (reimbursement), is complete, with data on patients, prescribers and many other items, but the delay is too important for detection of recent changes in trend.
- **IMS** data (sales from wholesalers to pharmacists) are recent, but they don't cover exactly the same information. Detailed data are expensive.

Data sources are mutually validated. The concordance is not perfect but highly satisfactory, given that slightly different case definitions and time periods are used in the different databases.

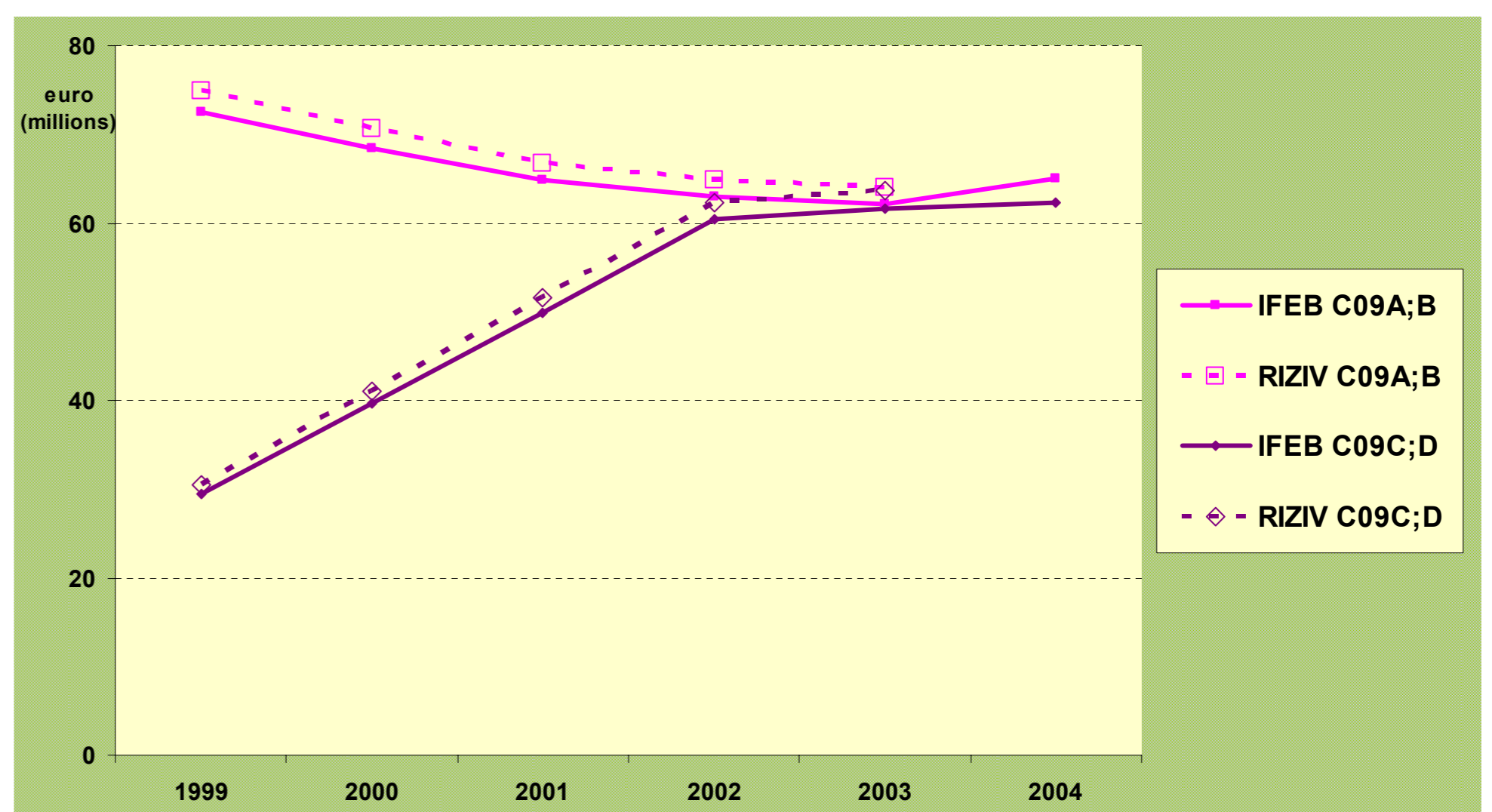
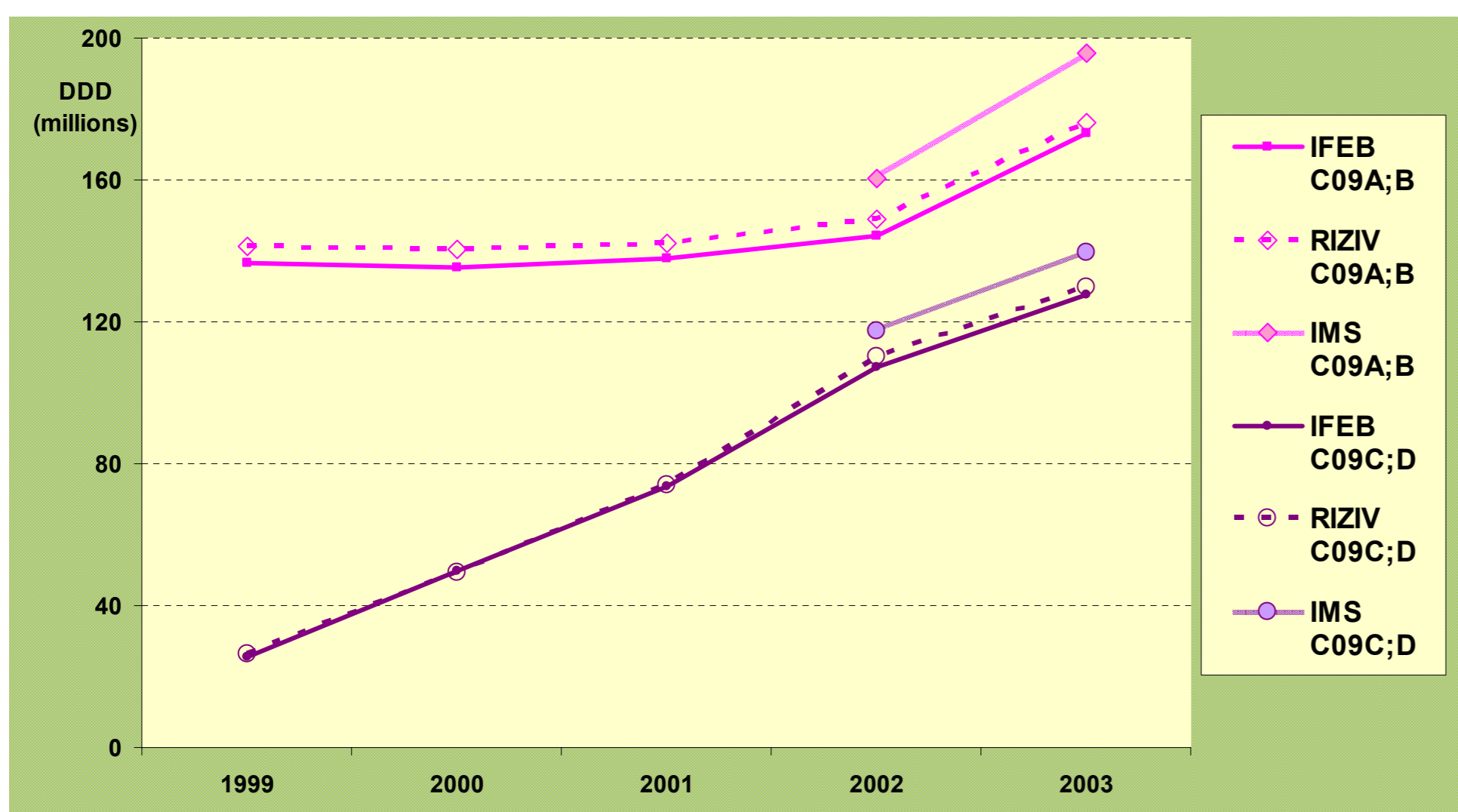
Thus the extrapolation from a slightly incomplete database (IPhEB) with more recent data has proved a reliable estimate.

Data quality

DATASOURCES COMPARISON : RIZIV-INAMI (Health Insurance) Pharmanet ----- IFEB-IPhEB ----- IMS
 all antibiotics (J01) - amoxiclav (J01CR) - fluoroquinolones (J01MA)



DATASOURCES COMPARISON : RIZIV-INAMI (Health Insurance) Pharmanet ----- IFEB-IPhEB ----- IMS
 ACE inhibitors (C09A ; C09B) - sartans (C09C ; C09D)



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behaviour took place.**