Out-of-pocket spending on drugs and pharmaceutical products and cost-related prescription non-adherence among Canadians with chronic disease

In 2012, about 80% of people aged 40 or older who lived in British Columbia, Alberta, Saskatchewan or Manitoba and who had cardiovascular-related chronic conditions reported out-of-pocket spending on drugs and pharmaceutical products. For an estimated 4.8% of the population, these expenditures amounted to 5% or more of their household income.

Compared with western Canadians who spent less than 5% of their household income on drugs and pharmaceutical products, those spending at least 5% were older, more likely to live in households receiving less than $30,000 annually (53% versus 18%) and more likely to have at least two cardiovascular-related conditions (52% versus 31%). They also used significantly more medications: 6.9 versus 3.9, on average.

The average out-of-pocket expenditure on drugs and pharmaceuticals of those who spent less than 5% of their household income on these products was $517, but among those who spent 5% or more, average spending was about six times greater—$3,021.

Overall, 4.1% of western Canadians reported cost-related non-adherence to prescription medication. That is, because of the cost, they reported that they did not get the prescription medications they needed or that they stopped taking one or more of the drugs as prescribed for a week or longer.

When age and sex were taken into account, people whose out-of-pocket spending on drugs and pharmaceutical products amounted to 5% or more of their household income were about two and a half times more likely to report cost-related prescription non-adherence than those spending less than 5%.

Note to readers

Data are from the survey on Barriers to Care for People with Chronic Health Conditions. The sampling frame consisted of respondents aged 40 or older to the 2011 Canadian Community Health Survey who resided in British Columbia, Alberta, Saskatchewan or Manitoba and who reported having heart disease, stroke, diabetes, or hypertension.

Cost-related non-adherence to prescription medications was determined from responses to questions about not getting prescription medication or not taking medication as prescribed because of the cost.

Respondents were asked to estimate how much they spent on drugs and pharmaceuticals during the 12 months preceding the survey. This amount was divided by self-reported household income to determine the percentage of total household income allocated to such expenditures.
Definitions, data sources and methods: survey number 5189.

The article, "Out-of-pocket spending on drugs and pharmaceutical products and cost-related prescription non-adherence among Canadians with chronic disease," is available in the June 2016 online issue of Health Reports, Vol. 27, no. 6 (82-003-X), from the Browse by key resource module of our website, under Publications.

This issue of Health Reports contains a second article: "Child functional characteristics explain child and family outcomes better than diagnosis: Population-based study of children with autism or other neurodevelopmental disorders/disabilities."

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