

# Senior Australians and Prescription Medicines:

Usage, Sources of Information  
and Affordability

October 2012

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Australian Government

Department of Health and Ageing

# **Senior Australians and Prescription Medicines: Usage, Sources of Information and Affordability**

**October 2012**

## Foreword

One of the many challenges that the ageing of Australia's population presents is the accessibility of prescription medicines to older Australians. Over time, in part due to the Pharmaceutical Benefits Scheme, there has been an expectation in Australian society that prescription medicines can be accessed by people irrespective of their income.

This National Seniors Productive Ageing Centre report, entitled *Senior Australians and Prescription Medicines: Usage, Sources of Information and Affordability*, explores a range of topics related with pharmaceuticals based on a survey of over 3,000 members of National Seniors Australia aged 50 years and over. The issues covered include usage of prescription medicines, associated affordability issues, the actions people take to cope with financial strain from prescription medicine costs, and awareness of and attitudes to health issues.

The report finds that there is a proportion of older Australians that struggle to afford prescribed medicines, in particular people aged 50-64 years, earning low incomes and with poorer health. A worrying conclusion is that those who can least afford to go without prescription medicines are those most likely to face financial strain. Those facing cost pressures often adopt strategies to cope, such as seeking cheaper alternatives, rationing or delaying their prescription, or simply not taking their prescribed medicines. Such responses could have adverse health implications for these older Australians. Another interesting revelation is the range of information sources senior Australians use for treatment and medicines.

One clear finding from this report is that affordability of prescription medicines is a major political and social issue for older Australians, which is likely to grow even more important as the population continues to age.

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October 2012

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# Senior Australians and Prescription Medicines

## Introduction

The ageing of Australia's population has been well documented. The Treasury's 2010 Intergenerational Report shows that the percentage of the population aged 65 and over is projected to increase from 13.5% in 2010 to 23% in 2050 (Commonwealth Treasury 2010). At the same time, the Intergenerational Report highlights the many demands this will place on the Australian health system over this period.

Access to affordable pharmaceuticals is a key component of those demands. Traditionally, such access has been seen as a necessary thread in the fabric of a fair society. However, as this report documents, some older Australians struggle to afford prescribed medicines. Do they simply not take them, or make sacrifices in other areas, or adopt some other strategy to cope? Given that more than three quarters of older Australians currently use prescription medicines, it is an important issue, and one that this report explored in depth.

This report examined the perceptions and usage of pharmaceuticals among a sample of National Seniors Australia members. Specifically, we studied variation in responses to pharmaceutical use – particularly the use of consumer information, affordability barriers and the role that health status plays. The structure of this report is as follows:

- First, we surveyed the key literature describing older people's experiences in seeking information about prescription medicines, affordability and adherence to prescribed dosage;
- Second, we described the National Seniors Social Survey, and specifically the health module within it, used for this analysis;
- Third, we presented results from the survey relating to (a.) health status and usage of medicines, (b.) sources of information – treatment options and prescription medicines, and (c.) financial strain from cost of prescribed medicines and actions taken;
- Finally, we drew out the key findings from the study.



## Literature Survey

### Sources of information for health care and medicines

There is extensive literature about older people's attitudes and behaviour when seeking information about their health and medication. Research confirms older people's strong preference for doctors and pharmacists as sources of information. A survey of Australians aged 65 and over found that GPs were their primary source of prescription drug information (90%), followed by pharmacists (57%) (Thompson & Stewart 2001). Research from the US confirms these findings (Donohue, Huskamp et al, 2009).

Research in Australia found that for respondents aged 50 and over, the most common health and treatment sources, aside from a GP and pharmacist, are the internet (48%), and package inserts (41%). Information about medicine is commonly received from TV (50%) and interactions with family and friends (40%) (Morgan, Williamson et al, 2012). Findings from a population survey across Australia covering older Australians revealed that information on medicines is also likely to be sourced from the media, friends or family, while some medicine use is self-prescribed without professional advice (Morgan, Williamson et al, 2012). Information-seeking was found to be higher in females than males, and people aged less than 65 years old (52%).

In the US, male and females have been shown to look for different types of information sources for health care. For males, the top 5 sources were family (26%), healthcare or medical professionals and medical paper publications (both 24%), friends or neighbours (23%), and TV or radio news (21%). For females, the top 5 sources were newspaper or books (68%), friends or neighbours (63%), medical paper publications (61%), internet (60%), and family (59%) (Hardt & Hollis-Sawyer 2007).

More recently, research has focused on using the internet for information on treatment and medicines. People aged 55-69 are more likely to seek information on health care from the internet than those aged 70 years and over (Hardt & Hollis-Sawyer 2007). A study in Wisconsin found that the people more likely to seek health information online include those with higher education and with internet access (Flynn, Smith et al, 2006). The study found that those with poorer health are also more likely to seek information online than those with better health.

### Affordability and adherence to prescription medicines

A wide range of research has explored the affordability of prescription medicines in Australia and overseas.

Older people with fixed incomes in particular can face financial challenges paying for their drugs due to out-of-pocket payments, which means they may not adhere to the prescribed medications (Safran, Neuman et al. 2005; Harmuth 1997).

A 2008 survey in Australia administered by the National Prescribing Service (NPS) found that one in five respondents aged 50 years and over who used medicines reported that their adherence to prescribed medicines was impacted by cost (Morgan, Williamson et al, 2012). Prescription medicines were less likely to be affected compared with over-the-counter medicines and complementary medicines recommended by health professionals.

The research identified various factors affecting affordability and adherence to medicines. These included household and personal income, out-of-pocket costs, health coverage, the number of medicines being taken and health status (Safran, Neuman et al. 2005; Piette, Heisler et al,



2004; Kemp, Roughead et al, 2010; Morgan, Williamson et al, 2010; Wilson, Rogers et al, 2005).

In Australia, people with more than \$500 in out-of-pocket costs for medicines are at significant risk of reducing their consumption of medicines (Morgan, Williamson et al, 2010). Those facing cost pressures for medicines, based on a pilot study covering people aged 50 years and over, included:

- females
- younger cohorts (aged 50-64)
- people with poorer self-reported health status
- people speaking a language other than English
- those with lower education
- people who do not have private health insurance, and
- people who take 5 or more medicines regularly (Morgan, Williamson et al, 2010).

An analysis of Medicare beneficiaries in the US aged 65 and older, found that one quarter of respondents reported non-adherence to prescription medication due to cost, particularly those without insurance coverage, and those with multiple chronic illnesses (Kemp, Roughead et al, 2010). People having one or more health conditions experienced 2.5 times the burden as those who have no chronic medical conditions (Safran, Neuman et al. 2005).

Under-use of medicines in response to cost pressures has been studied in an analysis of seven countries, including Australia (Kemp, Roughead et al, 2010). Results from this study suggest that out-of-pocket prescription costs and household income are significantly associated with cost-related under-use. Research from the US has looked at a range of such responses. One study analysed three strategies to cope with affordability problems: cutting back on food and necessities, increasing debt, or under-using medications and/or splitting pills in order to cope with their out-of-pocket medication costs (Heisler, Wagner et al, 2005). Almost one-third of respondents used at least one strategy to cope with their out-of-pocket medication costs, with higher proportions for those with low incomes and high monthly medication costs.

An earlier study was conducted in the US in 1995 amongst people aged 50 years and over with an annual income of \$10,000 or less. It found that 40% had to cut back on essentials such as food to pay for their prescription drugs. Further, a significant proportion of respondents taking prescription drugs (44%) used one or more strategies to help manage drug costs. These included using sample drugs instead, buying and/or taking fewer medications than what is prescribed, taking drugs only when highly needed or in pain, going without drugs, and only purchasing drugs that are more important (Harmuth 1997).

In Australia research reveals other impacts from the cost of prescription medicines amongst older Australians, apart from medication skipping and under-use. One problem raised in the literature is where older Australians are found to be sharing medications previously prescribed for them if a friend or family members had run out of medications (Ellis & Mullan 2009), which can cause some health risk and bad outcomes (Elliot 2006). In terms of coping strategies, women in Australia have been found to be significantly more likely than men to cut back on necessities to pay for prescription medications or restrict their medication use. However, women were no more likely than men to increase debt in response to medication cost (Heisler, Wagner et al, 2005).

## Data

### The 2012 National Seniors Social Survey

The data in this report were collected as part of the 2012 National Seniors Social Survey. This survey was conducted amongst members of National Seniors Australia, aged 50 years and over. A total of 10,000 members were selected from the membership database to complete the survey. The selected members each had a paper survey questionnaire mailed to them in January 2012. Respondents had the option to complete the paper questionnaire and return by mail, or to complete the questionnaire online. Surveys were completed and returned by 24 February 2012. After data entry and cleaning, there were a total of 3,188 cases in the survey.

The National Seniors Social Survey comprises demographic questions, as well as four modules: retirement planning, living expenses, health (from which this survey is drawn) and aged care. The health module comprises questions on how older Australians access prescription medicines, as well as their attitudes and opinions on a range of health issues. Specifically, the topics covered are health status, treatment options, information sources for prescription medicines, affordability issues with prescription medicines, ways that people cope with financial strain caused by the cost of prescription medicines, as well as attitudes regarding health issues.

This report presents findings from this health module. Results for each question in the module are presented, as well as how they vary according to a range of demographic characteristics and, for some questions, other variables in the survey.

#### Did you know?

Among the findings from these new data are:

- Older people's perceptions of their own health are positive, with more than two thirds of respondents reporting their health as good or very good.
- The vast majority of adults (92%) have taken prescription medicines in the last five years, and 81% of seniors currently use prescription medicines.
- Almost one-quarter of people (24%) who are currently taking prescription medicines are taking five or more medicines.
- Almost half of people who presently take prescription medicines face a significant impact on their everyday life if they were unable to take them.
- Half of respondents report making a joint decision about treatment options for a health condition with their doctor or health care professional.
- The most common sources of information on treatment options of the listed sources are the internet and pharmacist, followed by family and friends
- Nearly a third of people who have taken prescribed medicines in the last five years usually seek information about prescribed medicines from sources other than a health care professional.
- Almost a quarter (23%) of people who have used prescribed medicines in the last five years report that the cost caused them financial strain over that period.
- Reports of financial strain are highest from ages 50-64 years, with about 30% reporting financial strain in the last 5 years.
- People with low incomes and poorer health are most at risk of having the cost of their prescribed medicines cause them financial strain.
- 31% of people currently taking five or more prescription medicines face financial strain from the cost of these medicines.
- The most common action in response to financial strain caused by the cost of prescribed medicines has been to seek cheaper alternatives.
- Other responses to cost pressures include rationing or delaying prescriptions, or not filling them.
- Over half the people surveyed (55%) state that their voting preferences at the next Federal election would be influenced by having to pay more for prescription medicines due to reduced Government subsidies.

## Survey Results

### Health status and usage of medicines

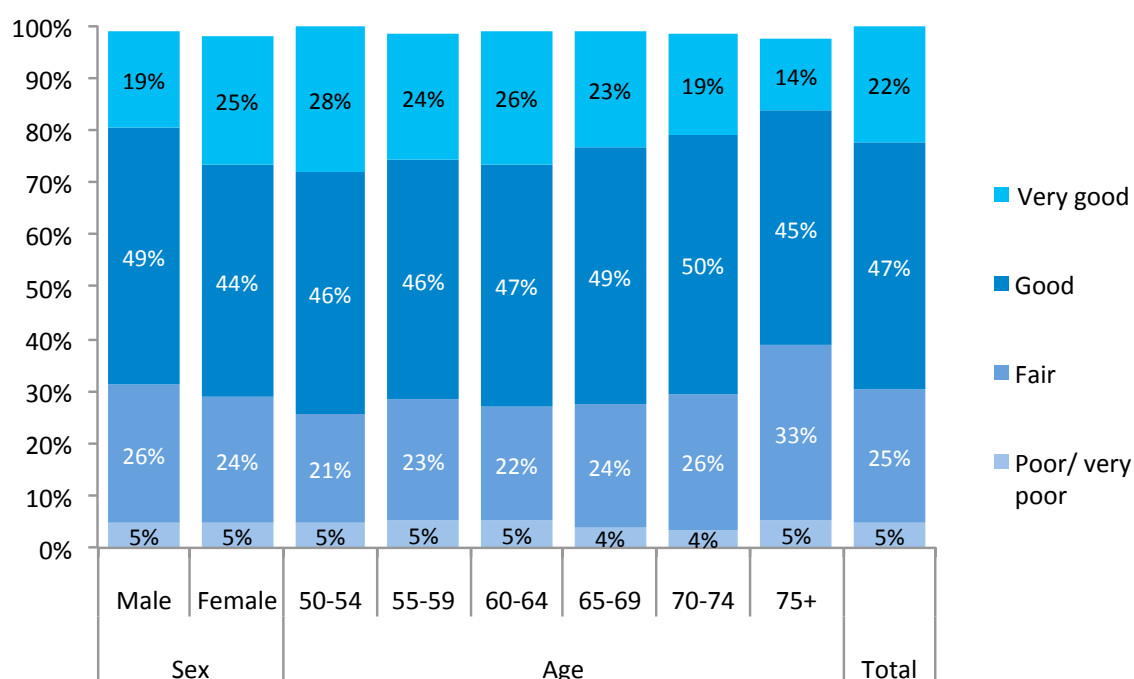
The results from this section reveal how older Australians feel about their health, illustrates their extensive use of prescription medicines and gauges the impact on their life if they were unable to take these medicines.

Older people's perceptions of their own health are relatively good (Figure 1). Nearly half (47%) of the respondents reported their health was good, and 22% perceived their health as very good. A quarter (25%) considered their health fair, while only 5% reported their health as poor/very poor.

A higher proportion of females (25%) than males (19%) perceived their health to be very good, and a slightly lower proportion of females (24%) compared with males (26%) reported their health as 'fair'.

Comparison of self-rated health status amongst younger adults with the older adults shows health generally declines with age. A higher percentage of younger cohorts aged 50-54 (28%) compared with older groups aged 75 and over (14%) reported their health as very good.

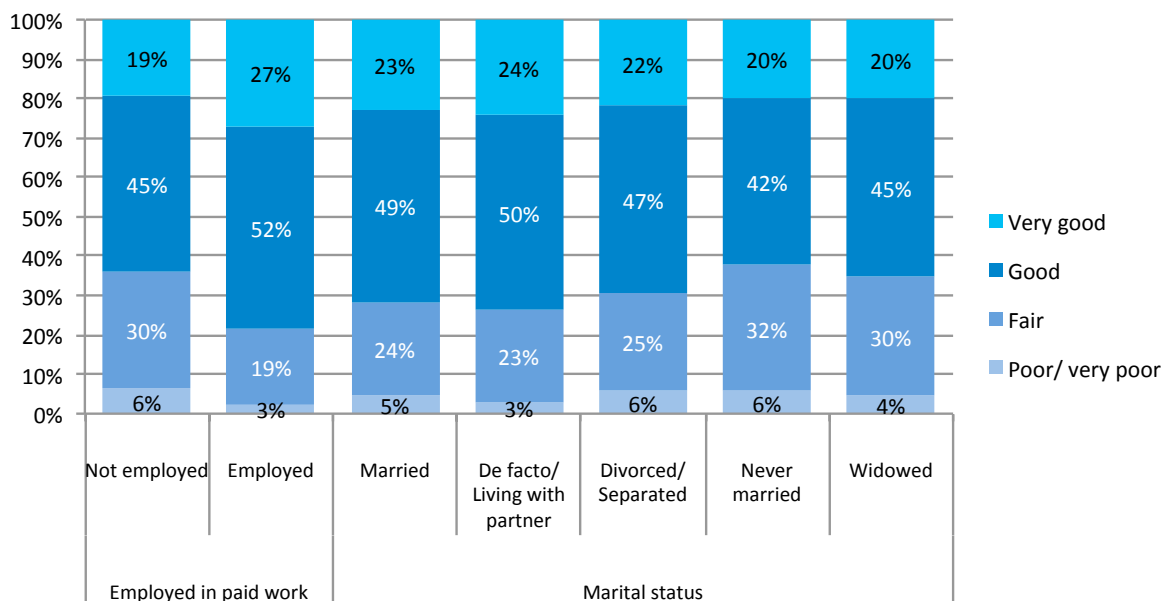
**Figure 1:** Self-rated health status (% of all respondents), by sex and age



Note: "Can't say" comprises less than 1% of responses and not shown.

Employment in paid work is highly associated with self-reported good health (Figure 2). Of those employed, 27% and 52% believed their health was very good and good, respectively, compared with 19% and 45% of the non-employed. Comparison of self-rated health status reveals it to be slightly different according to marital status, with 32% of the never-married perceiving their health as very poor. This compares to 24% of married people and 23% in de-facto relationship who perceived their health as poor or very poor.

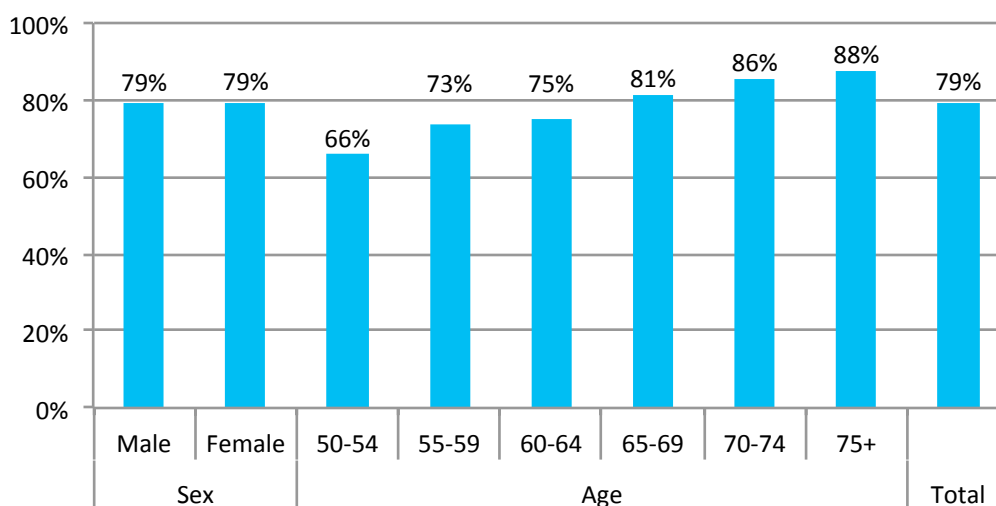
Figure 2: Self-rated health status (% of all respondents), by employment status and marital status



A majority of respondents (79%) had a health condition which required treatment in the last 5 years (Figure 3).

As health deteriorates with age, a higher proportion of those aged 65 and above compared with those aged 50-64 had a health condition in the past 5 years that required treatment. Two-thirds (66%) of 50-54 year olds required treatment compared with 88% of people aged 75 years and above.

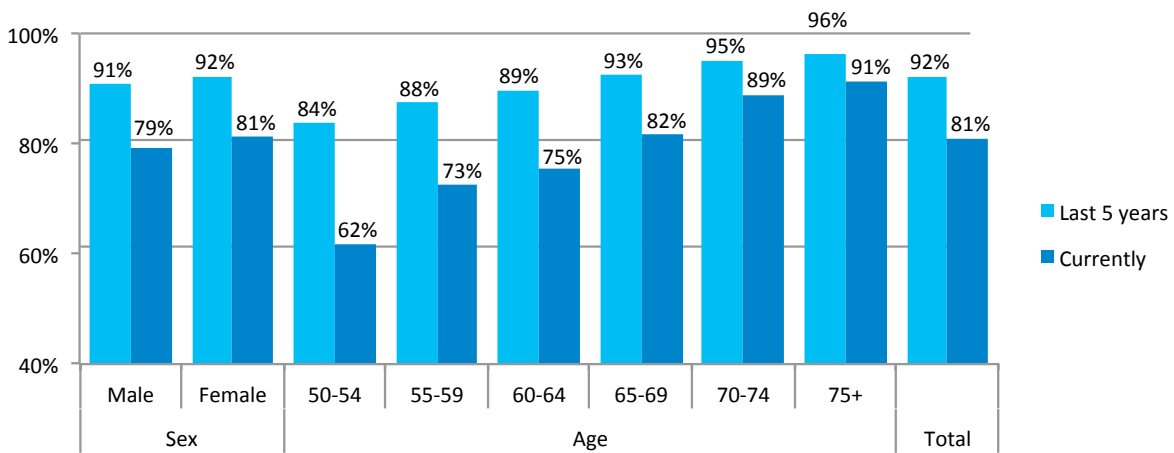
Figure 3: Whether had a health condition in the last five years requiring treatment (% of all respondents), by sex and age



The vast majority of adults (92%) have taken prescription medicines in the last five years (Figure 4).

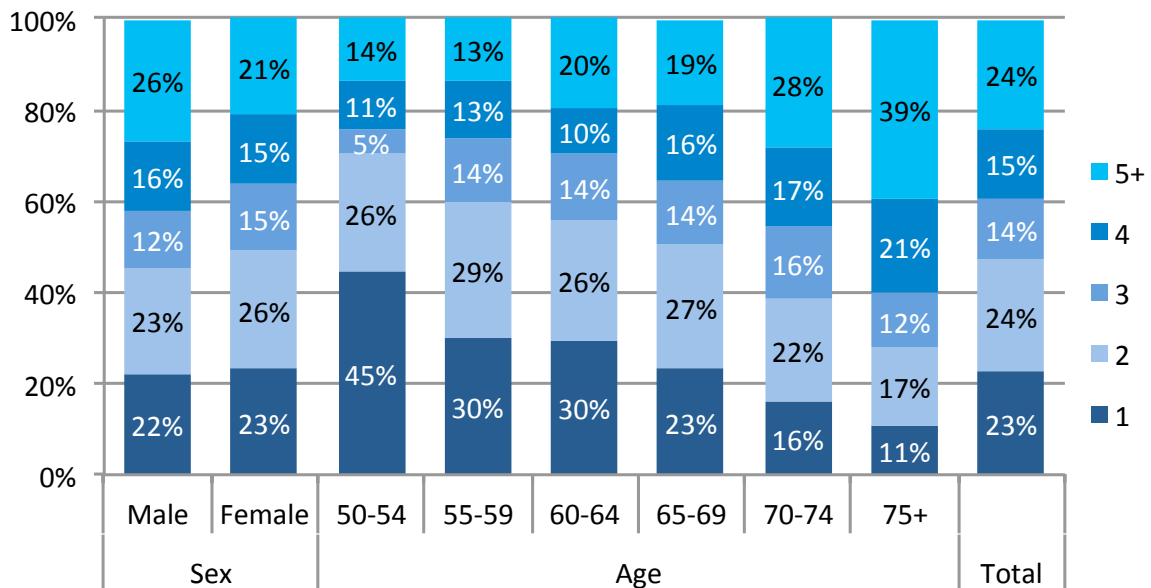
The prevalence of taking prescription medicine in the last five years increases with age, from 84% of those aged 50-54 to 96% of people aged 75 and over. Prescription medicines are currently used by 81% of people aged 50 years and over, with a rise in usage as age increases.

**Figure 4:** Whether have taken prescription medicines in last 5 years or presently take prescription medicines (% of all respondents), by sex and age



Almost one-quarter of people (24%) who are currently taking prescription medicines are taking five or more medicines, with 23% presently taking one medicine (Figure 5). Unsurprisingly, the number of medicines used increases with age, with 39% of the 75+ age group taking five or more prescription medicines, compared with 14% of the 50-54 age group.

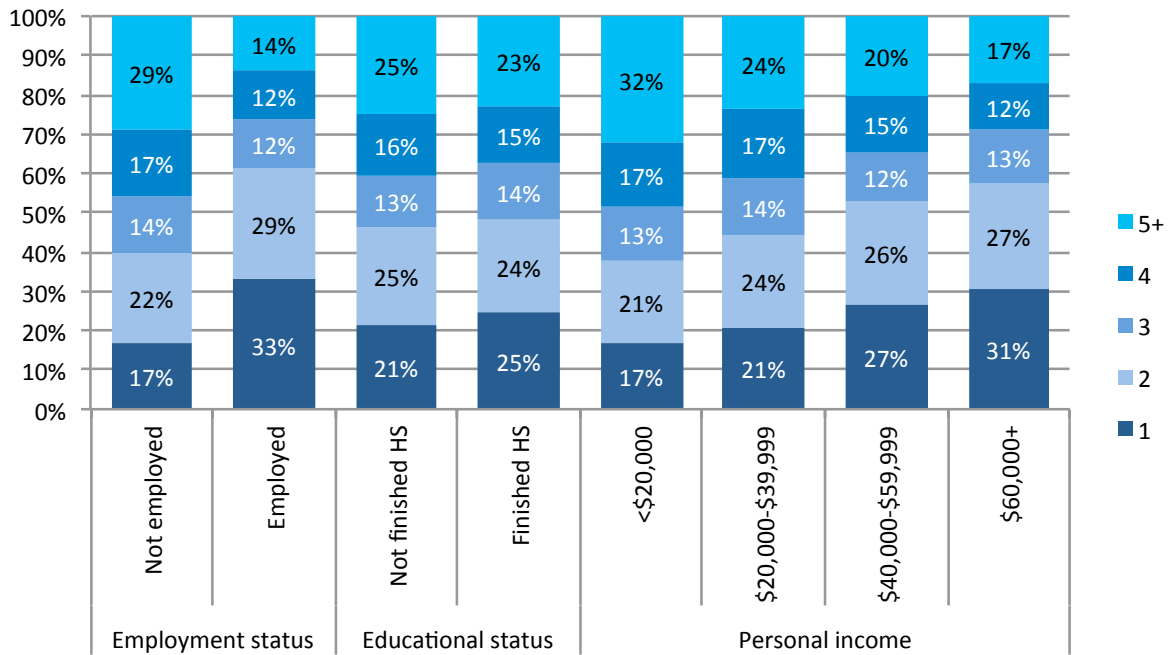
**Figure 5:** Number of prescription medicines currently taking (% of all people currently taking prescription medicines), by sex and age



Note: "Can't say" comprises less than 1% of responses and not shown.

The number of prescription medicines does vary by other demographic characteristics, although much of this is likely to be due to the effect of age. Those not employed and those earning less than \$20,000 per year use more prescription medicines than others, however older people (i.e., permanently stopped working) are likely to comprise much of these groups.

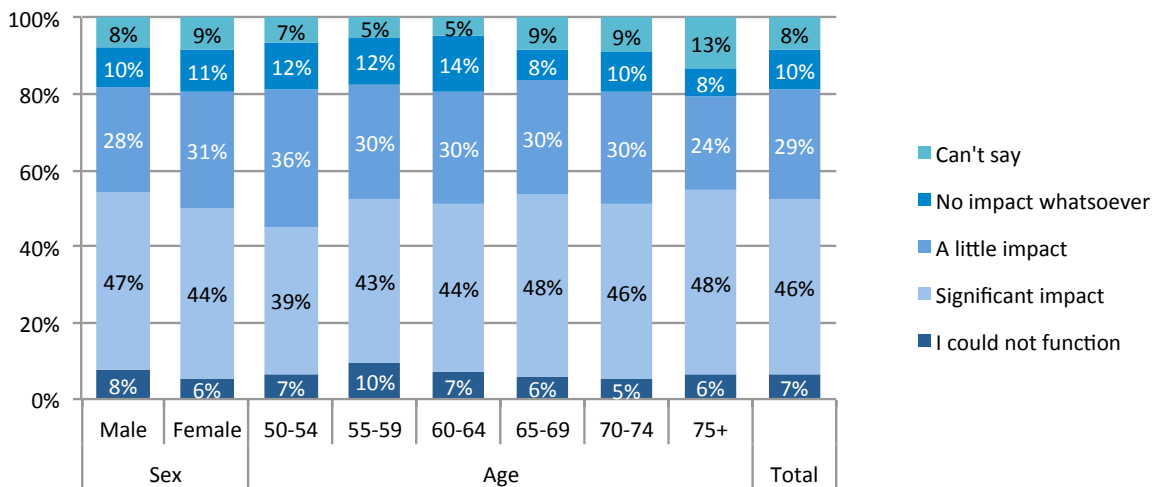
**Figure 6:** Number of prescription medicines currently taking (% of all people currently taking prescription medicines), by employment status, education and personal income



**What is the impact on functioning if unable to take prescription medicines?**

More than half of people who presently take prescription medicines state that there would be a significant impact (46%) on their functioning or they could not function (7%) in the workplace and everyday life if they were unable to take them (Figure 7). A further 39% report it would have little or no impact. The impact does not vary much by age and sex. Variation by employment and education characteristics is also small. The impact of not taking prescribed medicines is slightly greater for those not employed (48% significant impact versus 41%) and those earning less than \$20,000 (49%) when compared with their counterparts.

**Figure 7:** Impact on functioning (in workplace and everyday life) if unable to take prescribed medicines (% of all people currently taking prescription medicines), by sex and age

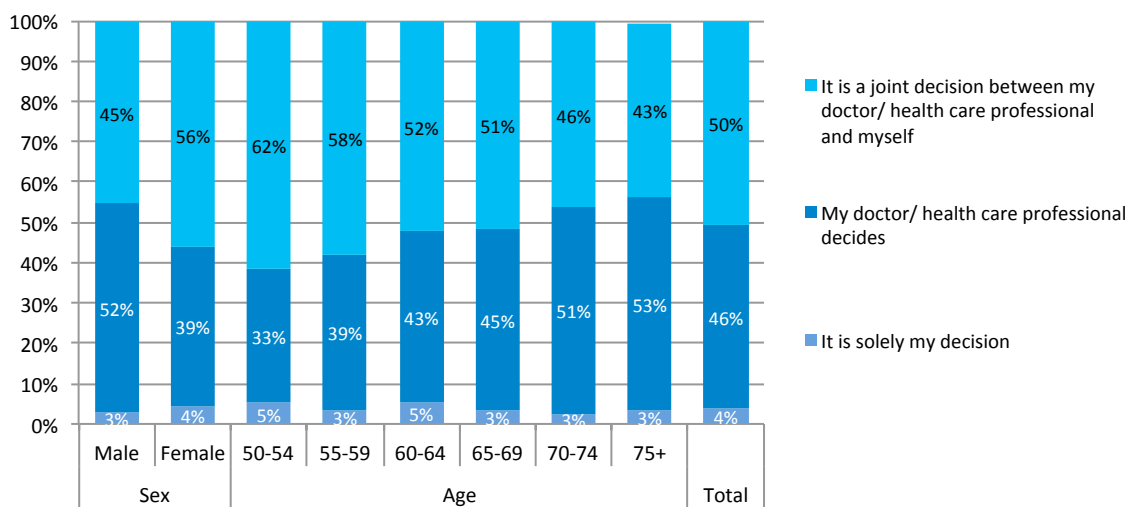


## Sources of information – treatment options and prescription medicines

The results from this section paint a more detailed picture of prescribed medicines and their use by older Australians. The results reveal who makes decisions on treatment options, which information sources are favoured and whether such information is readily understood.

Half of respondents report making a joint decision about treatment options for a health condition with their doctor or health care professional. Of the rest, 46% let the doctor or health care professional decide and 4% make the decision themselves (Figure 8). Older people are likely to consult healthcare professionals on options about their treatment. Joint decisions about treatment options between healthcare professionals and older patients are proportionately higher for females (56%) than males (45%), and for younger age groups in the survey.

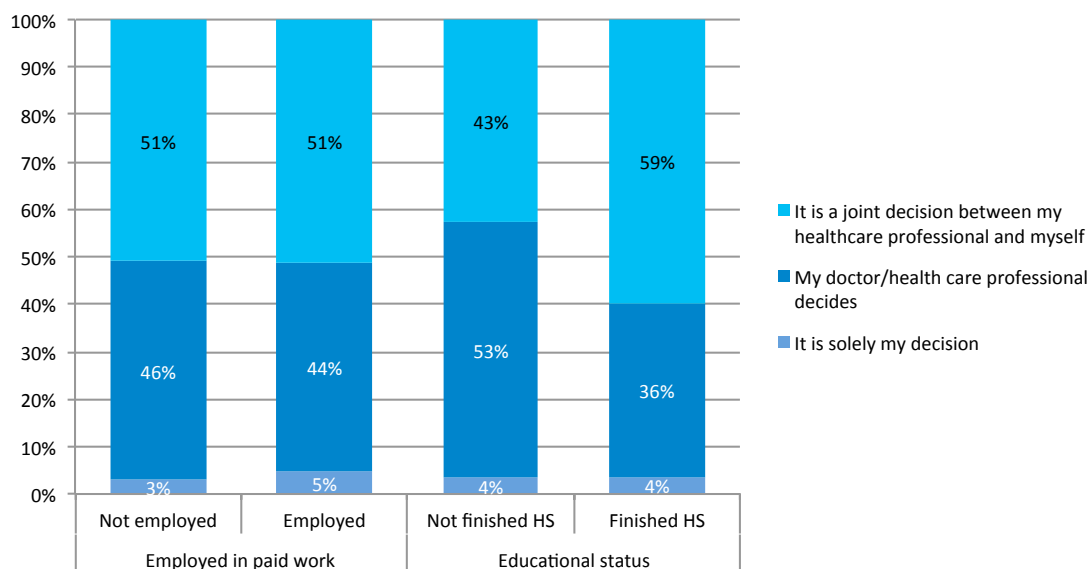
**Figure 8:** Who usually decides on treatment options for a health condition (% of all those requiring treatment in last 5 years), by sex and age



Note: "Other" comprises less than 1% of responses and not shown.

There is little difference between employed and non-employed in who makes the decision about treatment options for a health condition (Figure 9). There are differences by educational attainment, with people who have finished high school more likely to make a joint decision with their doctor or health professional about treatment options (59%) than those who did not finish high school (43%).

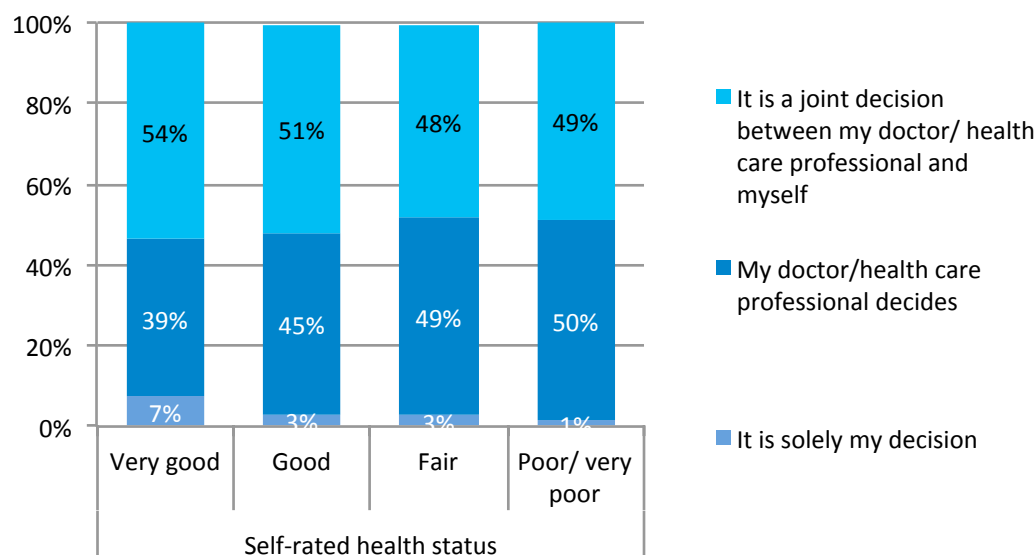
**Figure 9:** Who usually decides on treatment options for a health condition (% of all those requiring treatment in last 5 years), by employment status and education





There is an increase in the proportion of people whose treatment options are solely decided by their doctor or health care professional as self-rated health is poorer (Figure 10). Fifty per cent of people with poor or very poor health have their doctor or health care professional decide on their treatment compared with 39% of those with very good health. Also, 7% of those with very good health make the decision themselves.

**Figure 10:** Who usually decides on treatment options for a health condition (% of all those requiring treatment in last 5 years), by self-rate health status



The most common sources of information on treatment options of the listed sources are the internet (33%) and pharmacist (33%), followed by family and friends (27%) (Table 1). Thirty per cent do not seek information from any listed sources, and 3% do not know where to find information.

A slightly higher proportion of females than males sought information from the internet, pharmacist and family/friends. Older age-groups are less likely to seek treatment options from the internet and family and friends compared with the younger cohorts. For example, almost half of people aged 50-54 seek information from the internet (48%) compared with only 17% of those over 75. People aged 70 years and above are more likely to not know where to seek information than younger age groups.

**Table 1:** Where usually seek information on treatment options aside from health care professional (% of people who have had condition requiring treatment in last five years), by sex and age

	Sex		Age						Total
	Male	Female	50-54	55-59	60-64	65-69	70-74	75+	
Internet	29%	37%	48%	44%	37%	35%	31%	17%	33%
Pharmacist	30%	37%	33%	35%	34%	33%	36%	30%	33%
Family/ Friends	25%	30%	43%	31%	27%	27%	26%	23%	27%
Do not seek info from these sources	33%	27%	23%	26%	29%	31%	34%	33%	30%
Do not know where to find info	4%	3%	3%	2%	3%	3%	3%	4%	3%
Other sources	9%	11%	6%	11%	10%	9%	8%	10%	10%

Note: Responses add to more than 100% because respondents could choose more than one option.

A higher proportion of employed people (39%) and high school graduates (40%) use the internet to find information on treatment options compared with their counterparts (Table 2). High school graduates also are more likely to seek information from family and friends (31%) than those who didn't finish high school (23%). There are very little differences in information sources according to place of residence.

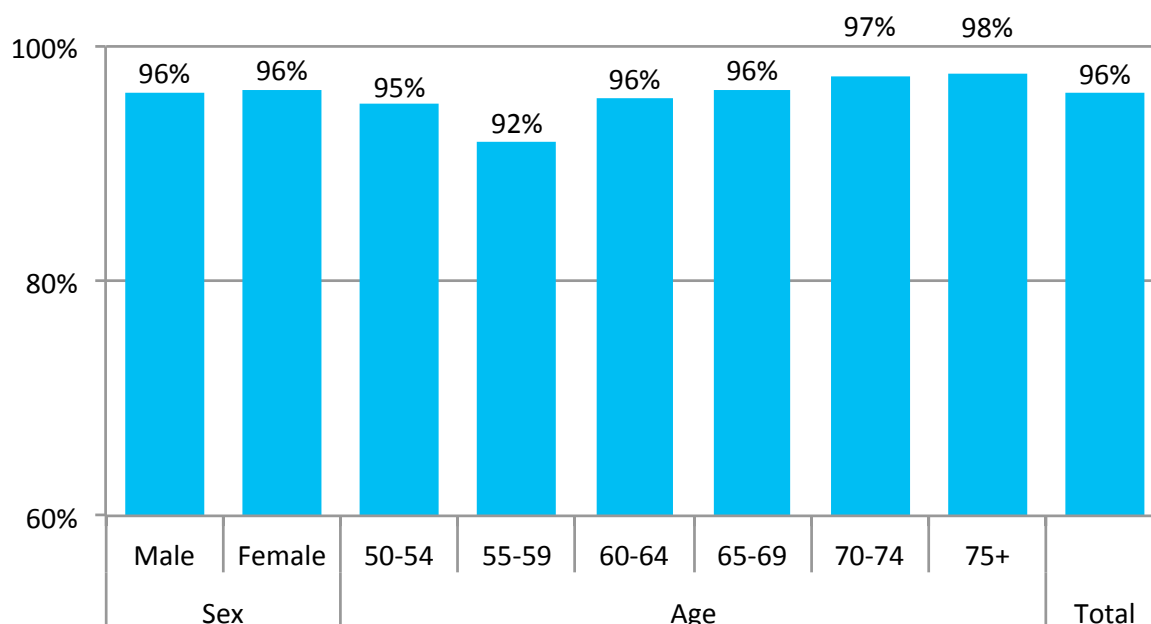
**Table 2:** Where usually seek information on treatment options aside from health care professional (% of people who have had condition requiring treatment in last five years), by employment status, education and residence

	Employment status		Education		Residence	
	Not Employed	Employed	Not Finished HS	Finished HS	Not capital city	Capital City
Internet	29%	39%	26%	40%	31%	35%
Pharmacist	34%	32%	35%	32%	35%	31%
Family/ Friends	27%	28%	23%	31%	25%	29%
Do not seek info from these sources	31%	29%	33%	27%	31%	30%
Do not know where to find info	4%	2%	4%	2%	3%	3%
Other sources	9%	10%	8%	11%	9%	10%

Note: Responses add to more than 100% because respondents could choose more than one option.

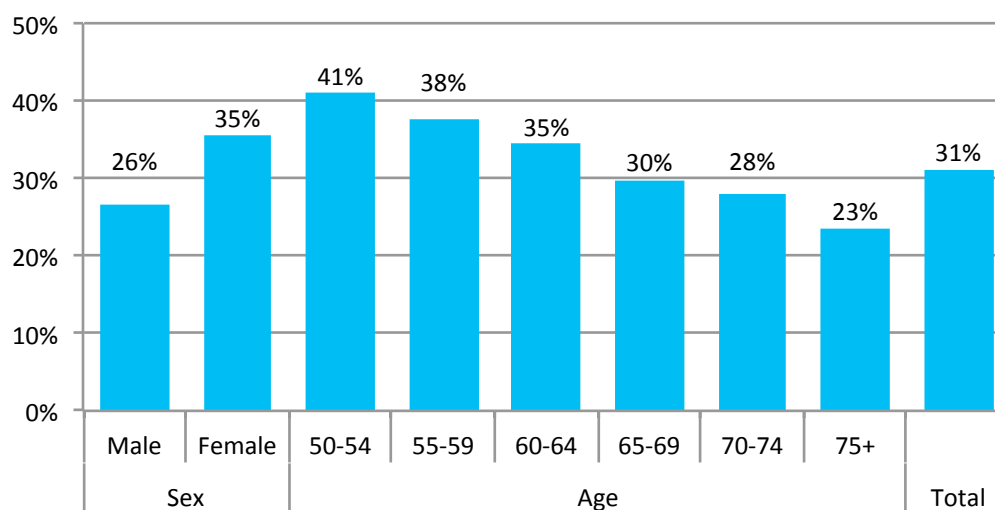
The vast majority of respondents (96%) usually receive information about prescribed medicines from a health care professional (Figure 11). This proportion ranges from 92% for people aged 50-54 to 98% for the 75+ age group.

**Figure 11:** Whether usually receive information about prescribed medicines from health care professional (% of people taking prescribed medicines in last five years), by sex and age



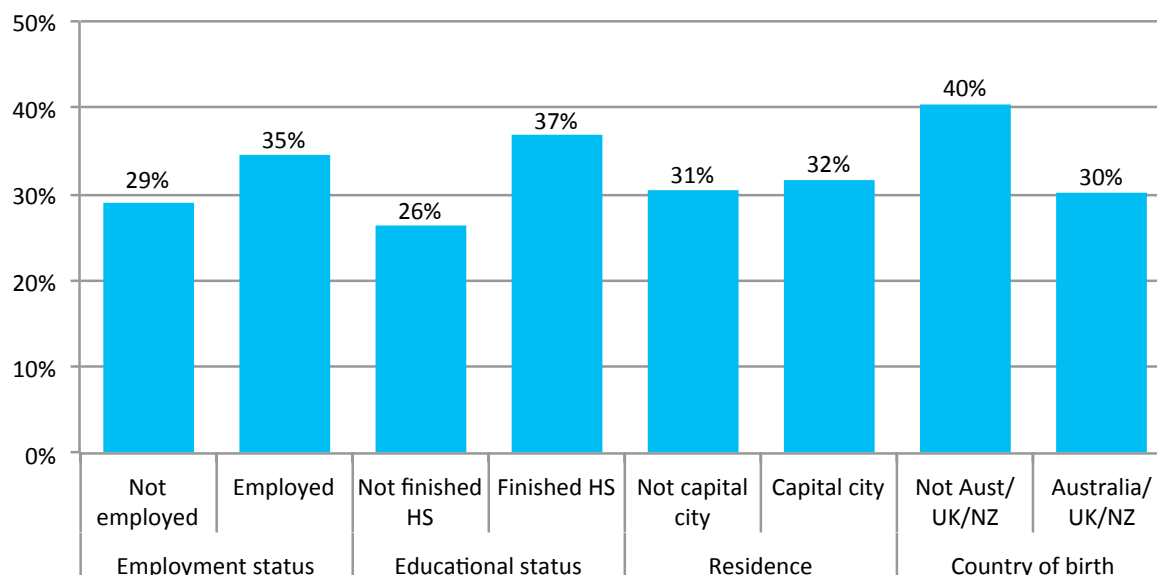
Just under one-third of people (31%) who have taken prescribed medicines in the last five years usually seek information about prescribed medicines from sources other than a health care professional (Figure 12). This practice is more common for women (35%) than men (26%) and less common in the oldest age groups (41% at ages 50-54, declining to 23% for ages 75+).

**Figure 12:** Whether usually seek information about prescribed medicines from sources other than health care professional (% of people taking prescribed medicines in last five years), by sex and age



People who are employed (35% v 29%), who have finished high school (37% v 36%), and who were born in a country outside of Australia, the UK and New Zealand (40% v 30%) are more likely than others to seek information about prescribed medicines from sources other than a health care professional (Figure 13).

**Figure 13:** Whether usually seek information about prescribed medicines from sources other than health care professional (% of people taking prescribed medicines in last five years), by employment status, education, residence and country of birth



Information from other sources does not vary significantly according to self-rated health status. People of poor or very poor health are only marginally more likely to seek information from sources other than a health professional compared with people of better health.

### Understanding the information about prescribed medicines

Two-thirds of users of prescribed medicines report having a good understanding of information provided about prescribed medicines (Table 3). A further 25% have some understanding, with only 1% not understanding the information provided. A good understanding is highest for females (73% v 60%) and the oldest respondents (75+ 70%, 50-54 63%).

**Table 3:** Understanding of information provided about prescribed medicines (% of people taking prescribed medicines in last five years), by sex and age

	Sex		Age						Total
	Male	Female	50-54	55-59	60-64	65-69	70-74	75+	
Do not read	4%	2%	3%	4%	3%	3%	2%	2%	3%
Do not understand	2%	1%	2%	2%	1%	2%	1%	1%	1%
Some understanding	30%	21%	24%	24%	27%	25%	25%	25%	25%
Good understanding	60%	73%	63%	65%	65%	66%	68%	70%	67%
Don't usually receive	3%	3%	7%	4%	3%	3%	3%	2%	3%
Can't say	1%	0%	1%	1%	0%	1%	1%	1%	1%

A good understanding is also highest for people who have finished high school (74% v 61%), and people born in Australia, the UK or New Zealand (67% v 62% if born elsewhere).

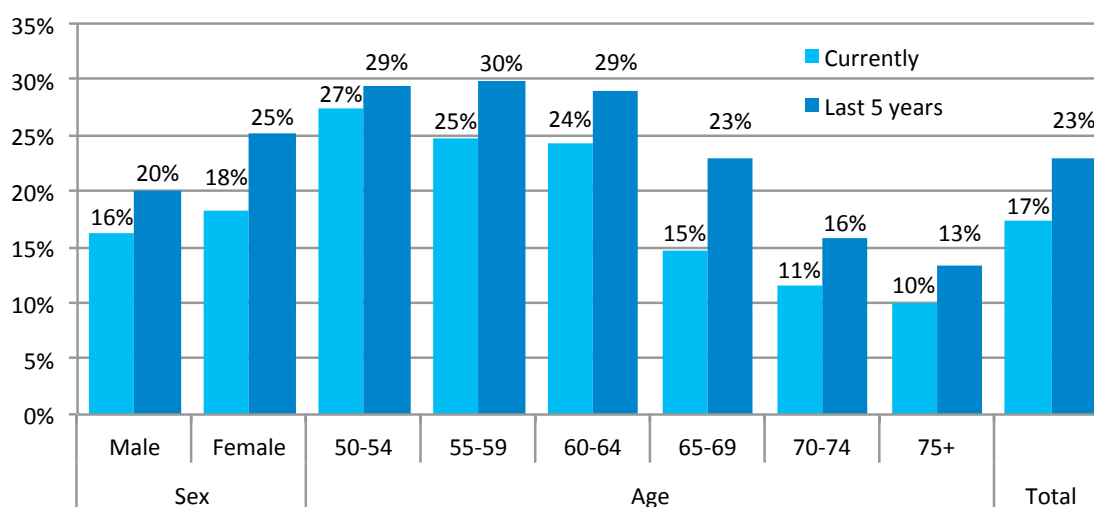
### Financial strain from cost of prescribed medicines and actions taken

This section highlights the financial strain imposed by the cost of prescription medicines, and which groups feel that strain the most. The results also reveal how people respond to this burden, from rationing prescriptions to seeking cheaper alternatives.

#### Who suffers financial strain from the cost of prescribed medicines?

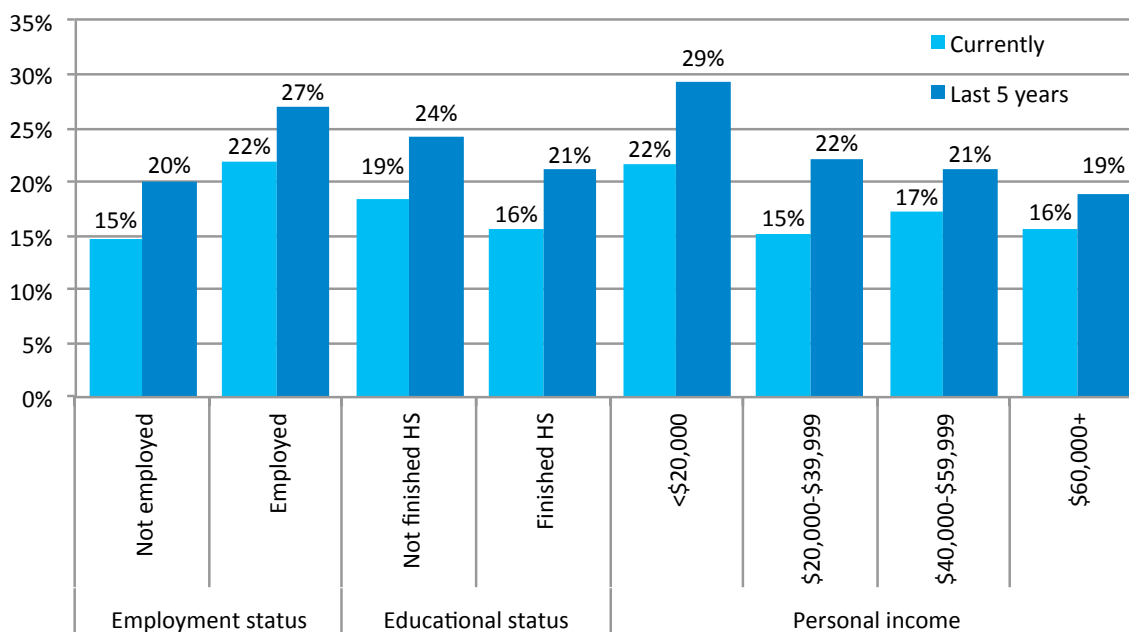
About one-sixth (17%) of people presently taking prescription medicines report that the cost causes them financial strain (Figure 14). Almost a quarter (23%) of people who have used prescribed medicines in the last five years report that the cost caused them financial strain over that period. Reports of financial strain are highest from ages 50-64 years, with about one-quarter reporting present financial strain, and about 30% reporting financial strain in the last 5 years. In contrast at ages 75+, only 13% report the cost of medicines caused them financial strain in the last five years and 10% stating that it presently causes them financial strain. Females are slightly more likely to report financial strain than males.

**Figure 14:** Cost of prescribed medicines currently cause financial strain (% of people currently taking prescribed medicines) & has caused financial strain in last 5 years (% of people taking prescribed medicines in last five years), by sex and age



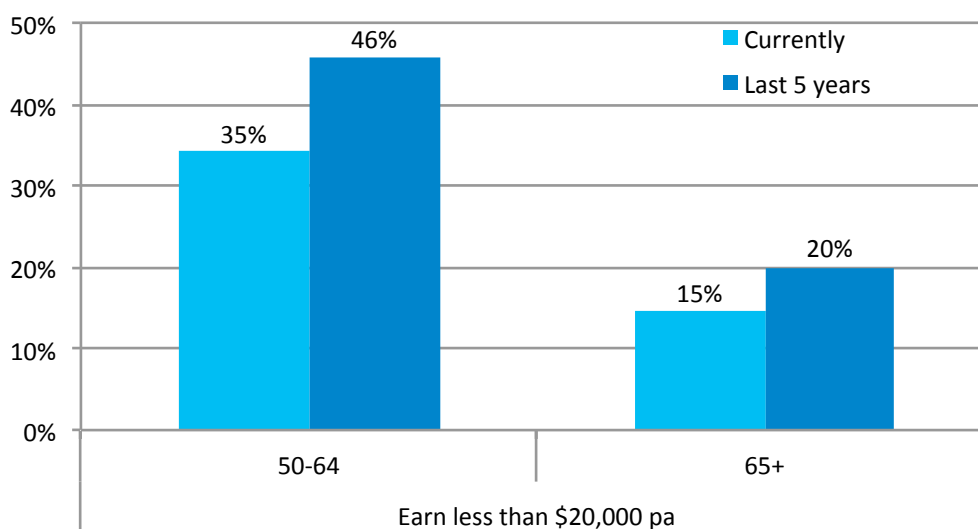
Interestingly, financial strain caused by the cost of prescribed medicines is more likely to be felt by those who are employed compared with those not employed (Figure 15). However, financial strain in the last five years is highest for those earning a low income (29% v 19-22% at higher incomes). This suggests that people employed on a low income are most at risk of having the cost of their prescribed medicines cause them financial strain.

**Figure 15:** Cost of prescribed medicines currently cause financial strain (% of people currently taking prescribed medicines) & has caused financial strain in last 5 years (% of people taking prescribed medicines in last five years), by employment status, education and personal income



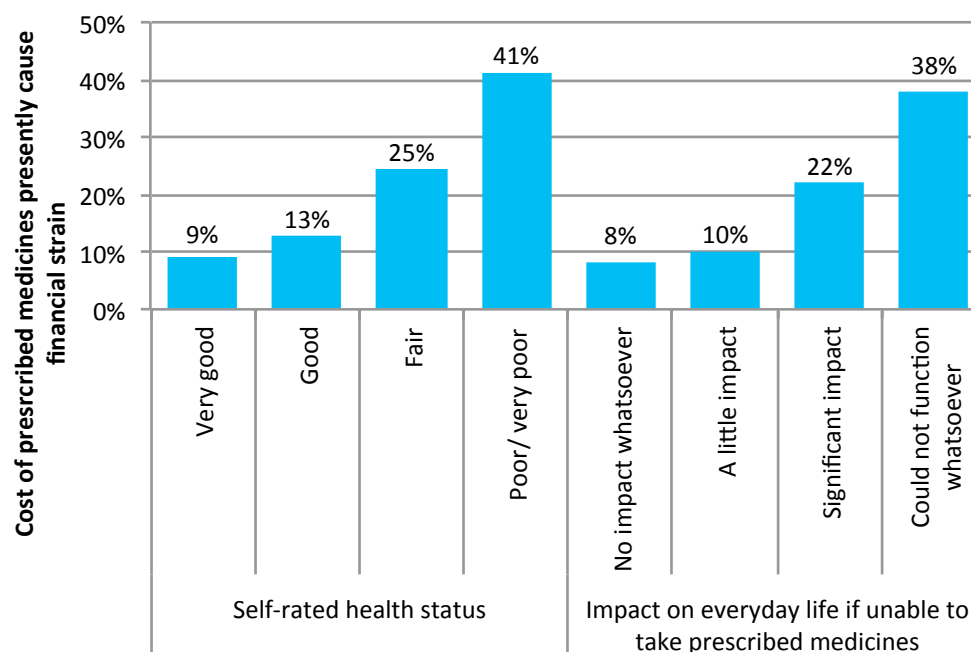
Amongst low income earners, significantly higher financial strain is faced by younger cohorts (Figure 16). Almost half (46%) of people aged 50-64 earning less than \$20,000 per year have faced financial strain because of the cost of their prescribed medicines in the last five years, more than double the prevalence for people 65 years and over (20%). Further, current financial strain is felt by 35% of low income earners aged 50-64 years, again more than twice the proportion aged 65 years and over (15%).

**Figure 16:** Cost of prescribed medicines currently cause financial strain & has caused financial strain in last 5 years, people earning less than \$20,000 per year, by age



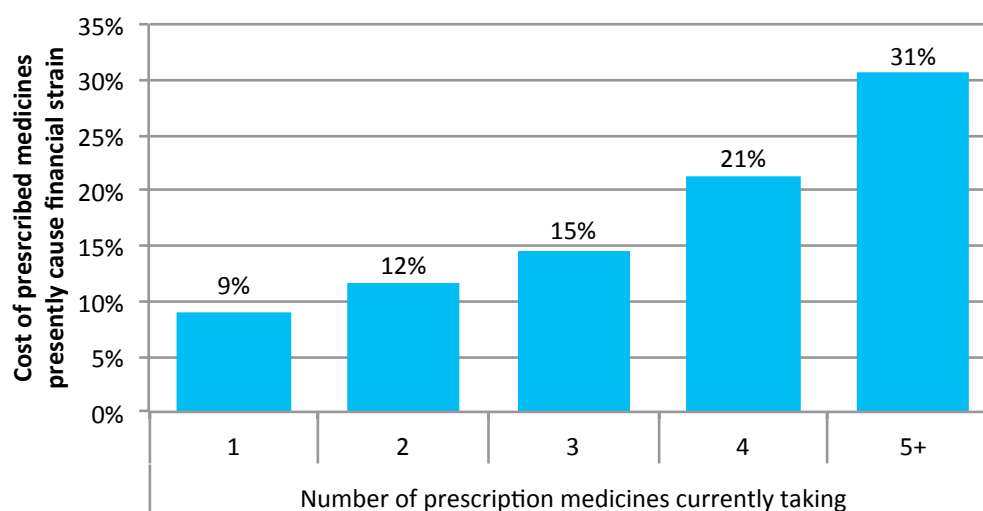
The cost of prescribed medicines causes significantly more financial strain for people with poorer health (Figure 17). Forty-one per cent of people reporting they have poor or very poor health presently face financial strain from the cost of their prescribed medicines. This compares with 25% with fair health, 13% with good health and 9% with very good health. Similarly, 38% of people who would not be able to function at all if they couldn't take their prescribed medicines presently face financial strain from the cost of their medicines. This compares with 22% facing significant impact, 10% a little impact and 8% no impact whatsoever.

**Figure 17:** Cost of prescribed medicines currently cause financial strain by self-rated health status and impact on functioning (in workplace and everyday life) if unable to take prescribed medicines



The more medicines people are taking, the more likely it is that they face financial strain (Figure 18). Almost one-third (31%) of people taking five or more prescription medicines presently face financial strain from the cost of these medicines, compared with only 9% of those taking one medicine, and 12% of those taking two medicines.

**Figure 18:** Cost of prescribed medicines currently cause financial strain by number of prescription medicines currently taking



## Responses to financial strain caused by prescription costs

The most common action in response to financial strain caused by the cost of prescribed medicines in the last five years has been to seek cheaper alternatives (37%) (Table 4). Other actions taken include rationing prescriptions (17%), delaying taking prescriptions (16%) and not filling prescriptions (13%). Forty per cent of those who faced financial strain in the last five years took none of these actions.

People aged in their fifties were far more likely to take any action to alleviate financial strain than their older counterparts. Only 23% of people aged 50-54 years took no actions compared with 59% of the 75+ years age group. People in their fifties were far more likely to seek cheaper alternatives, ration prescriptions, delay taking prescriptions and not fill their prescriptions than older people.

Males and females had similar responses to financial strain, with differences being that a higher proportion of women than men delayed taking a prescription (19% v 12%) and didn't fill a prescription (15% v 10%), while men were more likely to take none of these actions.

**Table 4:** Actions taken to ease financial strain caused by cost of prescribed medicines (% of people whose costs of prescribed medicines cause(d) financial strain currently or in last five years), by sex and age

	Sex		Age						Total
	Male	Female	50-54	55-59	60-64	65-69	70-74	75+	
Sought cheaper alternatives	37%	38%	53%	44%	37%	38%	32%	25%	37%
Rationed prescription	19%	17%	33%	21%	20%	15%	10%	10%	17%
Delayed taking prescription	12%	19%	30%	20%	18%	15%	11%	5%	16%
Have not filled prescription	10%	15%	30%	16%	18%	7%	10%	3%	13%
Took none of the above actions	43%	37%	23%	37%	38%	37%	43%	59%	40%
Can't say	2%	2%	0%	1%	1%	2%	8%	4%	2%

Note: Responses add to more than 100% because respondents could choose more than one option.

Responses to financial strain in the last five years were similar across the other demographic characteristics (Table 5). The employed are slightly more likely to delay taking prescriptions and not fill prescriptions than those not employed. There are no clear differences by educational status. The only significant difference by personal income is that those earning at least \$60,000 per year are more likely to have taken none of these actions (45%) than those earning lower incomes (34%-39%).

**Table 5:** Actions taken to ease financial strain caused by cost of prescribed medicines (% of people whose costs of prescribed medicines cause(d) financial strain currently or in last five years), by employment status, education and personal income

	Employment status		Educational status		Personal income			
	Not employed	Employed	Not finished HS	Finished HS	<\$20,000	\$20,000-\$39,999	\$40,000-\$59,999	\$60,000+
Sought cheaper alternatives	35%	38%	38%	35%	38%	34%	41%	35%
Rationed prescription	16%	19%	16%	18%	16%	19%	20%	15%
Delayed taking prescription	14%	19%	16%	16%	15%	17%	18%	16%
Have not filled prescription	10%	17%	13%	13%	14%	12%	14%	16%
Took none of the above actions	41%	38%	39%	41%	37%	39%	34%	45%
Can't say	3%	1%	2%	2%	3%	3%	2%	0%

Note: Responses add to more than 100% because respondents could choose more than one option.



It could be argued that the strong link between age and whether someone has taken actions to alleviate financial strain caused by prescription medicines could be due to the reported poorer health of older people. However, according to self-rated health, this is not the case (Table 6). In fact, 42% of people reporting poor or very poor health took no actions to alleviate financial strain in the last five years, compared with 44% of people reporting good health.

**Table 6:** Actions taken to ease financial strain caused by cost of prescribed medicines by self-rated health status

	Self-rated health status			
	Very good	Good	Fair	Poor/very poor
Delayed taking prescription	20%	11%	20%	14%
Rationed prescription	14%	17%	18%	18%
Have not filled prescription	14%	11%	14%	12%
Sought cheaper alternatives	38%	34%	42%	32%
Took none of the above actions	36%	44%	35%	42%
Can't say	0%	3%	2%	2%

Note: Responses add to more than 100% because respondents could choose more than one option.

There is some relationship between the response to financial strain caused by the cost of prescribed medicines and the impact on functioning if unable to take those medicines (Table 7). Taking no actions to alleviate the cost of prescribed medicines is more likely for people who would not be able to function whatsoever (42%) or would face significant impact if unable to take prescribed medicines (43%). Seeking cheaper alternatives and delaying taking prescription medicines are more common amongst people facing less impact by not taking medicines than those facing greater impact. In contrast, the rationing of prescriptions is higher for those who could not function whatsoever if they couldn't take their medicines (25%) than those facing a lesser impact.

**Table 7:** Actions taken to ease financial strain caused by cost of prescribed medicines by impact on functioning (in workplace and everyday life) if unable to take prescribed medicines

	Impact on functioning if unable to take prescribed medicines			
	No impact whatsoever	A little impact	Significant impact	Could not function whatsoever
Delayed taking prescription	24%	17%	15%	18%
Rationed prescription	18%	15%	16%	25%
Have not filled prescription	12%	11%	12%	12%
Sought cheaper alternatives	35%	43%	36%	27%
Took no actions	32%	33%	43%	42%
Can't say	6%	4%	1%	1%

Note: Responses add to more than 100% because respondents could choose more than one option.

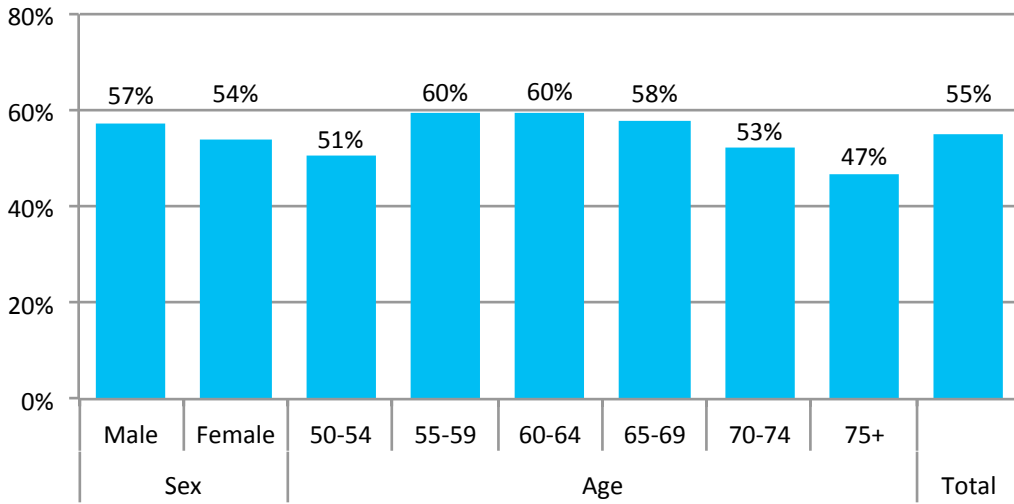
## Awareness of and attitudes to health issues

The results from this section highlight the importance of the cost of prescribed medicines to older Australians. It is an issue that can affect voting intentions. This section also reveals the health issues that most worry older Australians.

Over half of respondents (55%) state that their voting preferences at the next Federal election would be impacted by having to pay more for prescription medicines due to reduced Government subsidies (Figure 19). The highest proportion of people reporting that this would

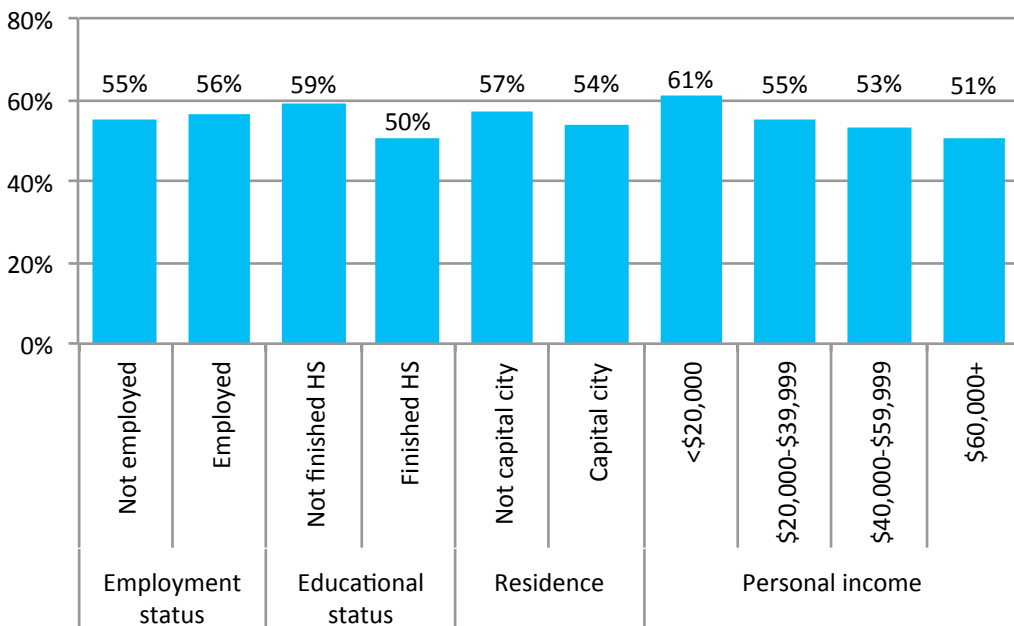
impact their vote are aged 55-64 years (60%) and the lowest are for those aged 75 years and over (47%). There are no significant differences between males and females.

**Figure 19:** Voting preferences at the next Federal election would be impacted by having to pay more for prescription medicines due to reduced Government subsidies (% of all respondents), by sex and age



Further, the impact of reduced Government subsidies on voting preferences is similar for some other demographic characteristics (Figure 20). The major differences are that people who have not finished high school are more likely to state that their voting preferences would be impacted (59%) compared with those who have finished high school (50%), and that voting preferences are more likely to be impacted at lower levels of income (61% if earn less than \$20,000, 51% if earn at least \$60,000).

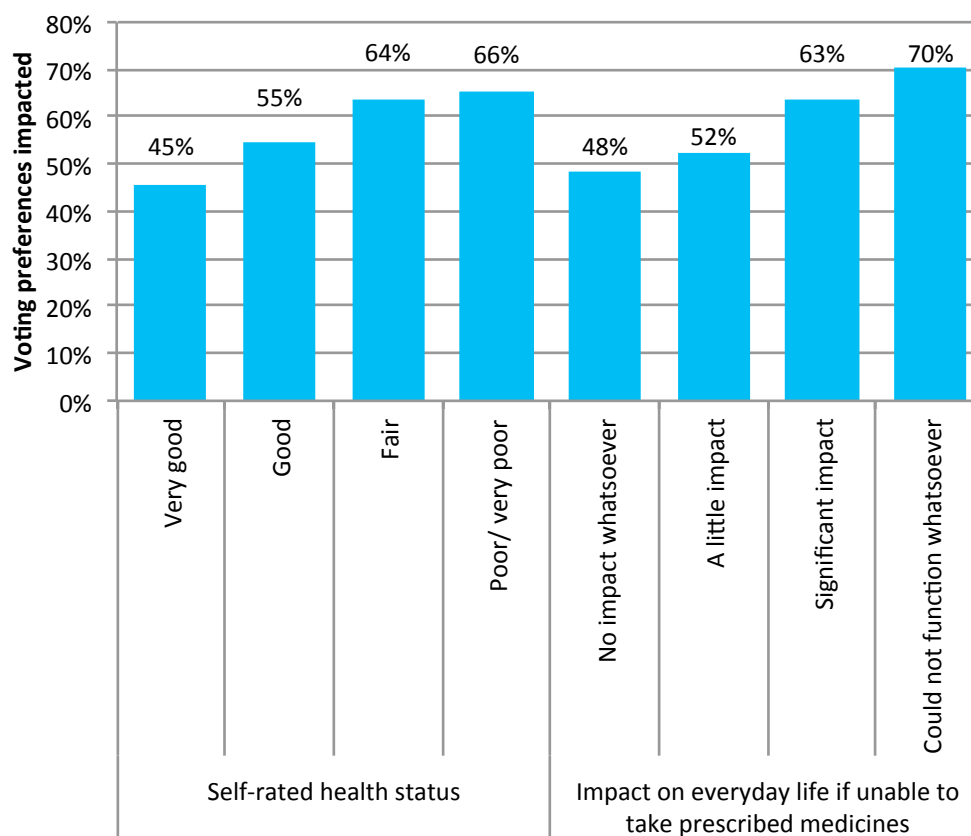
**Figure 20:** Voting preferences at the next Federal election would be impacted by having to pay more for prescription medicines due to reduced Government subsidies (% of all respondents), by employment status, education, residence and personal income



Reduced Government subsidies for prescription medicines are much more likely to influence the voting preferences of people reporting poor health (Figure 21). The voting preferences of 66% of people reporting poor or very poor health would be impacted, compared with only 45% of

those reporting very good health. Further, voting preferences are more likely to be affected for those whose everyday functioning would be more impacted if they could not take their medicines (70% if could not function whatsoever versus 48% if no impact whatsoever).

**Figure 21:** Voting preferences at the next Federal election would be impacted by having to pay more for prescription medicines due to reduced Government subsidies by self-rated health and impact on functioning (in workplace and everyday life) if unable to take prescribed medicines



### What are the main health concerns of seniors?

Heart disease/ stroke is the health issue most commonly ranked as of most concern by respondents (23%), followed by cancer (21%) and dementia/Alzheimer's (13%) (Table 8). These three issues are also those most ranked as one of the top three conditions by respondents. The next issues ranked in the top three are arthritis/bone disease (34%), diabetes (19%) and obesity (18%).

Minor differences in the rankings of health issues exists between males and females (Table 9). Heart disease/stroke and cancer more commonly reported by males than females as the main issue and a top three issue. Females more commonly report pain and arthritis/bone disease than males.

Some differences in ranking are evident according to age. Heart disease/stroke and arthritis/ bone disease are ranked more highly as health issues by older than younger respondents. In contrast, cancer, obesity and mental health are ranked more highly by younger respondents.

**Table 8:** Ranking of health issue as most concern, 2nd most concern, 3rd most concern and in top 3 concerns for respondent (% of all respondents)

1st concern		2nd most concern		3rd most concern		Top 3 concerns	
Heart disease/ stroke	23%	Heart disease/ stroke	22%	Dementia/ Alzheimer's	15%	Heart disease/ stroke	58%
Cancer	21%	Cancer	17%	Heart disease/ stroke	13%	Cancer	50%
Dementia/ Alzheimer's	13%	Dementia/ Alzheimer's	12%	Arthritis/ bone disease	13%	Dementia/ Alzheimer's	40%
Arthritis/ bone disease	9%	Arthritis/ bone disease	12%	Cancer	12%	Arthritis/ bone disease	34%
Obesity	6%	Diabetes	6%	Obesity	7%	Diabetes	19%
Diabetes	6%	Eye disease	6%	Mental health	7%	Obesity	18%
Mental health	5%	Mental health	5%	Diabetes	7%	Mental health	17%
Eye disease	4%	Obesity	5%	Pain	6%	Eye disease	16%
Pain	4%	Pain	4%	Eye disease	6%	Pain	14%
Lung disease/ asthma	3%	Lung disease/ asthma	3%	Lung disease/ asthma	4%	Lung disease/ asthma	10%
Others	3%	Others	1%	Others	2%	Others	6%

**Table 9:** Ranking of health issue as most concern for respondent (% of all respondents), by sex and age

	Sex		Age					
	Male	Female	50-54	55-59	60-64	65-69	70-74	75+
Heart disease/stroke	25%	21%	18%	22%	20%	24%	23%	28%
Cancer	23%	19%	26%	24%	22%	22%	20%	15%
Dementia/ Alzheimer's	12%	15%	11%	11%	13%	14%	15%	13%
Arthritis/ bone disease	7%	11%	7%	8%	8%	10%	9%	10%
Obesity	5%	7%	12%	9%	7%	5%	4%	4%
Diabetes	7%	5%	5%	6%	7%	6%	8%	4%
Mental health	5%	5%	5%	7%	5%	5%	4%	3%
Eye disease	4%	4%	3%	3%	4%	4%	4%	5%
Pain	3%	7%	2%	4%	4%	3%	2%	4%
Lung disease/ asthma	3%	4%	4%	2%	4%	4%	5%	2%
Others	2%	0%	14%	5%	2%	1%	3%	13%

## Key Findings & Summary

### Health status and usage of medicines

- In general, respondents aged 50 years and over report good health, with 25% reporting fair health and 5% reporting poor or very poor health. As expected, self-reported health status declines as age increases. The majority of respondents (79%) report having had a health condition in the last five years that required treatment.
- Prescription medicines are used by the vast majority of respondents; 92% report having used them in the past five years, and 81% are using them currently. About one-quarter of respondents (24%) are currently taking five or more prescription medicines, with 23% taking only one. As expected, this number increases with age, with 39% of people aged 75 years and over taking 5 or more prescription medicines.
- Almost half (46%) of current users of prescription medicines state that there would be a significant impact on their functioning in the workplace or everyday life should they not be able to take their medicines. A further 7% said that they could not function whatsoever, while for 29% there would be little impact and for 10% no impact whatsoever. Interestingly, only a slightly higher proportion of people aged 75 years and above would be significantly impacted by not taking their medicines than those aged 50-54 years. There would however be greater impact on those not employed, and those earning a low income, probably because they have worse health status than their counterparts.

### Sources of information – treatment options and prescription medicines

- Fifty per cent of respondents reported that the decision on treatment options was jointly made by themselves with their doctor or health care professional, with 46% stating that only their doctor or health care professional decides. Females, younger cohorts and more educated people are most likely to make a joint decision.
- Apart from a doctor, specialist or nurse, the internet and pharmacists are the two equally most popular sources of information for treatment options, each reported by one-third of people. As found in the literature, the internet is most favoured by younger cohorts, as well as those with a higher education, while females are more likely to seek information from multiple sources. Family or friends are also most favoured by younger cohorts. Older people are the least likely to seek information on treatment options from a source aside from a doctor/ nurse/ specialist.
- There is a high overall understanding of information provided about prescription medicines. Two-thirds of users of prescription medicines report that they have a good understanding of provided information, with 25% having some understanding and only 1% having no understanding. Females and people with higher education have the greatest understanding of this information.
- Almost all respondents (96%) usually receive information about their prescription medicines from a health care professional (i.e., doctor, nurse, pharmacist). Almost one-third of respondents (31%) have sought information about prescribed medicines outside of a health care professional. Younger people, females, people with a higher education and those born outside of Australia, New Zealand and the UK are most likely to have sought information about prescribed medicines outside of a health care professional.
- The findings suggest that younger cohorts of educated females in particular are likely to be active participants in information-seeking and decision-making about their treatment and prescription medicine options. This is consistent with literature from the US, which found that females seek a wider range of sources for health care compared with men.

## Financial strain from cost of prescribed medicines and actions taken

- Financial strain because of the cost of prescription medicines has been experienced by 23% of respondents in the past five years, and is presently experienced by 17%. Financial strain has been most felt by younger cohorts, especially from 50-64 years, compared with older cohorts. Financial strain is also most felt by those who are employed, as well as those on lower incomes, with poorer self-reported health, those who are taking a higher number of medicines, and, importantly, those who are most adversely affected by not taking their prescription medicines.
- This suggests that younger people with low incomes and poorer health are most at risk of financial strain due to the cost of prescribed medicines. For example, current financial strain is felt by 35% of people earning less than \$20,000 per year and aged 50-64 years, more than twice the proportion of low income earners aged 65 years and over (15%). This further suggests that the Commonwealth Seniors Health Card, which provides eligible people aged 65 years and over with discounts on Pharmaceutical Benefits Scheme (PBS) prescription medicines, provides lower income earners with improved access to pharmaceuticals once they reach 65 years.
- The most common action taken in response to financial strain caused by the cost of prescribed medicines is to seek cheaper alternatives (37%), followed by rationing prescriptions (17%), delaying taking prescriptions (16%) and not filling a prescription (13%). Forty per cent have not taken any of these actions. Each action is far more common amongst younger cohorts, with 59% of people aged 75 years and above not taking any action compared with 23% aged 50-54 years. Little difference in the type of action taken by those experiencing financial strain exists by income, employment and education.
- The strong relationship of age with whether someone has taken actions to alleviate financial strain caused by prescription medicines could be postulated as due to the reported poorer health of older people. However, according to self-rated health, there is no clearly higher likelihood of a person reporting poorer health to take such actions. Those whose functioning would be most adversely affected by not taking medicines are those least likely to take any action to alleviate cost pressures. That is, they cannot change their medicine intake because the impact would be too severe.

## Awareness and attitudes to health issues

- Over half of respondents (55%) state that their voting preferences at the next Federal election would be impacted by having to pay more for prescription medicines due to reduced Government subsidies. This response reaches 70% for people who could not function if they didn't take their prescription medicines and 66% for those reporting poor or very poor health. There is no significant variation in this response by demographic characteristics, suggesting that this is an issue throughout all cohorts of older Australians.
- The four main health concerns of respondents are heart disease/stroke, cancer, dementia/Alzheimer's and arthritis/ bone disease.

## Summary

This report has detailed the results from the National Seniors Social Survey, specifically from the health module within that survey. It has shed new light on issues such as health status and usage of prescription medicines, sources of information for treatment and pharmaceuticals, and affordability issues associated with the cost of prescription medicines. It has detailed the actions people take to cope with prescription medicine costs, and reported awareness of and attitudes to health issues.

One conclusion stands out: the cost of prescribed medicines is a significant issue for many older Australians. In particular, we have found that affordability issues are most acutely felt by the younger cohorts, those earning low income and those of poorer health. Importantly, when faced with affordability issues, many mature age Australians embark on strategies which may be deleterious to their health. For example, delaying taking prescription medicines, rationing intake of medication and in some cases, not filling scripts at all.

The implication of affordability concerns, however, is not only limited to the health and well being of mature Australians themselves. The potential political impact of the cost of prescription medicines has been highlighted by this survey. As the Australian population continues to age and the demand for pharmaceuticals continues to grow, it is likely that affordability will grow even more important as a political and social issue. It is certainly a challenge that policy makers need to address.



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## **ABOUT THE NATIONAL SENIORS PRODUCTIVE AGEING CENTRE**

The National Seniors Productive Ageing Centre is an initiative of National Seniors Australia and the Department of Health and Ageing to advance research into issues of productive ageing. The Centre's aim is to advance knowledge and understanding of all aspects of productive ageing to improve the quality of life of people aged 50 and over.

The Centre's key objectives are to:

- Support quality consumer oriented research informed by the experience of people aged 50 and over;
- Inform Government, business and the community on productive ageing across the life course;
- Raise awareness of research findings which are useful for mature age people; and
- Be a leading centre for research, education and information on productive ageing in Australia.

For more information about the Productive Ageing Centre visit [www.productiveageing.com.au](http://www.productiveageing.com.au) or call 02 6230 4588.



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