PRESCRIBING PATTERN OF ANTI-PARKINSON DRUGS IN SOUTHERN ITALY: CROSS-SECTIONAL ANALYSIS IN THE YEARS 2003-5

Gianluca Trifirò[1,5], Rodolfo Savica[2], Letterio Morgante[2], Michele Tari[3], Salvatore Moretti[3], Nicola Vanacore[4], Edoardo Spina[1,5], Vincenzo Arcoraci[1] and Achille P Caputi[1,5]

[1]Department of Clinical and Experimental Medicine and Pharmacology, Pharmacology Unit, University of Messina, Italy; [2]Department of Neuroscience, Psychiatry and Anaesthesiology, University of Messina, Italy; [3]Caserta-1 Local Health Service, Caserta – Italy;[4] National Centre for Epidemiology Surveillance and Health Promotion. National Institute of Health, Rome, Italy; [5] IRCCS Centro Neurolesi "Bonino-Pulejo", Messina, Italy

Background: In the last years, new medications have been marketed to treat Parkinson's disease (PD) and international and national updated guidelines of PD therapy have been published. Recent investigations on anti-Parkinson drug (APD) utilization, however, are still missing in Italy.

Objective: To measure the prevalence of use and to analyse the prescribing pattern of APDs in general practice of Southern Italy.

Methods: Among about 120,000 individuals registered in the lists of 93 general practitioners of Southern Italy, we identified users of different APD types: L-Dopa, Ergot derivative Dopamine agonist (DA), Non-Ergot derivatives DA and anticholinergic agents. Annual prevalence of APD use (overall and by drug type) was measured as the number of individuals receiving at least one APD prescription in the years 2003-2005, divided by the number of patients registered in the GP lists. One-year incidence of APD treatment was calculated as the number of new users of APD, divided by the number of total patients free from APD prescriptions in the previous year. Within each drug type, frequency of monotherapy or add-on therapy with different APD classes was separately evaluated. Results were expressed as rate per 100,000 inhabitants together with 95% Confidence Interval.

Results: Overall, prevalence of APD use appears to be stable over the years: 601.4 (95% CI: 559.1-646.9) per 100,000 inhabitants in 2005 and it increase over 65 years (2,142.1 per 100,000). L-Dopa is the most prescribed APD, although both ergot and non-ergot derivative DA are increasingly used, particularly in older people. A relevant proportion of APD user received only one prescription within study years, particularly among anticholinergic users (20.7%).

Conclusion: L-Dopa is the most frequently prescribed APD in a general practice of Southern Italy, even though both ergot and non-ergot derivative DA are increasingly used, in particular, in older people. Reasons of early discontinuation of APD therapy should be further explored.