

Letter to the editor

Trends in costs of antipsychotics in France

A large increase in antipsychotics prescription has been observed in several countries since the introduction of second-generation antipsychotics (SGAPs). Several studies carried out in general population samples have now documented this prescribing trend in the United States in adults [2] as well as in children and adolescents [7]. In European countries a similar trend was observed in the United Kingdom [3] and in Spain [4,9] but not in Italy where prescription of antipsychotics remained stable [6,10]. The aim of the present study was to examine trends in annual costs of antipsychotics in France.

We used data on antipsychotics refunded over the period 2002–2007 published by the French Social Security Insurance (SSI) authorities [1]. These data were drawn from the national SSI database recording information on refunded drugs to about 86% of the French general population. Only community prescriptions are documented in this database, and no information is available on diagnoses. We used aggregated information on annual cost reimbursed by the SSI for each type of antipsychotics drug categorized according to the Anatomical Therapeutic Classification. At the time of the survey, 5 SGAPs were marketed in France: amisulpride (since 1986), aripiprazole (2004), clozapine (1991),

olanzapine (1996) and risperidone (1995). All the other antipsychotics were categorized as first-generation antipsychotics (FGAPs).

An important inflation in health expenditure linked to SGAPs was observed over the study period. As shown in Fig. 1, annual costs of SGAPs refunded by the SSI increased by 80.6% over the period 2002–2007, while annual costs of FGAPs decreased by 11.7%. In 2007, the cost of SGAPs (313 328 Keuros) was 5 times higher than that of FGAPs (60 233 Keuros). A striking finding was that costs of risperidone (+165%; total cost of 141 209 Keuros in 2007) and olanzapine (+51.5%; total cost of 111 372 Keuros in 2007) were still increasing several years after their market authorization. The introduction of the long-acting form of risperidone in 2003 has probably contributed to the important increase in the cost of this drug. Costs of amisulpride decreased (–38.2%; total cost of 25 6310 Keuros in 2007). There was a 249.8% increase in the cost of aripiprazole between 2005 and 2008 (total cost 29 807 Keuros in 2007) which became higher than that of amisulpride three years after its market authorization. Costs of clozapine (not shown in the figure) remained stable (–1.3%; total cost of 5630 Keuros in 2007).

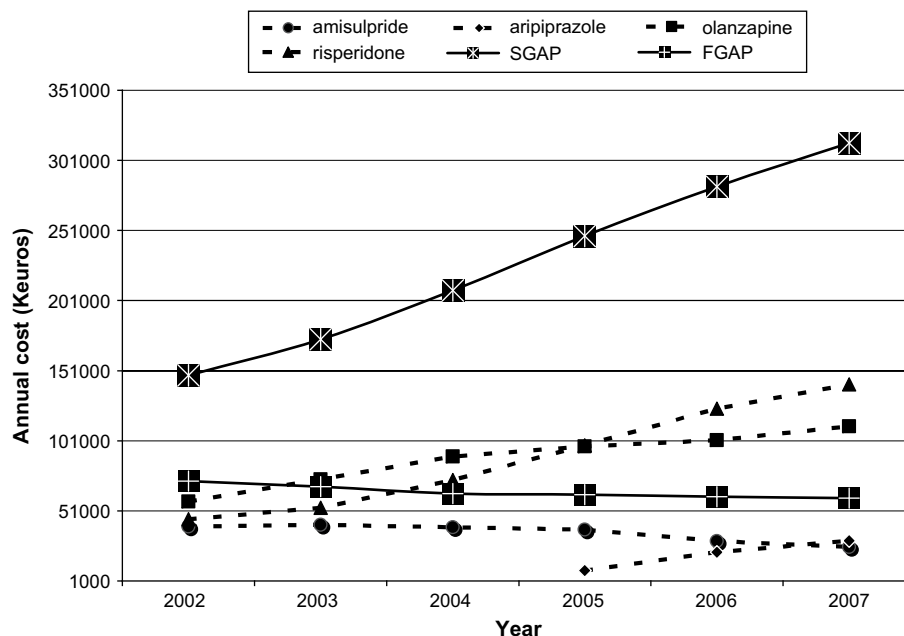


Fig. 1. Annual cost of antipsychotics refunded by the French Social Security Insurance over time.

In conclusion, these findings undoubtedly illustrate the success of the marketing pressure of the drug companies. The community burden related to increasing cost of SGAPs has to be considered in the light of studies suggesting that the cost-effectiveness of SGAPs is not established [8], and that the differences between FGAPs and SGAPs regarding efficiency and tolerance may have been overestimated [5].

1. Conflict of interest

No.

Acknowledgements

The authors thank Ray Cooke for supervising the English of this manuscript.

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8 December 2008

Available online 4 February 2009