



[10,850 general practice consultations with elderly patients. From diagnosis-prescription-examination in Møre and Romsdal]

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Cardiovascular Diseases - diagnosis - drug therapy - epidemiology
English Abstract
Family Practice - statistics & numerical data
Female
Health Services for the Aged - statistics & numerical data
Humans
Male
Mental Disorders - diagnosis - drug therapy - epidemiology
Musculoskeletal Diseases - diagnosis - drug therapy - epidemiology
Norway - epidemiology
Prescriptions, Drug - statistics & numerical data
Referral and Consultation - statistics & numerical data
Respiratory Tract Diseases - diagnosis - drug therapy - epidemiology

Abstract: Over a period of two months in 1988 and 1989 general practitioners in the Norwegian county of Møre and Romsdal recorded all contacts with their patients. Participation was close to 100%. We report data from 10,850 surgery consultations with elderly patients (65 years and older). 60% of the consultations involved female patients, and 58% of the patients were 65-74 years old. New diagnoses were made in one-third of the cases; two-thirds were follow-ups. The most common groups of diagnoses were cardiovascular (28%), musculoskeletal (13%), psychiatric (8%) and respiratory diseases (8%). Almost 10% of all consultations were for hypertension. Drugs were prescribed in 45% of all cases. 27% of all prescriptions were for cardiovascular drugs, and 25% were for drugs for the nervous system. The 20 most common diagnoses made up more than half of the total number of diagnoses. Almost 70% of all prescriptions were for the ten most common therapeutic groups.

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[1384 house calls to elderly patients in family practice. From diagnosis-prescriptions-examination in Møre and Romsdal]

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Cardiovascular Diseases - diagnosis - drug therapy - epidemiology
English Abstract
Family Practice - statistics & numerical data
Female
Health Services for the Aged - statistics & numerical data
Home Care Services - statistics & numerical data
House Calls - statistics & numerical data
Humans
Male
Mental Disorders - diagnosis - drug therapy - epidemiology
Musculoskeletal Diseases - diagnosis - drug therapy - epidemiology
Norway - epidemiology
Prescriptions, Drug - statistics & numerical data
Registries
Respiratory Tract Diseases - diagnosis - drug therapy - epidemiology

Abstract: Over a period of two months in 1988 and 1989 all general practitioners in the Norwegian county of Møre and Romsdal recorded all contacts with their patients. We report data from 1,384 house calls to elderly patients (65 years and older). House calls made up 11.3% of all face-to-face contacts between general practitioners and elderly patients. 59% of the visits were to female patients, and 60% were to patients 75 years and older. 23% of the house calls took place during weekends, and new diagnoses were made in 58% of the cases. The most common groups of diagnoses were cardiovascular (21%), respiratory (16%), and musculoskeletal diseases (13%). Drugs were prescribed for 42% of the house calls. 28% of all drugs prescribed were for the nervous system, while 26% were antibiotics for systemic use. Most house calls were made because of acute illnesses. Our results suggest that preventive home visits to the elderly are rarely, if ever, performed in general practice.

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[Acid-related disease in the population of two Norwegian municipalities--diagnosis and drug therapy]

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Publication Type: Article

Keywords: Adolescent
Adult
Aged
Anti-Ulcer Agents - administration & dosage
Child
Drug Utilization
Dyspepsia - diagnosis - drug therapy
Endoscopy, Gastrointestinal
English Abstract
Gastroesophageal Reflux - diagnosis - drug therapy
Gastrointestinal Diseases - diagnosis - drug therapy
Histamine H2 Antagonists - administration & dosage
Humans
Middle Aged
Norway
Peptic Ulcer - diagnosis - drug therapy
Prescriptions, Drug - statistics & numerical data
Research Support, Non-U.S. Gov't
Retrospective Studies

Abstract: BACKGROUND: The introduction of acid suppressant, cytoprotective and prokinetic drugs represented major progress in the treatment of acid-related diseases. In Norway, these drugs were reimbursed by the National Insurance System (NIS) from 1986. However, even if the distribution of the various diagnostic indications for prescribing were lacking, this reimbursement was stopped in 1995. The aim of this study was to describe prescriptions for presumed licensed diagnostic indications of these drugs for a defined population, and analyse them with regard to patients characteristics, verified (endoscopic) diagnoses, and therapeutic guidelines. MATERIAL AND METHODS: All prescriptions issued in 1994 to inhabitants of Lindesnes and Mandal Municipalities (17,105 inhabitants) were retrospectively retrieved from the pharmacies and the NIS. The medical records of the local endoscopy units and roentgen laboratories were subsequently searched for information on diagnostic procedures and final diagnosis leading to the prescriptions for these patients. RESULTS: A total number of 1,128 prescriptions (87,905 DDDs) were issued to 441 patients (3% of the population at risk; mean age 63 years; 55% men), and more commonly for the elderly (for 11% of those aged 80 years or more). Diagnostic procedures were documented for 93% of the patients (upper endoscopy in 404, 92%). Diagnostic indications for prescribing were reflux oesophagitis (48%), duodenal ulcer (24%), gastric ulcer (13%), and dyspepsia with normal endoscopic findings (12%). The drugs issued were H2-receptor antagonists (59%), proton pump inhibitors (31%), and cisapride (10%). 8% of the patients were long-term users of an NSAID. Of the 441 patients, drug treatment was issued to 38 with normal endoscopic findings and to 31 patients in whom we could not document examination by endoscopy or X-ray. INTERPRETATION: This study supports that the prevalence of dyspeptic complaints calling for drug treatment increases with patient age. With minor exceptions we found that the prescribing practice for the different diagnoses is in accordance with established therapeutic guidelines.

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[Analgesics use in patients with chronic musculoskeletal complaints]

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Keywords: Adult
Aged
Analgesics - administration & dosage
Analgesics, Non-Narcotic - administration & dosage
Analgesics, Opioid - administration & dosage
Anti-Inflammatory Agents, Non-Steroidal - administration & dosage
Chronic Disease
Drug Utilization - statistics & numerical data
English Abstract
Female
Fibromyalgia - drug therapy
Humans
Male
Middle Aged
Musculoskeletal Diseases - drug therapy
Neuromuscular Agents - administration & dosage
Osteoarthritis - drug therapy
Prescriptions, Drug - statistics & numerical data

Abstract: BACKGROUND: Chronic musculoskeletal complaints are common in the clinical setting and a therapeutic challenge. Little is known about the extent and type of pain-relieving drugs used by these patients in Norway. MATERIAL AND METHODS: 500 patients were referred for specialist evaluation because of chronic musculoskeletal pain, most of them from the National Insurance Administration. The diagnoses were grouped into four main categories. 95% of the patients had non-specific myofascial pain syndromes and about 5% had some form of osteoarthritis. In the majority the pain was chronic. All patients were asked which pain-relieving drugs they had taken during the previous week, prescribed drugs as well as over-the-counter drugs. Those taking non-steroidal anti-inflammatory drugs (NSAIDs) were also asked if these had been prescribed under the National Health Insurance scheme. RESULTS: 40% had completely abstained from analgesics. 32% had taken an NSAID; 20% a codeine-paracetamol compound; 15% paracetamol; 8% muscle-relaxants, while 26 patients had taken some other type of medication. About two thirds of the patients reported having received reimbursable NSAID-prescriptions, of which only about 9% were judged to qualify for this. INTERPRETATION: Even though a substantial number of patients had not taken pain-relieving drugs during the previous week, the number of patients having taken either NSAIDs, opioids or muscle relaxants was relatively high, both with regard to actual or potential side effects and to existing recommendations. The study also suggests that stricter application of the rules for reimbursement of drugs seems justified.

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Analyses of data quality in registries concerning diabetes mellitus--a comparison between a population based hospital discharge and an insulin prescription registry.

<https://arctichealth.org/en/permalink/ahliterature48317>

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Publication Type: Article

Keywords: Comparative Study
Denmark - epidemiology
Diabetes Mellitus - drug therapy - epidemiology
Humans
Insulin - therapeutic use
Medical Record Linkage
Patient Discharge - statistics & numerical data
Predictive value of tests
Prescriptions, Drug - statistics & numerical data
Registries - standards
Research Support, Non-U.S. Gov't

Abstract: To evaluate the data quality in the Danish National Registry of Patients (DNRP) and the Prescription Registry in the country of Northern Jutland (487,000 inhabitants) concerning insulin dependent diabetes mellitus (IDDM) and insulin treated diabetes mellitus, a comparison between data in the two registries was made. From the Regional Hospital Registry in the County of Northern Jutland, containing discharge diagnoses from all admissions to hospitals in the county, we identified all patients with the IDDM diagnosis between 1987 and 1993. From the Regional Prescription Registry all insulin prescriptions taken up at pharmacies in the county in 1993 were identified. All persons were identified by their individual identification number (CPR-number), and a record linkage between the two data sources was made. The predictive value of an IDDM-registration in the DNRP was 96% and the corresponding completeness 91%. In the Prescription Registry the completeness was 96%. Both registries seem to be valuable study bases for epidemiological research in diabetes mellitus.

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Antibiotic prescribing in general practice: striking differences between Italy (Ravenna) and Denmark (Funen).

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Adult
Age Factors
Aged
Aged, 80 and over
Anti-Bacterial Agents - therapeutic use
Child
Child, Preschool
Comparative Study
Databases, Factual - statistics & numerical data
Denmark - epidemiology
Family Practice - methods - statistics & numerical data
Female
Humans
Infant
Infant, Newborn
Italy - epidemiology
Male
Middle Aged
Prescriptions, Drug - statistics & numerical data
Research Support, Non-U.S. Gov't
Sex Factors

Abstract: OBJECTIVE: To compare antibiotic prescribing in primary care in two European populations, one in Denmark (Funen), the other in Italy (Ravenna). METHODS: Reimbursement data (1999) were retrieved from the Odense Pharmacoepidemiologic Database (Denmark) and the Emilia Romagna Health Authority Database (Italy). The extent of antibiotic use (ATC J01) was analysed as the number of defined daily doses per 1000 inhabitants per day (DDD/1000 inhabitants/day), and as annual prevalence of use. A qualitative analysis was carried out according to the Drug Utilization 90% (DU90%) approach. RESULTS: Antibiotic consumption was 16.5 DDD/1000 inhabitants/day in Ravenna and 10.4 DDD/1000 inhabitants/day in Funen; the annual prevalence of use was 40 and 30 subjects/100 inhabitants, respectively. Italian children received a greater amount (four-fold in DDDs) of antibiotics than Danish ones, whereas consumption was only slightly higher in Italy than in Denmark in the other age groups. In Italy, injectable antibiotics (third generation cephalosporins or aminoglycosides) accounted for 4% of total DDDs and 11% of exposed subjects. In Funen, use of injectable antibiotics was negligible. The bulk of prescription (90% of total DDDs) was made up of eight (out of 38) different antibiotics in Denmark, mainly narrow-spectrum penicillins and macrolides (1st: phenoxymethylpenicillin), and of 18 (out of 74) antibiotics in Italy, mainly broad-spectrum penicillins, macrolides, fluoroquinolones and cephalosporins. CONCLUSIONS: These data show remarkable differences in antibiotic prescribing between Italy and Denmark, and suggest possible overuse and misuse of antibiotics in Italy.

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Antibiotic prescribing practices among Norwegian dentists.

<https://arctichealth.org/en/permalink/ahliterature79684>

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Antibiotic Prophylaxis - statistics & numerical data
Attitude of Health Personnel
Bacteria - classification
Dentist's Practice Patterns - statistics & numerical data
Dentists - psychology
Education, Dental, Continuing
Endocarditis, Bacterial - prevention & control
Humans
Norway
Periodontal Diseases - drug therapy
Prescriptions, Drug - statistics & numerical data

Abstract: OBJECTIVE: There is little information on antibiotic prescribing habits among dentists in general. In 1992 we reported a study among Norwegian dentists, and the present investigation was undertaken to find out if the patterns of antibiotic prescription had changed since then. MATERIAL AND METHODS: A total of 470 randomly selected dentists (10% of total) received a questionnaire and a letter describing the survey and 313 responded. RESULTS: Results indicated that 35% did not issue any prescriptions in a typical week, while 3% issued > or =5. Fifty percent reported that they might prescribe antibiotics when treating periodontal diseases, but only 3.4% reported the use of microbial diagnosis before selecting an antibiotic; 71% of the respondents reported use of antibiotics occasionally to prevent general complications of dental treatment; 80% prescribed antibiotics for prophylactic use if the patient revealed a history of endocarditis, while 5% reported never doing so. CONCLUSION: These findings are in concert with the results obtained 11 years ago, but indicating that dentists who had attended postgraduate courses on antibiotics prescribed such drugs more frequently. This was not statistically significant. However, it is of great concern that 5% never prescribed antibiotics when treating patients with a history of endocarditis, and that 20% did not know that amoxicillin was a penicillin. Such lack of knowledge may cause fatal results of therapy.

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[Antibiotic use in child day care centers]

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Author: Lindbaek Morten
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Publication Type: Article
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Child Day Care Centers
Child, Preschool
Drug Resistance, Bacterial
Drug Utilization - statistics & numerical data
Humans
Infant
Norway
Prescriptions, Drug - statistics & numerical data
PubMed ID: 18026236 [View in PubMed](#) 

Antiepileptic drug utilization: a Danish prescription database analysis.

<https://arctichealth.org/en/permalink/ahliterature32088>

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Adult
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Anticonvulsants - therapeutic use
Child
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Cohort Studies
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Denmark - epidemiology
Epilepsy - drug therapy - epidemiology
Female
Guideline Adherence
Humans
Infant
Infant, Newborn
Male
Middle Aged
Phenobarbital - therapeutic use
Prescriptions, Drug - statistics & numerical data
Prevalence

Abstract: OBJECTIVES: The purpose of the study was to use prescription data from a Danish database to analyse and evaluate antiepileptic drug (AED) utilization, and compare with other prevalence studies. METHODS: A Danish research database covering outpatient prescription data from a population of 471,873 persons was used. Prescription records on all patients prescribed AEDs during 1998 were retrieved. A cohort was extracted from the group of AED users. RESULTS: We identified 5426 AED users. A total of 3756 of the 5426 AED users were included in our cohort. Of the subjects in the cohort 74% were on monotherapy, 19% used two AEDs and only 7% used three or more AEDs. The eight most frequent regimens were all monotherapy: carbamazepine, oxcarbazepine, phenobarbital, valproic acid, lamotrigine, clonazepam, phenytoin and primidon in that order. The estimated crude 1-year prevalence of AED use was 0.77% for women and 0.83% for men (P

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Anxiolytic-hypnotic drugs: relationships between prescribing, abuse and suicide.

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Humans
Hypnotics and Sedatives
Physician's Practice Patterns - statistics & numerical data
Prescriptions, Drug - statistics & numerical data
Research Support, Non-U.S. Gov't
Substance-Related Disorders - epidemiology
Suicide - statistics & numerical data
Sweden - epidemiology

Abstract: In 1978 the third largest Swedish city, Malmö, known to have the highest suicide frequency in the country, was found to have a higher prescription rate (defined daily doses (DDD) per 1,000 inhabitants per day) of anxiolytic-hypnotic drugs (AHD) than the country, the corresponding county, other counties, and other cities, including the largest (Stockholm) and second largest (Göteborg = Gothenburg) cities. Barbiturate prescribing in Malmö was 40% higher than in Stockholm and 90% higher than in Göteborg, and the frequency of suicide due to barbiturates was three-times higher than in Göteborg. A small proportion (2.4% of all AHD-prescribing doctors) of private practitioners wrote a large percentage (24%) of all AHD prescriptions. Prescription surveillance and an information campaign in Malmö were accompanied by a 4-year decrease in AHD prescribing (12%), in AHD abuse (40%), in barbiturate prescribing (45%), and in barbiturate suicides (70%). The total suicide rate was reduced by 25%. There was no corresponding 4-year increase in suicide due to other drugs, or by other means, but after 5 to 7 years there was an increase in suicide by non-pharmacological means. The contribution of benzodiazepines to the frequency of suicide was very small, whereas their contribution to AHD abuse was considerable. In Göteborg, where no corresponding intervention was carried out, there was also a reduction in barbiturate prescribing (34%) and in barbiturate suicides (45%), but in contrast there was a continuous increase both in overall AHD and benzodiazepine prescribing, surpassing Malmö after 5 years. Far from a reduction there was a 7-year increase in the overall frequency of suicide. Apparently, AHD abuse and suicide can be greatly reduced by restricted prescribing of AHD, and this may but need not be accompanied by an increase in suicide by other means. Targeted drug information campaigns may assist in changing prescription patterns and their medical and social impact.

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