

SAND abstract No. 17 from the BEACH program 2000–2001

Subject: Private prescription products

Organisation supporting this study: Roche Products Pty Ltd

Issues: This sub-study investigated the proportion of patients receiving, or being considered for, private prescription products, and the conditions for which the products were being considered. Reasons why these products were or were not being prescribed, were also examined.

Sample: 5,222 respondents from 192 GPs; data collection period: 11/07/00 – 14/8/00 and 19/09/00 – 23/10/00

Method: Details are in the paper entitled 'SAND Method' on this web site (<http://www.fmrc.org.au/beach.htm>).

Summary of results

The age and sex distribution of the 5,222 respondents was similar to those for BEACH as a whole, the majority of respondents (59.8%) being female.

GPs prescribed or considered prescribing a private prescription product for 647 (12.4%) of the 5,222 respondents. Eleven per cent of male patients and 13.3% of female patients were prescribed or considered for a private prescription product.

The conditions for which private prescription products were most frequently prescribed or considered were obesity, female contraception, acne, back pain, arthritis, immunisation and osteoarthritis. Other conditions for which these products were prescribed or considered included pain, asthma, insomnia, migraine and anxiety.

GPs discussed the probable cost of the private prescription product with 464 (79.2%) of the 647 respondents considered for a private prescription product, prior to prescribing. Multiple responses were allowed, and for the majority of patients the GP had indicated one (64.9%) or two (15.9%) reasons for prescribing. The most common reason given by GPs for prescribing a private prescription product (for 346 (53.5%) of the 647 respondents) was that no equivalent PBS product was available. Other reasons given by GPs for prescribing a private prescription product, in order of frequency, were: at doctor's initiative (n=163, 25.2%), at patient's request (n=124, 19.2%), doctor believed patient could pay (n=69, 10.7%), patient privately insured (n=33, 5.1%) and other (n=30, 4.6%).

The most frequent response for electing not to prescribe a private prescription product which would have been a suitable treatment for the patient's condition was that the patient could not pay (n= 55, 8.5% of 647 respondents). Other reasons include: a non drug therapy used instead (n=23, 3.6%), other (n=22, 3.4%) and therapy available on PBS (n=15, 2.3%).

The patient's capacity to pay for treatment is a major consideration for GPs in the management of a variety of problems.

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