Incident prescribing patterns for hypercholesterolaemia and hypertension in Scotland – recovery from the impact of COVID-19 to inform healthcare improvement

Authors: Amanj Kurdi,^{1,2,3} Morven Millar,¹ Uchenna Nnabuko,¹ Stuart McTaggart,¹ Tanja Mueller,^{1,2} Euan Proud,¹ Barry Melia,¹ Marion Bennie^{1,2}

¹Public Health Scotland, Scotland, UK; ²Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde, Glasgow, Scotland, UK; ³Department of Clinical Pharmacy, College of Pharmacy, Hawler Medical University, Erbil, Iraq

Background

Results

Evidence from the literature indicated that approximately 500,000 diagnoses of hypertension were missed in Great Britain due to the COVID-19 pandemic, over April 2018–July 2021. However, it remains unclear if this trend of misdiagnosis/ undiagnosed cases persisted beyond July 2021 or if the healthcare system successfully caught up with these missed diagnoses. This insight is crucial, as ongoing issues would require urgent attention.

Method

A retrospective cohort study was conducted using prescriptions prescribed in the community setting from January 2020 to December 2022. We evaluated the number of newly initiated patients on treatments for hypercholesterolaemia and hypertension, stratified by deprivation index and health regions. This approach allowed us to assess the long-term impact of COVID-19 beyond the last reported data point in July 2021. Between March 2020 and December 2020, there were approximately 10,000 fewer new initiations of lipid-lowering therapy than expected. However, from that point onward, the number of new initiations started to rise. By December 2022, there were almost 40,000 more treatment initiations than anticipated, based on the average numbers from 2018 and 2019. Similarly, the pattern for new antihypertensive treatments closely mirrored this trend, with a little over 10,000 fewer than expected initiations by December 2022 compared to the 2018 and 2019 averages.

Conclusions

There was a substantial increase in new treatments – 40,000 and 60,000 more than anticipated based on the expected average number of new patients in 2018 and 2019. However, it remains uncertain whether this signifies the fulfilment of a previously unmet need or the emergence of a new additional need following the effects of COVID-19. The results underscore the valuable contribution of the Scottish national medicine asset in the understanding of clinical care provision across deprivation level assessing any inequality issue and status of public health recovery.

— 2020–2022 - Average 2018–2019

Figure 1: Number of patients starting a new treatment course for selected lipid-lowering drugs in Scotland, January 2020 to December 2022





— 2020–2022 - Average 2018–2019



www.publichealthscotland.scot