

How are Older Minnesotans using prescription drugs?

Today's health care for seniors is characterized by an increasing use of prescription drugs. Seniors who have chronic illnesses are more likely to have drugs prescribed to help manage the condition. Newer and more expensive drugs are routinely marketed by pharmaceutical manufacturers to physicians and hospitals and even directly to consumers. The combination of high use of drugs by seniors and the continuing emergence of newer, higher-cost drugs raises concerns regarding the adequacy of drug coverage among seniors in Minnesota.

The 2001 Survey of Older Minnesotans asked the following questions of Minnesota seniors age 65 and over:

- whether they take any prescription drugs on a daily basis,
- how many different types of prescription drugs they take each day,
- how much they pay out-of-pocket each month for prescription drugs,
- whether they have health insurance coverage to cover any of the cost of drugs, and
- how often they worried about being able to pay for prescription drugs.

Number of Different Prescription Drugs Taken Daily

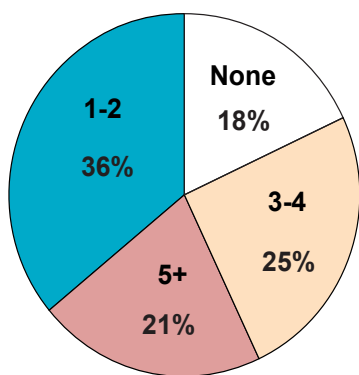


Figure 1

The results provide an overview of prescription drug use among older Minnesotans and a profile showing the characteristics of seniors who bear the burden of drug costs.

How many prescriptions do seniors take every day?

In Minnesota, 82 percent of persons age 65 and over take at least one prescription drug on a daily basis. Only 18 percent do not take prescription drugs daily.

The average number of different prescription drugs taken daily by seniors is 2.9. More than one in five seniors take five or more different prescription drugs every day. *Figure 1*

Who does and does not take drugs

Seniors who do not

Since the vast majority of seniors use prescription drugs on a daily basis, one of the first questions is: “What are the characteristics of persons who do not?”

Seniors who do not take prescription drugs daily are more likely to:

- be younger (age 65-74)
- be males
- have moderate annual incomes (\$12,000 - \$23,999)
- have no limitations in activities of daily living
- say they are in excellent or good health
- regularly participate in vigorous activity
- not worry about their health
- say that depression is not a problem for them

Seniors who do

Persons with limitations in activities of daily living, those who have problems with depression or who self-report poor or very poor health status take the most drugs .

Seniors who need help with one or more activities of daily living or have problems with depression take almost twice as many prescription drugs on average than those without these difficulties.

Reporting a “poor” or “very poor” health status is associated with taking four times as many drugs daily than reporting an “excellent” health status.

Use relates to drug coverage

Having drug coverage is associated with higher drug usage. Seniors with coverage average approximately four prescription drugs a day compared to three a day by those without coverage.

Average Number of Prescription Drugs Taken Daily

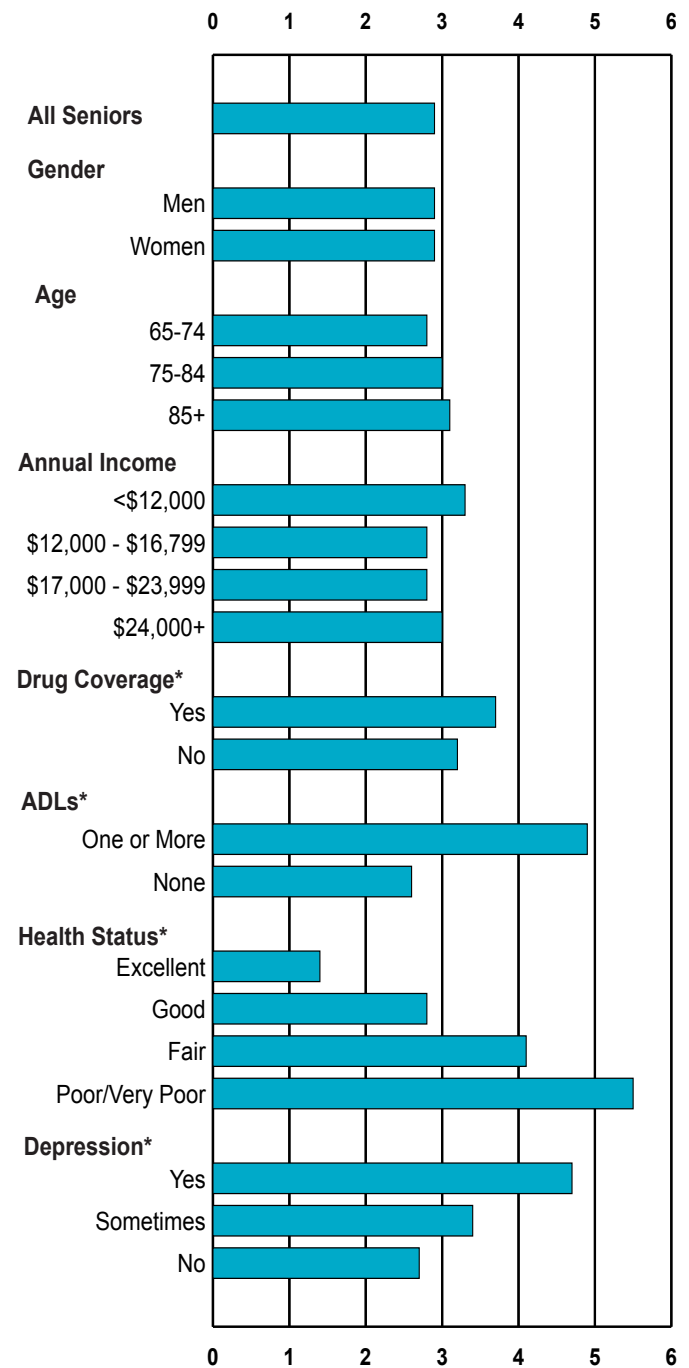


Figure 2

Figure 2

Cost of prescription drugs

The average Minnesota senior who takes drugs pays \$85 a month out-of-pocket for prescription drugs. Close to one in four (23 percent) spend more than \$100 a month out-of-pocket for prescription drugs.

How much are seniors paying for drugs?

On average, Minnesota seniors spend 8 percent of their income on prescription drugs. However, among those who have high expenses (over \$100 a month) that average increases to 22 percent.

Figure 3

Average Monthly Out-of-Pocket Expense for Prescription Drugs

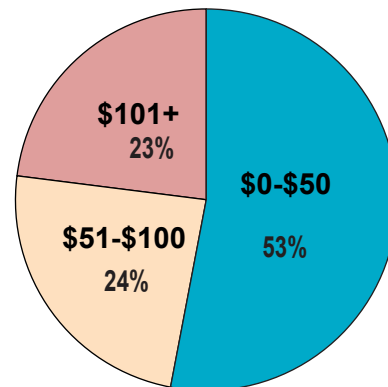


Figure 3

Income and out-of-pocket spending

The amount of out-of-pocket drug spending does not tend to increase as income rises. Nor do any of the income groups compared show significant differences in the proportion of high (over \$100 a month) or low spenders (\$0-\$50 a month). Not surprisingly, seniors with the lowest incomes do spend a significantly higher share of their income out-of-pocket on drugs.

ADLs and out-of-pocket spending

Seniors who have limitations in one or more activities of daily living (ADLs) face much higher out-of-pocket burdens than do other seniors. On average, seniors in this group spent \$130 a month in 2001 for prescription drugs or 14 percent of their income.

Health status and out-of-pocket spending

As one might expect, out-of-pocket prescription drug spending significantly increases as health status declines. On average, seniors who report their health to be poor or very poor spend \$144 out-of-pocket monthly (13 percent of their income). Seniors with excellent health spend 63 percent less on prescription drugs.

Average Out-of-Pocket Spending on Prescription Drugs Per Month

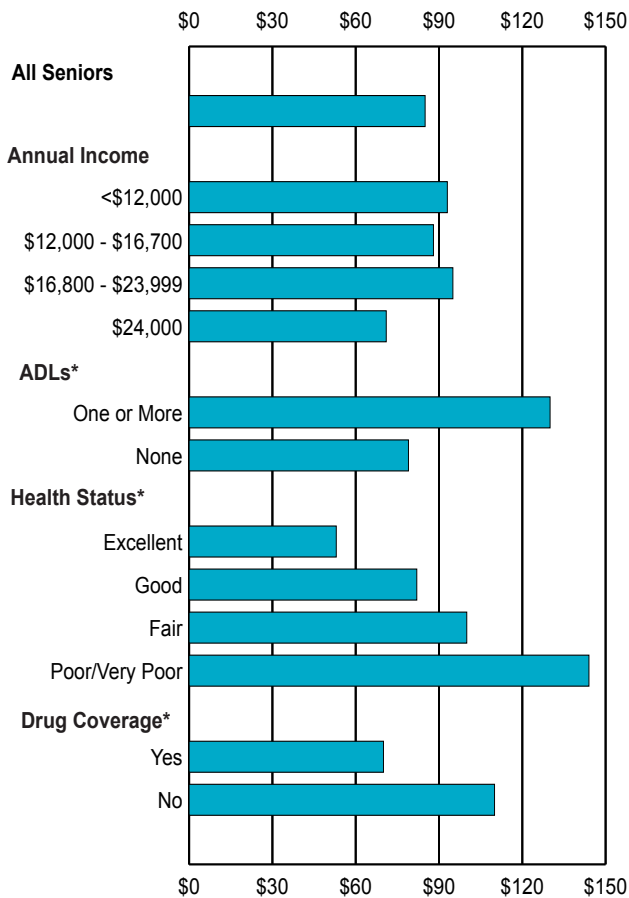


Figure 4

Drug coverage and out-of-pocket spending

On average, drug coverage does help protect seniors from out-of-pocket spending. Even though seniors who lack drug coverage take fewer drugs on average than seniors with coverage, they spend 57 percent more out-of-pocket on prescription drugs every month.

Figures 4 and 5

Percent of Income Spent on Prescription Drugs Per Month

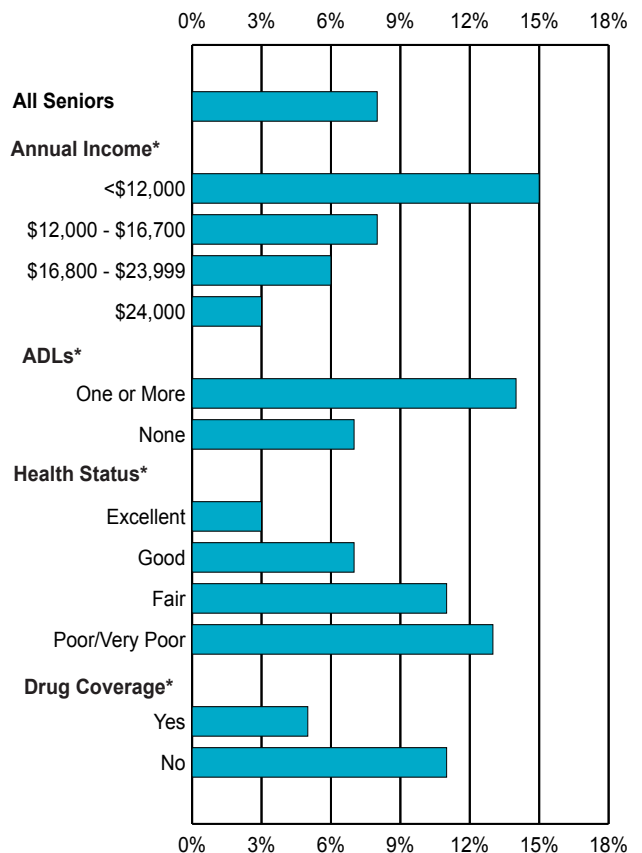


Figure 5

Level of Out-of-Pocket Spending On Drugs by Drug Coverage Status

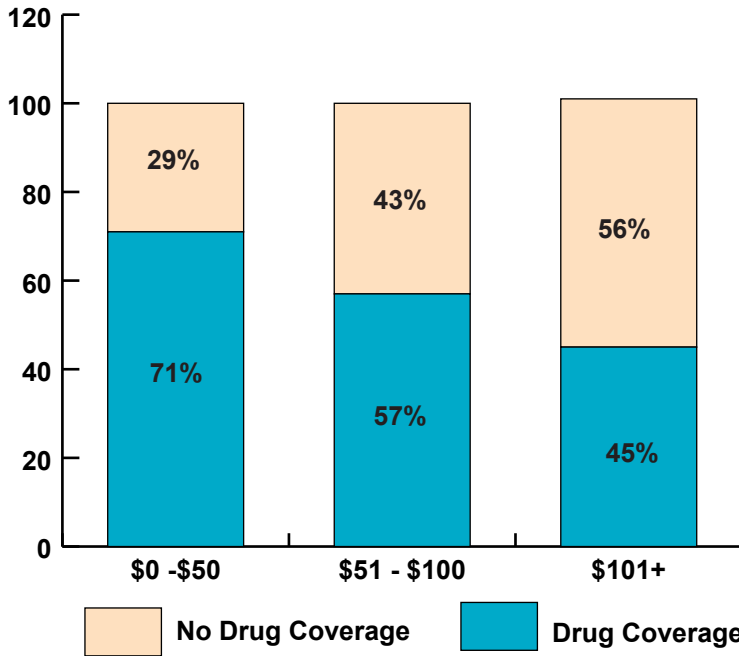


Figure 6

Seniors with high out-of-pocket spending are more likely to lack drug coverage than those with low to moderate expenses.

However, over half of seniors who spend \$51 to \$100 a month have some type of drug coverage, as do four out of seven who spend over \$100.

Figure 6

Gender and out-of-pocket spending

Older women spend more out-of-pocket on prescription drugs, on average, than do older men, regardless of whether or not they have prescription drug coverage.

The percent lacking drug coverage however, does not differ between men and women. More than one-third lack drug coverage within both groups.

Figure 7

Average Monthly Out-of-Pocket Spending On Drugs by Drug Coverage Status and Gender

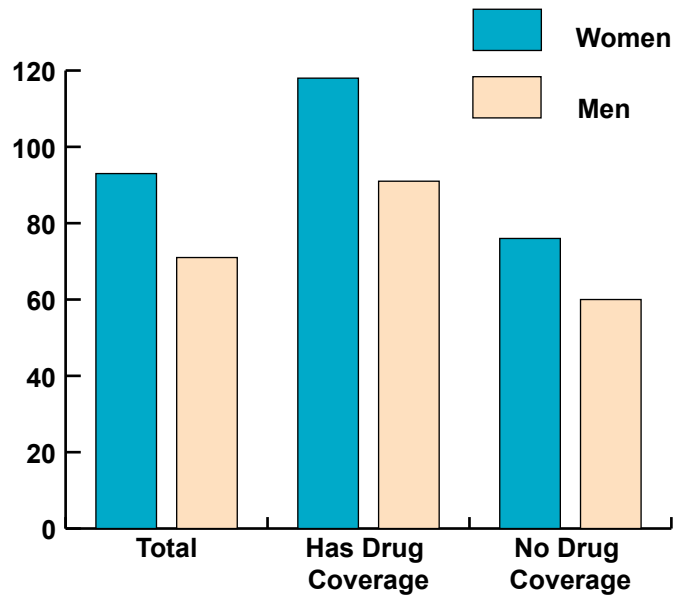


Figure 7

Who lacks insurance for drug coverage?

More than one-third of seniors taking prescription drugs in Minnesota do not have prescription drug coverage. Among those who take drugs daily:

- 62 percent have health insurance coverage for drugs
- 38 percent do not have prescription drug coverage

Those most likely to need drug coverage – seniors reporting fair or poor health status or one or more activities of daily living limitations or problems with depression – are no more likely than their healthier counterparts to have insurance with drug coverage.

Seniors taking prescription drugs and lacking drug coverage are more likely than those with coverage to:

- be older
- have lower incomes
- live alone
- live in western or southeastern counties of the state

Figure 8

Percent With No Drug Coverage Among Seniors Who Take Prescription Drugs

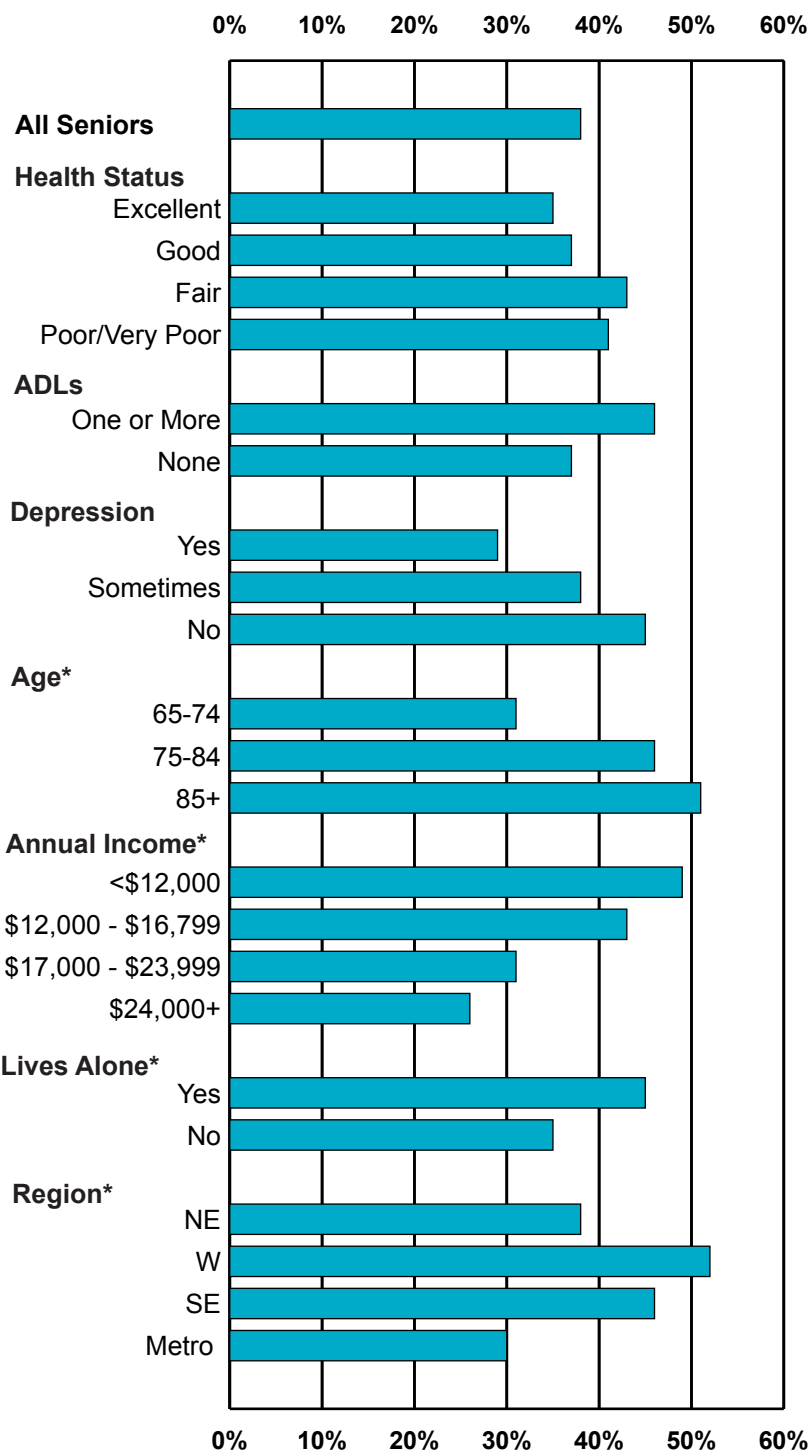


Figure 8

Concern about ability to pay for drugs

One in 5 seniors — 20 percent — worries some or a lot about being able to pay for prescription drugs. *Figure 9*

Some seniors express more concern than others. Persons who are limited in activities of daily living, who have problems with depression or who self-report poor or very poor health status worry the most about their ability to afford drugs.

Not having health insurance coverage for prescription drugs clearly affects how much those who take drugs worry about paying for them. One in three without coverage worries some or a lot compared to one in six who have coverage.

Seniors with higher out-of-pocket expenses for drugs are more concerned about their ability to pay. Over four times as many seniors with monthly out-of-pocket drug expenses greater than \$100 worry about paying compared to those who pay less than \$50 per month. Seniors concerned about paying for drugs also spend on average a larger proportion of their income on prescription drugs than those not concerned (14 percent compared to 6 percent).

Although women and men do not differ in the number of drugs they take, women tend to worry more about paying for them than men (24 percent versus 15 percent). As expected, the percent of worriers significantly increases as income level decreases even though the average number of drugs taken does not vary by income level. It is interesting to note that age is not related to either the number of drugs taken or to the proportion of worriers in each age group.

Figure 10

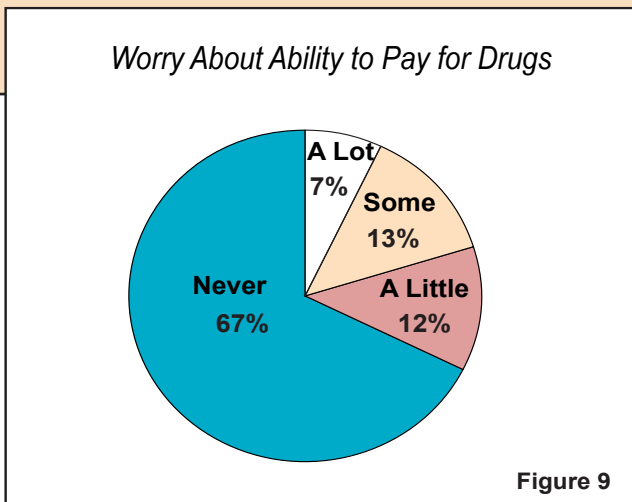


Figure 9

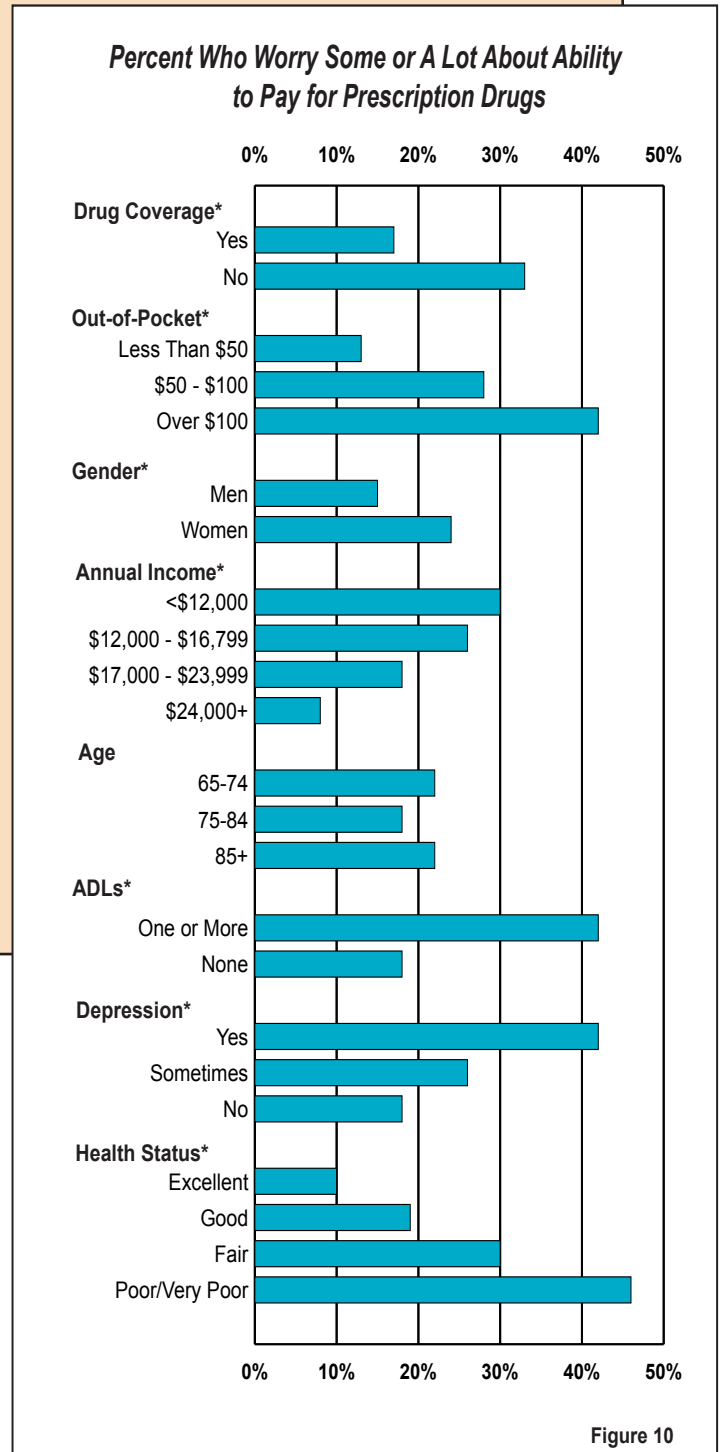


Figure 10

Major Findings

Prescription drug use

Older Minnesotans (age 65 and over) take an average of 2.9 prescription drugs every day. Those who take fewer drugs are younger, healthier and more physically active. Higher drug use is related to limitations in activities of daily living, problems with depression, poor health status and having drug coverage.

Cost of prescription drugs

On average, Minnesota seniors spend \$85 a month out-of-pocket and 8 percent of their income for prescription drugs. Having drug coverage, good or excellent health status, no limitations in activities of daily living and being a male are all related to lower average out-of-pocket costs.

An older persons' out-of-pocket spending for prescription drugs is about the same across income levels, but seniors with the lowest incomes do spend a significantly higher percentage of their income on drugs.

While almost two in three seniors who take prescription drugs have drug coverage, many of these seniors pay substantial out-of-pocket costs. Those who lack drug coverage (38 percent) tend to be older, poorer, live alone and reside in western and southeastern counties.

Amount of concern expressed regarding the ability to pay for prescription drugs is significantly effected by health factors as well as by income level and amount of average out-of-pocket drug expenses. None the less, close to one in five seniors is worried some or a lot about the cost of prescription drugs regardless of how old or young they are.

About the Survey of Older Minnesotans

The data presented in this report are based on the 2001 Survey of Older Minnesotans conducted by the Minnesota Center for Survey Research under contract with the Minnesota Board on Aging.

A randomly selected statewide representative sample of 1,620 adults ages 65 or older were interviewed by phone between April 16 and August 6, 2001. The margin of sampling error is +/- 2.5 percentage points. For results based on subgroups of respondents the margin of error is higher.

Significant differences ($P < .01$) between subgroups of seniors are indicated by an asterick. Continuous variables were compared using one-way analysis of variance and categorical variables were analyzed using the χ^2 test.

Activities of Daily Living measures included: difficulty with getting dressed, personal care, transfer from bed or chair and using the toilet.



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