

UNMET PHARMACEUTICAL NEEDS DURING THE ECONOMIC CRISIS IN GREECE

Yfantopoulos J.¹, Chantzaras A.¹, Ollandezos M.²

¹ School of Economics and Political Sciences, National and Kapodistrian University of Athens, Greece

² Panhellenic Association of Pharmaceutical Industry, Athens, Greece

Introduction

- The Economic Adjustment Programmes included a series of measures to restrict excess public pharmaceutical spending in Greece. Many of these statutes shifted the burden of pharmaceutical care on health consumers, who were already strained by the adverse economic environment.
- Information on the impact of the crisis and the recent policy reforms on pharmaceutical care needs in Greece is scarce.

Objective

- The aim of this study was to assess unmet pharmaceutical needs during the economic crisis in Greece.

Methods

- A cross-sectional, observational survey was conducted with a stratified quota sampling in the population (aged 15 years and over) of Attika Region in 2014-2015.
- A representative sample of 2.851 individuals provided data concerning various sociodemographics, health status and healthcare utilisation.
- Descriptive statistics were used to summarize data.
- Univariate associations were explored with the chi-square test and the uncertainty coefficient for nominal and ordinal independent variables, respectively.
- Statistical significance level was set at $\alpha=0.05$.

Results

- 10.1% of the sample reported at least one case of unmet pharmaceutical need during the previous year (Fig. 1).
- The main reasons recorded were: wanted to wait and see if problem would get better on its own (74.7%), financial inability (51.8%), negligence (48.6%), medicine ineligible for reimbursement (39.6%), fear of side effects (34.5%), and loss of health insurance (23.9%) (Fig. 2). Overall, 5.4% of the sample forfeited pharmaceutical care due to financial reasons.
- Lower income and educational level, unemployment, lack of health insurance (public in particular), higher age and poorer health status were univariately associated with higher share of individuals reporting unmet pharmaceutical needs ($p<0.05$) (Fig. 3-10).

Results

Fig. 1. Unmet pharmaceutical needs during the previous year

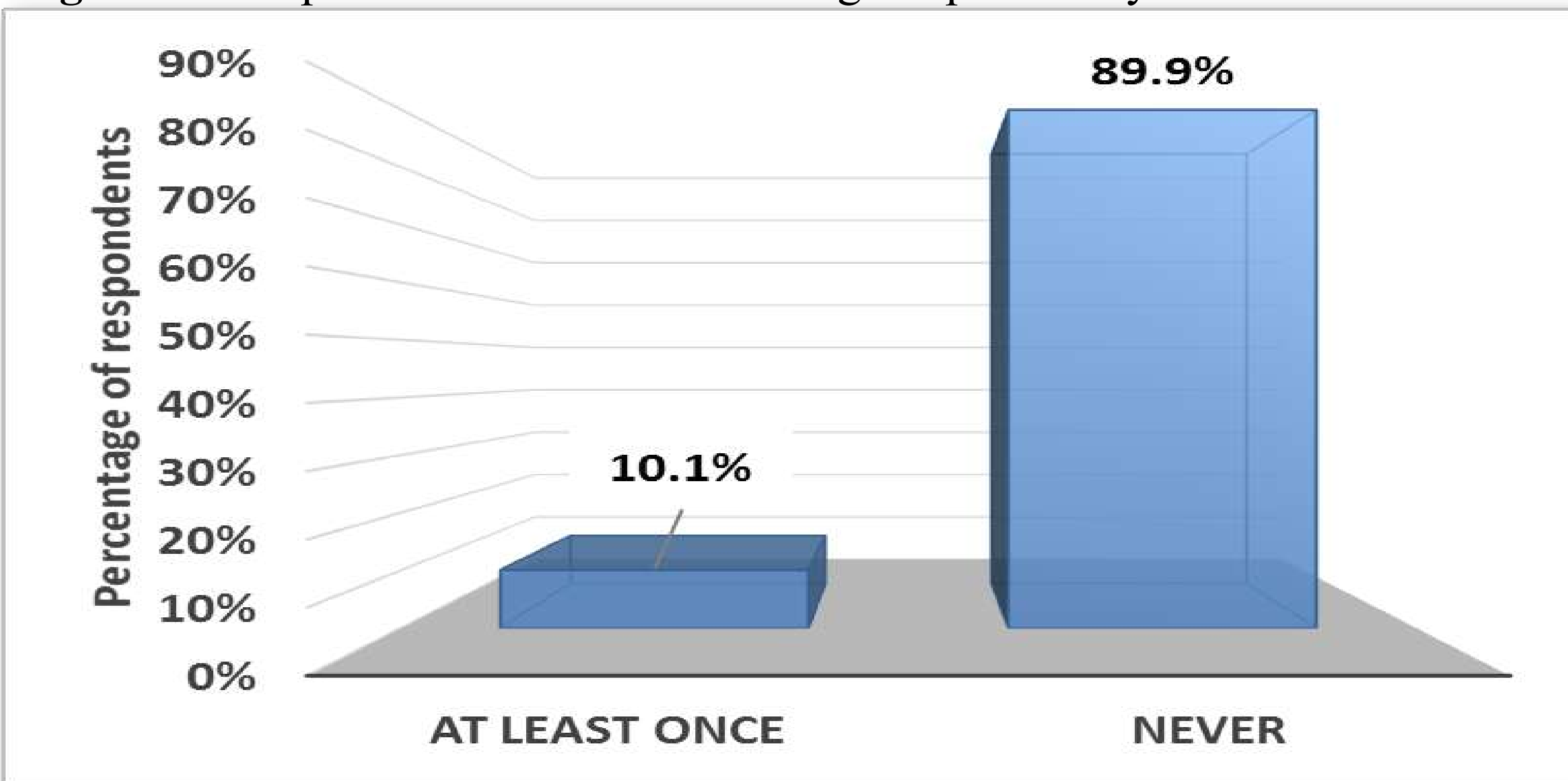


Fig. 2 Main reasons for unmet pharmaceutical needs

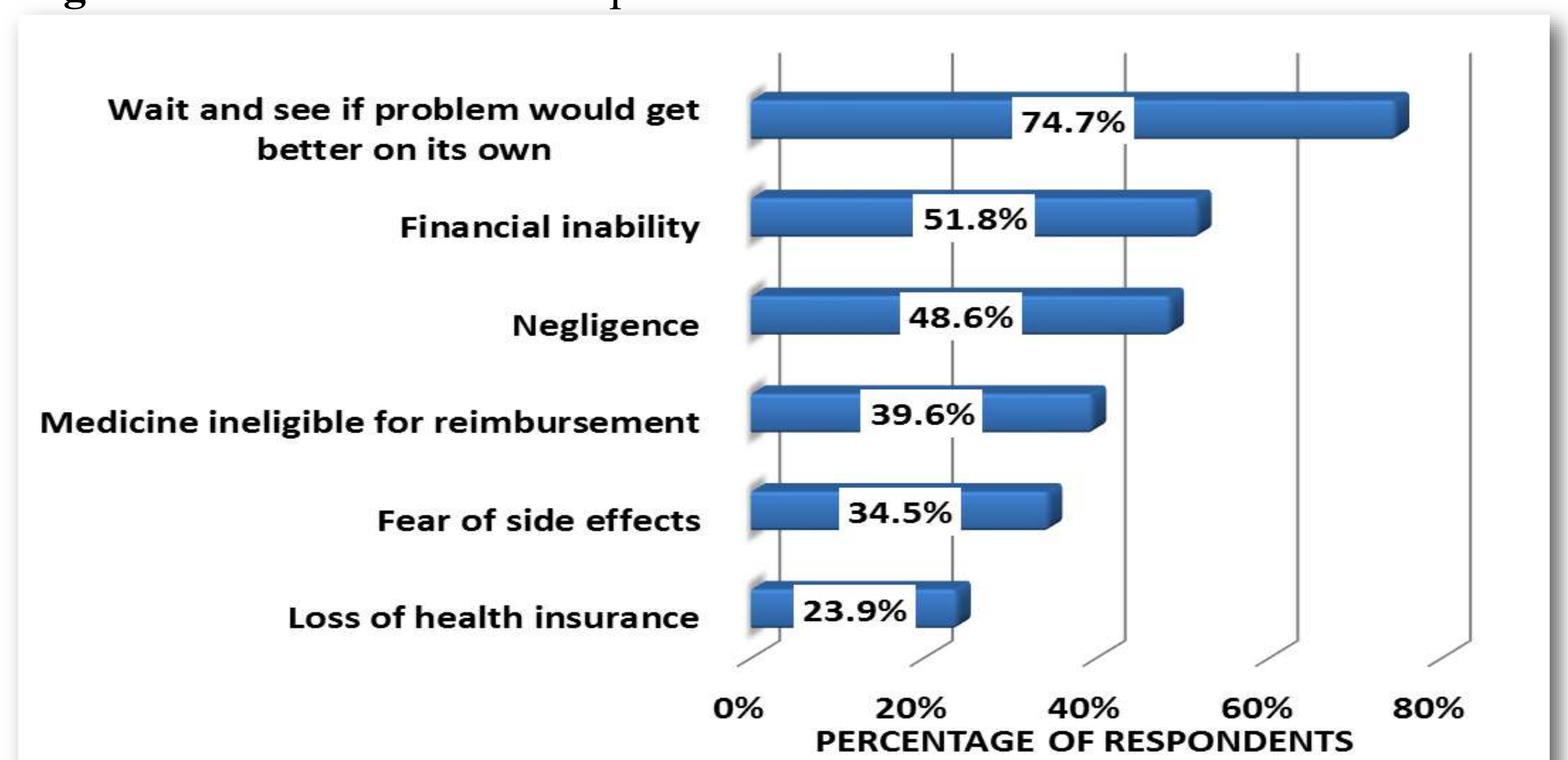


Fig. 3 Unmet pharmaceutical needs & gender

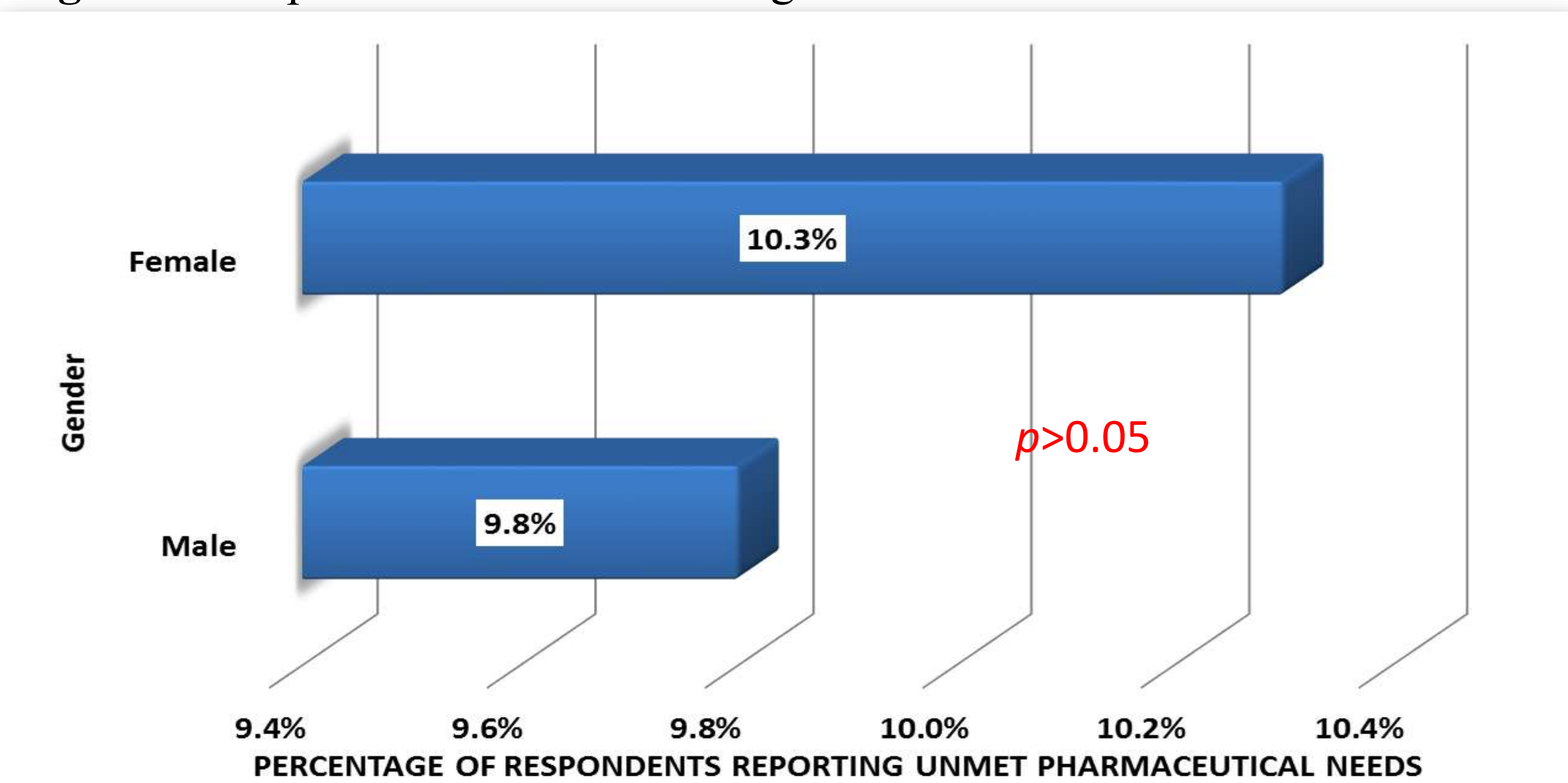


Fig. 4 Unmet pharmaceutical needs & age group

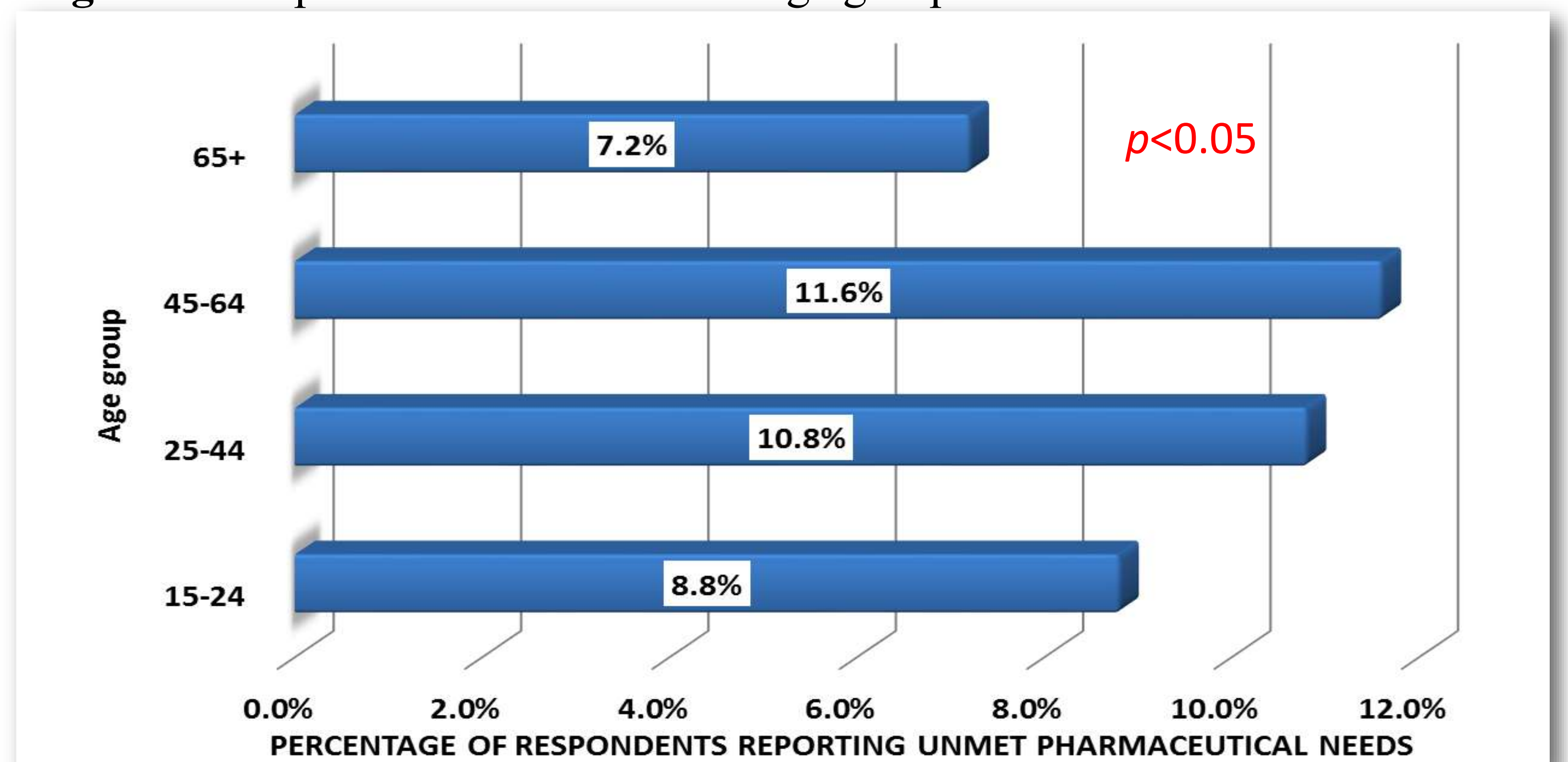


Fig. 5 Unmet pharmaceutical needs & family status

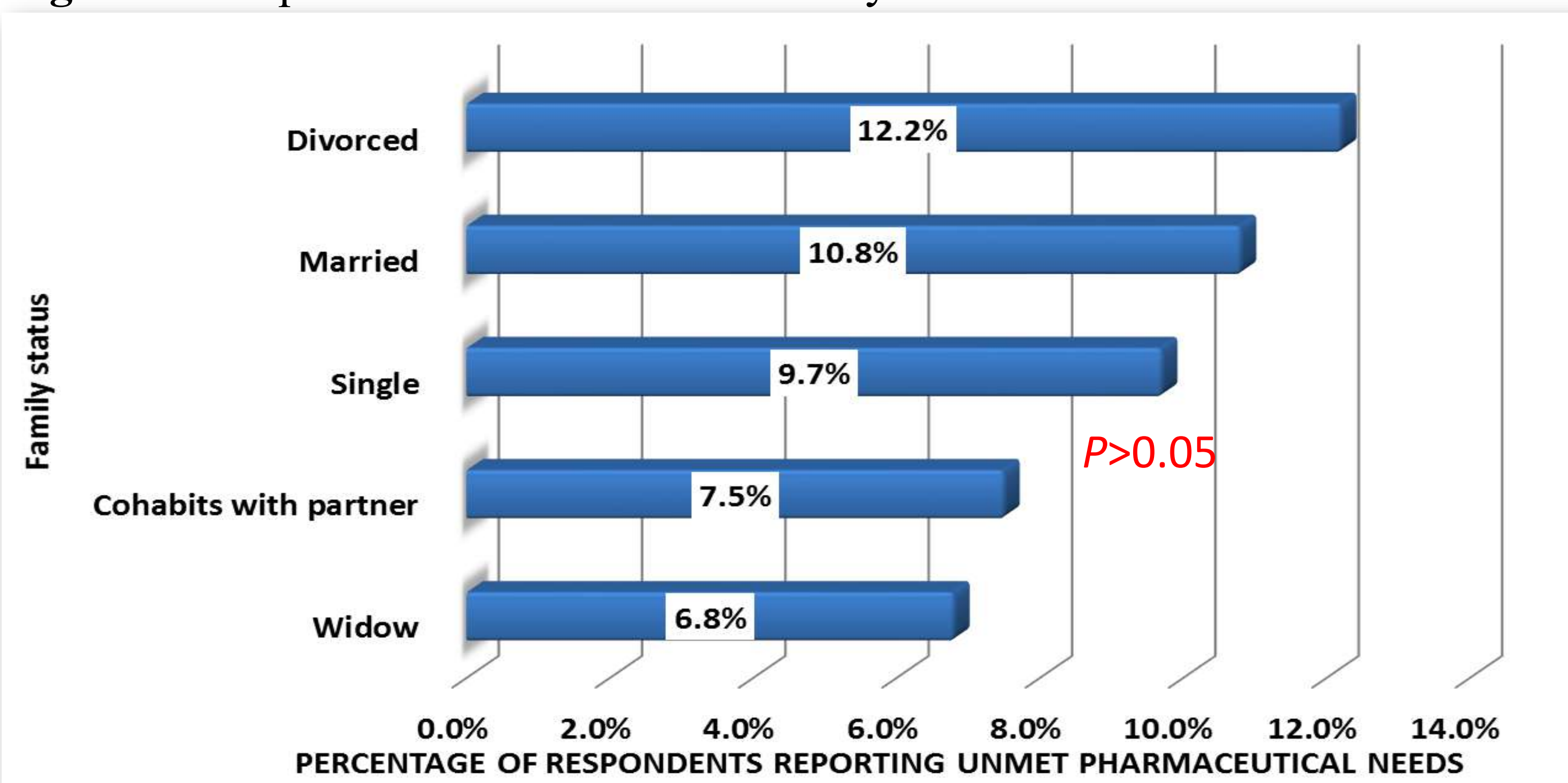


Fig. 6 Unmet pharmaceutical needs & education level

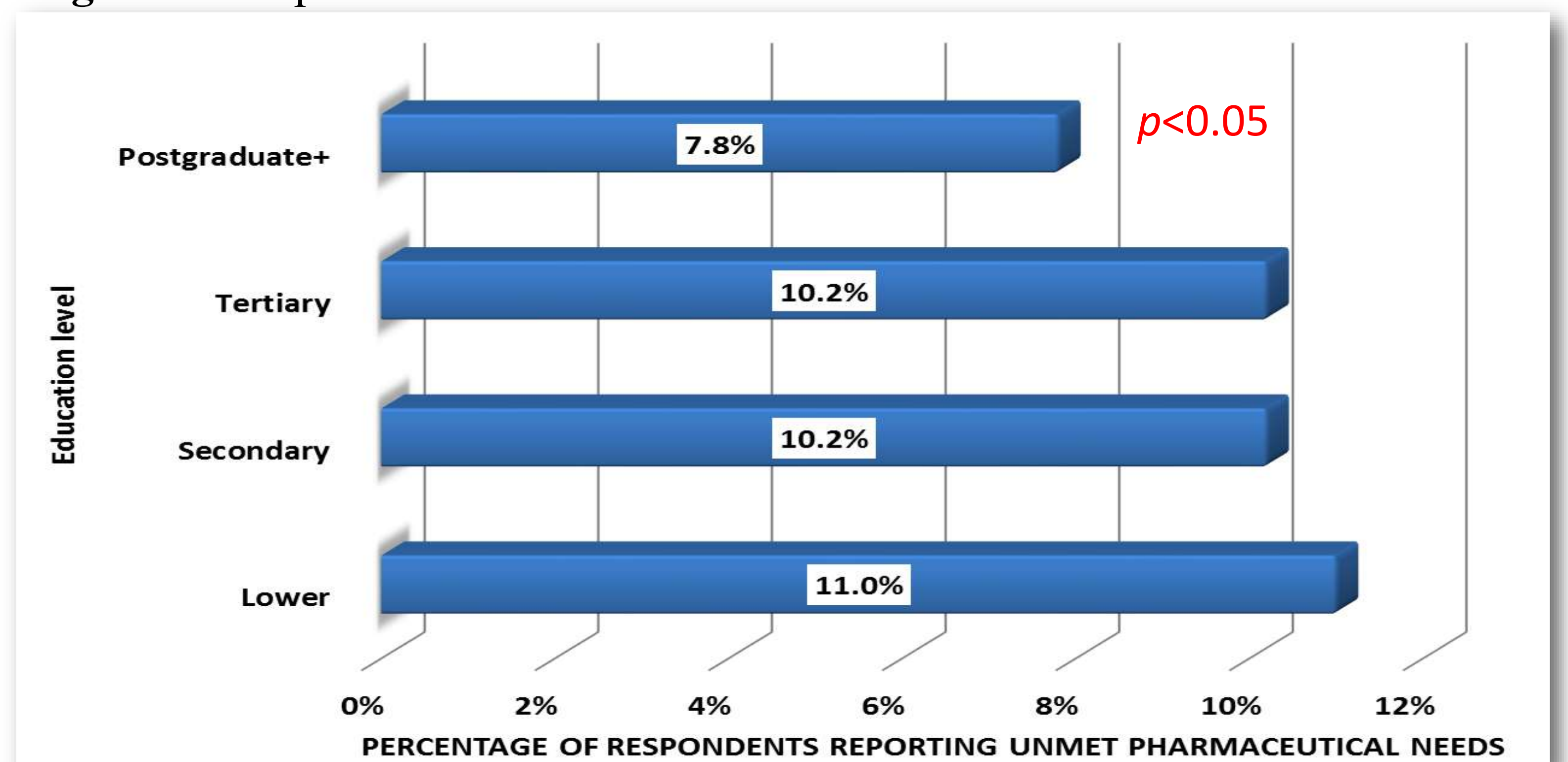


Fig. 7 Unmet pharmaceutical needs & employment status

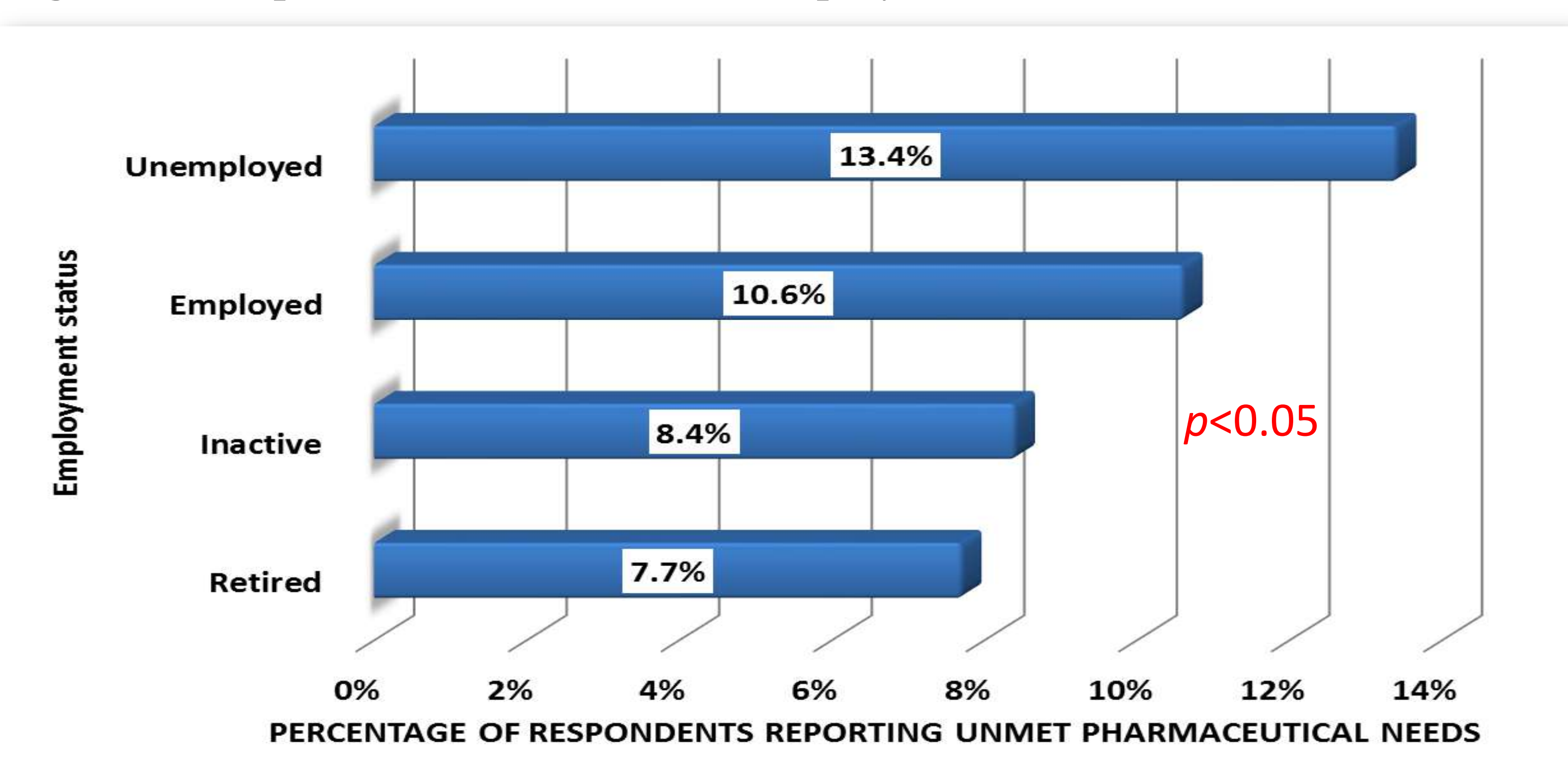


Fig. 8 Unmet pharmaceutical needs & household income

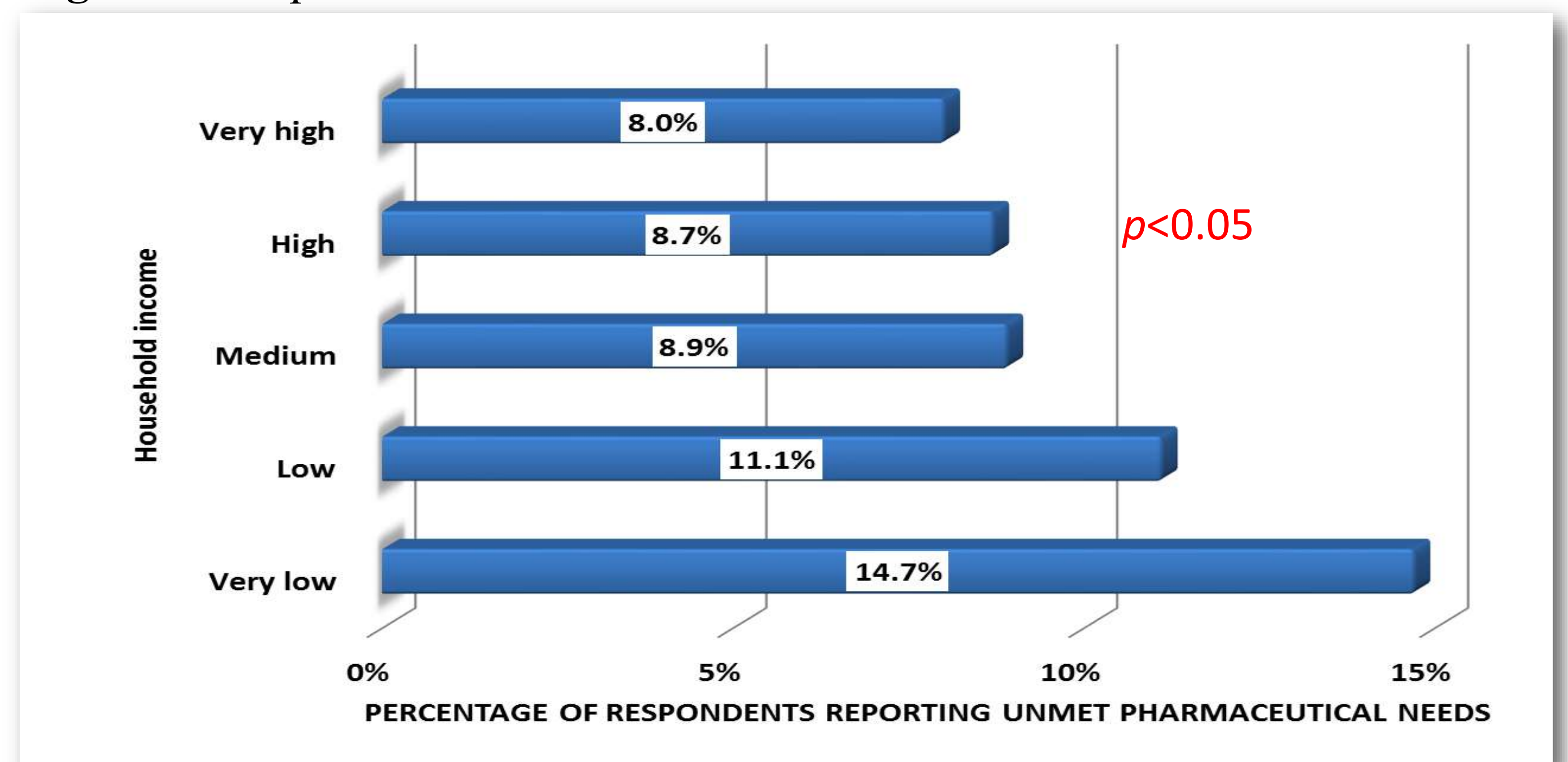


Fig. 9 Unmet pharmaceutical needs & health insurance

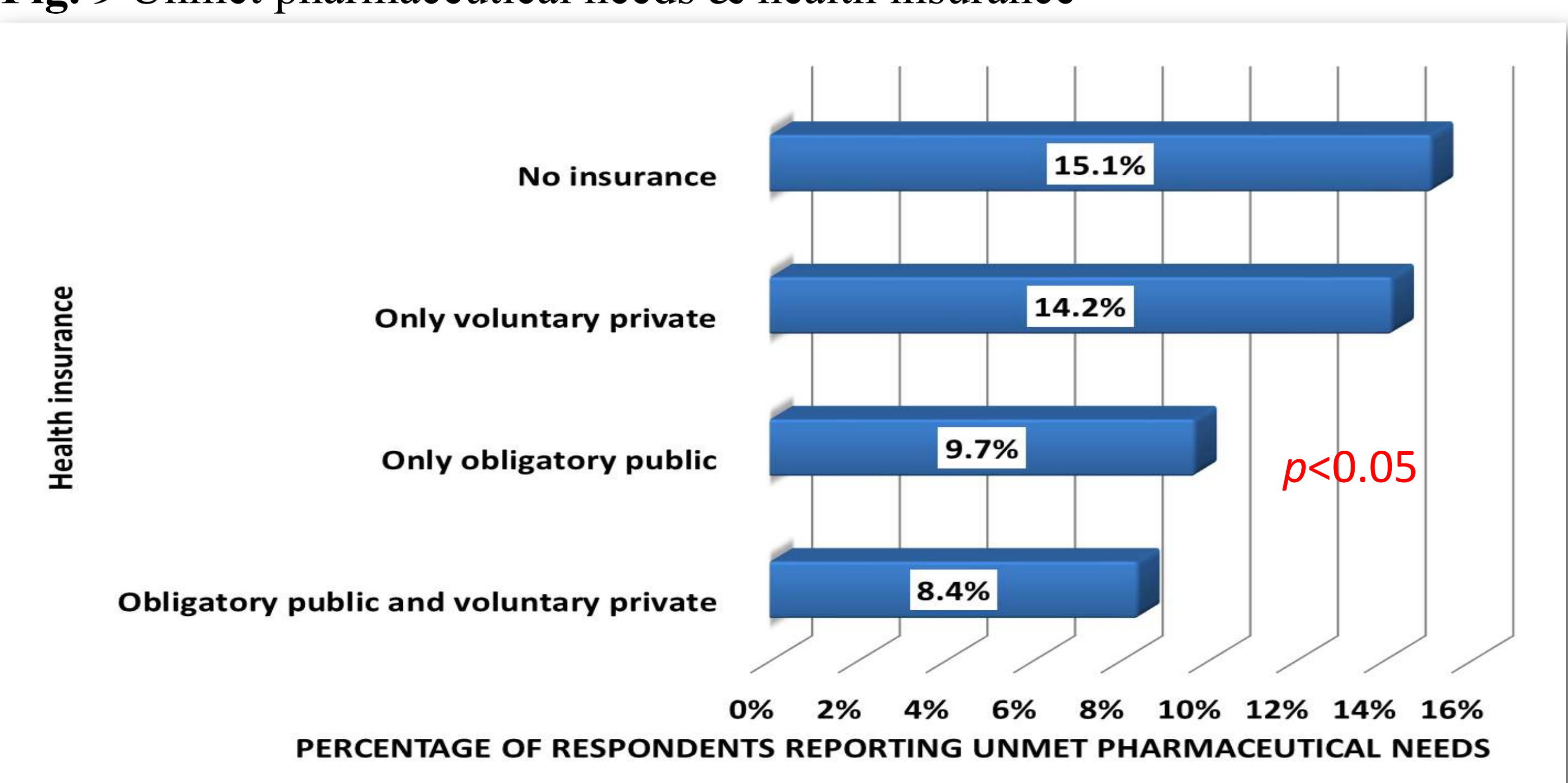
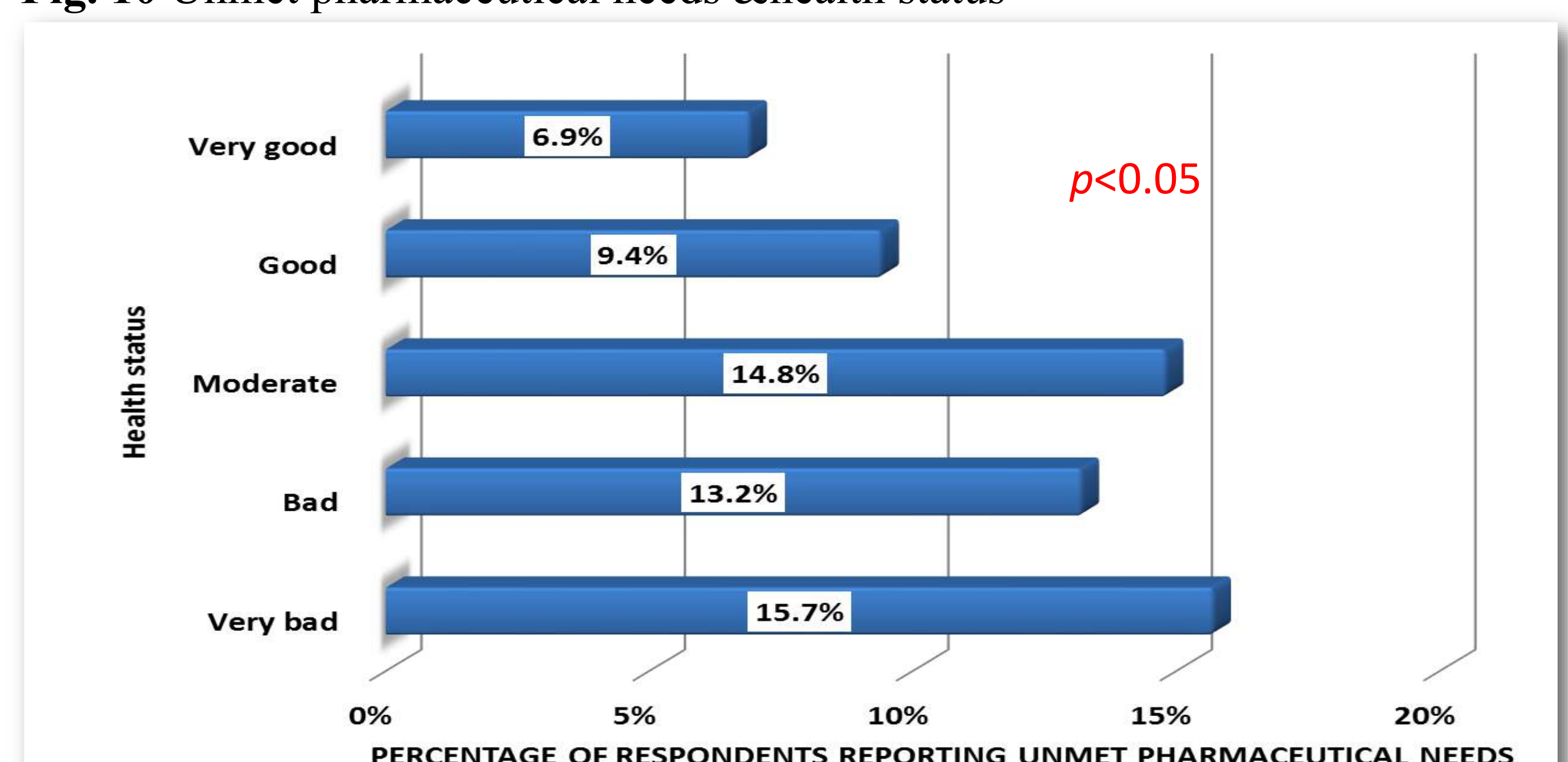


Fig. 10 Unmet pharmaceutical needs & health status



Conclusions

- The double financial burden imposed on health consumers by the economic crisis and the new cost-sharing strategies create economic barriers to pharmaceutical treatment.
- Special policy concern should be placed on the protection of the most vulnerable socioeconomic groups.
- Also, the encouragement of prescribing and dispensing generic drugs and improving the knowledge of consumers about their effectiveness, safety and efficacy may facilitate the overall access to adequate and quality pharmaceutical care.