

Modernisation of the Statutory Health Insurance Act in Germany – does it influence sex-specific prescribing characteristics?

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Background: Sex- and gender-specific differences in drug treatment can result from different disease prevalences, but also from differences in the prescribing and utilization process. On 1st January 2004 the drug reimbursement conditions have considerably changed by the introduction of the Modernisation of the Statutory Health Insurance Act (GMG) in Germany. As a consequence the amount of prescribed drug decreased and the spectrum of prescribed drugs changed. It can be expected that changes differ for males and females.

Aim: Aim of the analysis is to identify and characterize sex- and gender-specific differences in the drug prescription process and their trends for the years 2003 and 2004.

Methods: A statutory health insurance company's (GEK, about 660,000 female and 800,000 male enrollees) person-specific but nonidentifying prescription data from 2003-2004 was analysed.

Results: In 2004 77% of the female and 67% of the male enrollees received at least one prescription (- 7-8% compared to 2003). The average drug costs per person were equal for males and females (about 285 €) but females received more drugs than males (380 vs. 350 DDD). Further differences were observed for the prescription of innovative, generic and controversial discussed preparations.

Discussion: Towards gender-sensitive drug treatment it is an important drug utilization research task to identify, evaluate and critically discuss drug prescription and utilization patterns. Although there is clinically relevant knowledge, sex- and gender-specific aspects are not introduced in clinical practice so far. Deficits in treatment quality can be expected.