

Discussions: In Taiwan, the susceptible (seronegative) rate in the elderly is high in several vaccine preventable diseases. The Advisory Committee on Immunization Program in Taiwan may need to set up the vaccination recommendation in this group for better disease prevention.

COMMONLY PRESCRIBED MEDICATIONS AT AMBULATORY CARE VISITS FOR ELDERLY PATIENTS COVERED BY THE NATIONAL HEALTH INSURANCE PROGRAM IN TAIWAN

全國老人門診常見健保用藥問題之探討

Lin HW^{1,2}, Yu IW¹, Wu MP², Lin CH^{3,4,7}, Chang CK^{4,5}, Chou CY⁶, Lin CC³, Hung JS⁶

林香汶^{1,2}、于怡文¹、伍曼濱²、林志學^{3,4,7}、張欽凱^{4,5}、周哲毅⁶、林正介³、洪瑞松⁶

¹中國醫藥大學附設醫院藥劑部、³社區暨家庭醫學部、⁴老年醫學科、⁵復健部、⁶內科部；

²中國醫藥大學藥學系所、⁷醫學院老化博士學位學程

Background: While amlodipine and antihyperlipidemic agents were ranked as the 1st and 2nd prescribed medications, respectively, in Taiwan National Health Insurance (NHI) program, regardless of ages, this study aimed to investigate the commonly prescribed medications among elderly patients in ambulatory settings.

Methods: This retrospective population-based cohort study was conducted using 2000 and 2005 Longitudinal Health Insurance Databases (LHID). Those elderly patients being prescribed with medications at ambulatory care visits were evaluated for their prescriptions of Western Medication (WM) and Chinese Medication (CM) in 2006. The medications with the same component name were classified as the same drugs, regardless of brands and manufactures, and their corresponding Anatomical Therapeutic Chemicals (ATC) classifications were checked and verified on the website of Bureau of National Health Insurance. The descriptive analysis was performed to evaluate the prescription patterns of NHI-reimbursed medications.

Results: Of 185,076 elderly in Taiwan, there were 17588034 items of medications prescribed in outpatient settings in 2006. Excluding the antacids, the top 10 prescribed WMs in NHI program for these elderly were: acetaminophen,

aspirin, amlodipine, magnesium oxide, valsartan, metformin, diphenidol, zolpidem, sennoside, lorsatan. The top 10 prescribed CMs were: 川七、海螵蛸、大黃、貝母、延胡索、丹參、疏經活血湯、天花粉、夜交藤、丹參。The top 10 pharmacological/therapeutic subgroups (2nd level of ATC classification system) included N02 (analgesics), C08 (calcium channel blockers), B01 (antithrombotic agents), A10 (drugs used in diabetes), N05 (psycholeptics), and, A03 (Drugs for functional Gastrointestinal disorders), A06 (drugs for constipation), C07 (beta blocking agents), R03 (drugs for obstructive airway diseases).

Conclusion: The patterns of commonly prescribed WMs and CMs for the elderly were different from the overall NHI population. Further assessments for such usage consequences are necessary.

CONSTIPATION IS BETTER ASSOCIATED WITH FRAILTY THAN URINARY INCONTINENCE IN OUTPATIENT ELDERLS WITH CHRONIC DISEASE

門診慢性病老人的便秘比尿失禁和衰弱更有關

Wang PT¹, Chen CY¹, Chang CI², Tsai JS¹, Chen CY^{1,2}

王珮淳¹、陳晶瑩¹、張靜怡²、蔡兆勳¹、陳慶餘^{1,2}

¹國立台灣大學附設醫院家庭醫學部、²國家衛生研究院群體健康科學研究所老年醫學研究組

Background: Urinary incontinence gets more attention than constipation in geriatric syndrome. Constipation, rather than urinary incontinence, results from multiple system degeneration, including immobility. We wonder if constipation is more related to frailty than urinary incontinence.

Objectives: To compare the association between constipation, urinary incontinence and frailty. The subjective constipation is validated with the Rome III diagnostic criteria for functional constipation (objective constipation).

Methods: The elders recruited for clinical evaluation, biomarkers and metabolomics of sarcopenia in frail older adults at ambulatory clinics were interviewed, including the Fried Frailty Index and Rome III diagnostic criteria for functional constipation.

Results: A total of 257 aged 65 and over outpatients completed the assessment with 73 (28.4%) subjective and 56 (21.8%) objective constipation. The agreement between subjective and objective constipation is 0.72 (kappa) ($p < 0.001$). The correlation between subjective and objective constipation is 0.733 (Kendal's tau) ($p < 0.001$). The subjective and objective constipation are associated with frailty ($p < 0.01$), while urinary incontinence is not. The odd ratio of subjective and objective constipation for frailty is 2.47 (CI: 1.35-4.54, $p < 0.01$)