

EPIc dashboard update

Data are now current to 30 September 2023 across the EPIc dashboard, allowing a further two years of medicine data comparison for various conditions. Viewing the latest data alongside the previous year (ended September 2022) provides an opportunity to reflect on your practice and see how your prescribing compares over time in key areas.

CVD, opioids, youth mental health, diabetes, asthma, gout, cilazapril, and antibiotics data themes can be viewed on the EPIc dashboard at epic.akohiringa.co.nz.

The following selected examples show that, at a national level, there are some areas where improvements have been made and other areas where there is still some work to do.

Diabetes



Increasing uptake of new diabetes medicines

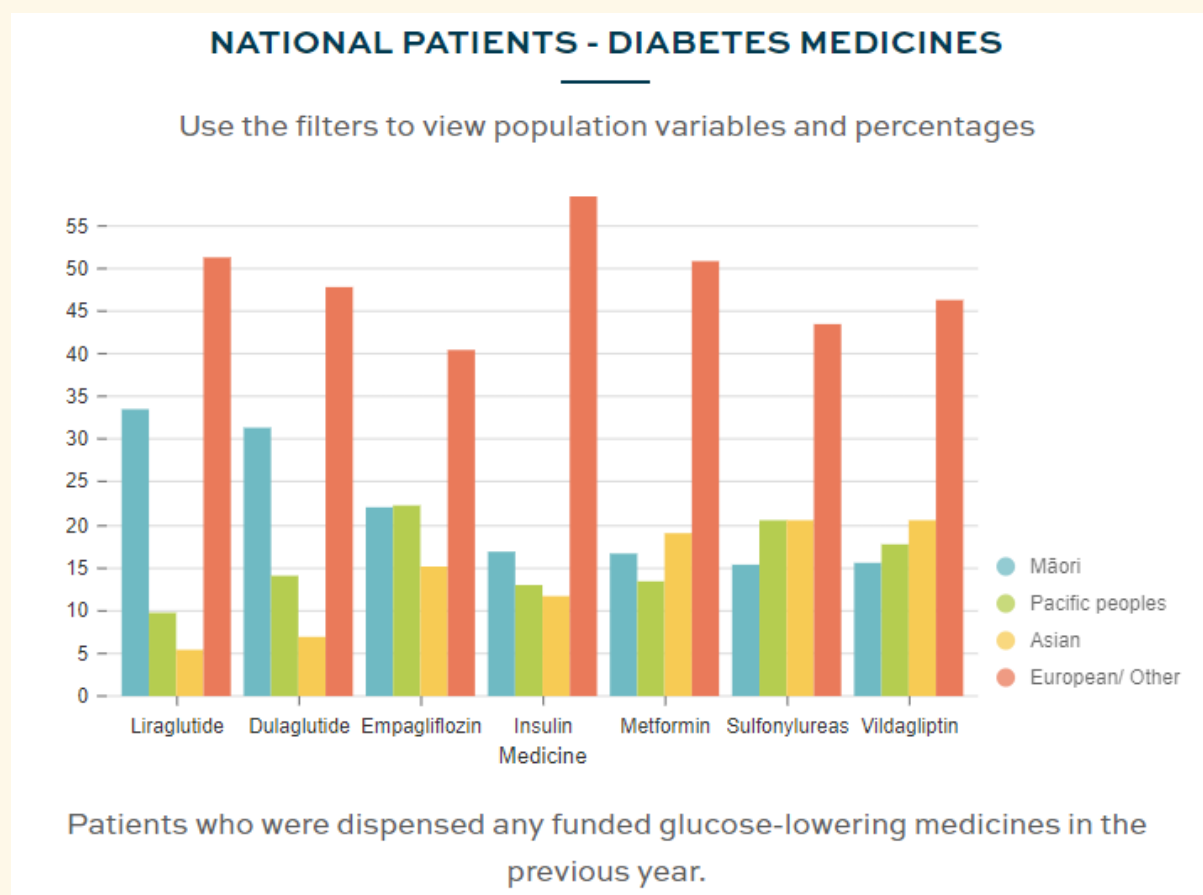
The national dataset shows we have made great progress on starting people with diabetes on the newly funded medicines empagliflozin, dulaglutide and liraglutide.

Uptake of new diabetes medicines			
<i>New diabetes medicine</i>	<i>No. of patients Sept 2022</i>	<i>No. of patients Sept 2023</i>	<i>% increase</i>
Dulaglutide	13,532	22,601	67%
Empagliflozin	58,308	73,046	25%
Liraglutide (Victoza brand)	Not available	4230	-

In the 12 months ended September 2022, there were 13,532 people dispensed dulaglutide; this increased to 22,601 people by September 2023, a 67 per cent increase. Liraglutide (Victoza) wasn't available in September 2022 but was dispensed to 4230 people by September 2023. Empagliflozin was dispensed to 58,308 people in the 12 months ended September 2022, increasing by 25 per cent in September 2023 to 73,046 people.

Equity-based funding criteria continue to encourage the use of these new diabetes medicines in Māori and Pacific patients. The graph below, taken from the EPIc

dashboard, shows the proportion of Māori and Pacific patients dispensed the new medicines compared to other ethnicities and other medicines.



One-third of patients have fewer than 10–12 months' supply of diabetes medicines

An area that can be improved in the management of diabetes is the rate of possession of diabetes medicines. Two thirds of patients (67 per cent) had good medicine possession (10–12 months' supply over a year) in the year ended September 2022. This was largely unchanged in September 2023. This means that up to one-third of people taking diabetes medicines had fewer than 10 to 12 months' supply of these medicines in the previous 12 months, potentially increasing the risk of adverse cardiovascular disease outcomes, diabetes complications, hospital admissions and mortality. September 2022 data showed gaps between medicine possession for Māori (62.6 per cent good medicine possession), Pacific (64.7 per cent good medicine possession) and European patients (70.5 per cent good medicine possession). This gap continues in September 2023.

Asthma



Increasing use of SMART for asthma

The 2020 Asthma and Respiratory Foundation New Zealand (ARFNZ) guidelines recommend that most adult and adolescent patients, of all asthma severities, receive a fast-onset long-acting beta2 agonist (LABA eg, formoterol) in a combination formulation with an inhaled corticosteroid (ICS eg, budesonide), known as SMART or AIR therapy. In the 12 months ended September 2022, there were 66,267 people aged 12 and over dispensed AIR/SMART in Aotearoa, and this increased to 77,356 by September 2023 – a 16.7 per cent increase.



Use of SABA without maintenance therapy continues

ARFNZ guidelines no longer recommend SABA reliever as sole therapy (without inhaled corticosteroids or ICS/LABA) in the management of asthma in patients aged 12 and over. However, in the 12 months ended September 2022 there were 68,774 people aged 12 and over dispensed one or more SABA inhalers without maintenance therapy. This was 38.6 per cent of all people aged 12 and over who were dispensed any SABA in the previous 12 months. In the September 2023 update, these numbers are largely unchanged, with 62,820 people (38.8 per cent) being dispensed SABA alone.

Gout



Decreased use of prescribed NSAIDs in patients with gout

Non-steroidal anti-inflammatory drugs (NSAIDs) are often the flare medicine of choice; however, they can cause significant toxicity when used by patients with comorbidities such as renal impairment or peptic ulcer disease. In the 12 months ended September 2022, the percentage of patients with gout dispensed NSAIDs was 19.4 per cent. In the September 2023 update, this has decreased to 18.4 per cent.



Regular use of urate-lowering therapy has decreased

As at September 2022, there were 103,400 patients (46.9 per cent of the patients categorised as having gout) dispensed enough urate lowering therapy (≥ 3 prescriptions in a 12-month period) to constitute regular use. By September 2023 there were more people dispensed regular ULT overall, but as a percentage of gout

patients this had slightly decreased to 45.3 per cent. This means that more than half of patients with gout continue to be undertreated, which can lead to unnecessary disability and poorer quality of life.

Antibiotics



Seasonal variation in dispensed antibiotics has decreased

A percentage greater than zero here indicates increased use of antibiotics in winter. In the 12 months ended September 2022, the percentage variation in antibiotic dispensing across seasons was 32.5 per cent. In September 2023, this has decreased to 27.8 per cent. While there is still a way to go, this shows there was likely less prescribing for winter viral illness in 2023 compared with the previous 12 months.



Use of nitrofurantoin for seven days instead of five days continues

The good news is that, in the 12 months ended September 2023, proportionally more women were dispensed nitrofurantoin than trimethoprim for UTI than in the previous year. However, despite the recommended treatment duration of nitrofurantoin being five days, the September 2023 update showed that dispensings for 7–14 day courses had increased from 39.4 per cent to 42.5 per cent since September 2022.

Cilazapril



The number of people taking cilazapril continues to decline

Cilazapril will soon be discontinued and dispensing numbers had been decreasing by approximately 7500 patients each month. However, the rate of reduction slowed in the last update.



Many people are still being prescribed cilazapril

Although we expect numbers will have dropped since the September data update, it is likely that approximately 20,000 people are still taking cilazapril. These remaining patients may be harder to reach, have more brittle health or be on complex medicine regimens. Changing these patients to other medicine(s) before cilazapril is discontinued in mid-2024 will take a concerted effort by all involved in their health care.

View your own data

Log in to [EpiC](#) to view your own patient and practice data as well as the national situation. If you need help interpreting your data or navigating the dashboard, [book an EpiC training session](#) with one of our experienced clinical pharmacists. Please contact the team at admin@akohiringa.co.nz if you have any questions or comments.

Note: Some minor issues in the asthma and gout practitioner data are currently under repair.