



## **Aging Matters**

**November 2003**

Welcome to the November issue of "Aging Matters." In each issue we have a feature concerning an aspect of aging and brief summaries of new information found in the medical literature, the media, on the Internet, and at the Buehler Center.

### **Prescription Drug Costs: Paying Attention to Seniors' Needs**

Despite the recent passage of the Medicare prescription drug bill, many seniors wonder whether they will ever see relief for their prescription drug costs. As politics has engaged the issue, senior citizens, who are the beneficiaries of any federal government assistance, have faded from view. Assessing the needs of these seniors is the first step in creating policy.

Those who have had first-hand experience with health care for seniors will quickly notice the steep challenges American seniors in purchasing their drugs. Costs for the fifty most prescribed drugs to older Americans rose at three times the rate of inflation in 2002.<sup>1</sup> Adults over the age of 65 also spend much more (\$537 per year, or 3.6% of average family income) out of their own pockets on prescription drugs than individuals under age 65 (\$192 per year, or 1.3% of average family income).<sup>2</sup> Disparities still exist even when drug usage and need are taken into account, and this is due to a lack of prescription drug coverage for seniors in the standard Medicare package. In a recent survey of seniors in eight larger states, Illinois ranked near the bottom, with 31% of seniors lacking any drug coverage. Poorer seniors fared even worse.<sup>3</sup>

It is no surprise, then, that seniors have responded with creativity to their difficult situations. Some purchase prescription drugs at cheaper prices from our neighbor to the north, Canada. Noticing this trend, politicians have now started to debate whether importation of drugs would be a viable policy strategy. In Illinois, the need is clear: 35% of seniors skipped doses, 30% did not refill prescriptions, and 31% went without other basic necessities such as food or heat because of prescription drug costs.<sup>4</sup>

These are real challenges that face seniors of all income groups. However, they are symptoms of larger structural problems with the way American health care is organized and financed. Crossing the border to Canada represents only a stop-gap solution. Moves towards universal health care coverage, drug cost control, and improved preventive care must be explored if we are to deal honestly with the challenges facing seniors and other groups in need of care.

#### **(Footnotes)**

<sup>1</sup> Out-of-Bounds: Rising Prescription Drug Prices for Seniors. Families USA Publication No. 03-106. Families USA Foundation (July 2003).

<sup>2</sup> Xu, K.T. (2003). Financial disparities in prescription drug use between elderly and nonelderly Americans. *Health Affairs*, 22(5): 210-221.

<sup>3</sup> Sandman, D.R., Schoen, C., Downey, D., How, S., Safran, D.G. New York seniors and prescription drugs: Seniors remain at risk despite state efforts: Findings from a 2001 survey of seniors in eight states. Commonwealth Fund (December 2002).

<sup>4</sup> Safran, D.G., Neuman, P., Schoen, C., Montgomery, J.E., Li, W., Wilson, I.B., Kitchman, M.S., Bowen, A.E. & Rogers, W.H. (2002). Prescription drug coverage and seniors: How well are states closing the gap? *Health Affairs*, 21(5): W253-W268.

In the health care literature:

**Smoking and Aging...** In the *Journal of Gerontological Nursing*, Janine K. Cataldo writes: "Smoking is the number one preventable cause of disability and mortality in older adults... The health effects of smoking are increased mortality, respiratory problems, disability, cardiovascular diseases, and cancer. Knowledge is limited about how to design and deliver interventions for smoking cessation to older adults. However, the truth is that older adults can stop smoking, and the benefits are vast." For the full article, see "Smoking and Aging: Clinical Implications. Part I: Health and Consequence." *Journal of Gerontological Nursing*, Vol. 29, No. 9, pp. 15-20, September 2003.

In the news:

**Medications from the North?...** Illinois Governor Blagojevich has asked the Federal Drug Administration to allow the state of Illinois to purchase drugs from Canada for its employees and retirees. A state report documents the possibility of saving \$56.5 million on drugs used to treat chronic conditions. The Governor has opened a special web site on the topic at <http://www.affordabledrugs.il.gov>.

On the Internet:

**Flu season...** Flu season is upon us. The American Society of Consultant Pharmacists has initiated a campaign for the 100% immunization of seniors. The primary goal of the 100% Immunization Campaign is to ensure that all older adults are immunized against influenza and pneumococcal disease. Read about the campaign and about flu immunization at the ASCP's web site, <http://www.immunizeseniors.org/website/index.htm>.

At the Buehler Center:

**The Terri Schiavo case...** Joshua M. Hauser, MD, instructor in medicine and palliative care and director of education for the Buehler Center on Aging, is the author of an editorial published in the *Chicago Tribune* on October 26: "Medical language is one of extremes." Hauser describes how the special language used by health care professionals both makes promises to and disappoints patients and families. The editorial is available through the Chicago Tribune archives at [www.chicagotribune.com](http://www.chicagotribune.com).

### Your Questions:

One of the things we would like to do in this newsletter is answer the questions older people may have about aging or about the care of older people. If you have a question about aging or aged care, send us an e-mail at [buehler-center@northwestern.edu](mailto:buehler-center@northwestern.edu).