

Dispensations for Diabetes Treatment Medications in Alberta: 2010-2016

Age-standardized rates per 1,000 population for non-insulin based medications by First Nations status and sex

Previously, a series of *First Nations – Health Trends Alberta*¹ showcased diabetes-related topics among First Nations people in Alberta. We shared that the prevalence of diabetes in 2015 among First Nations (14.4 per cent) was two times higher than non-First Nations (7.3 per cent). Today we further our discussion on this topic by looking at diabetes-related drug dispensations.

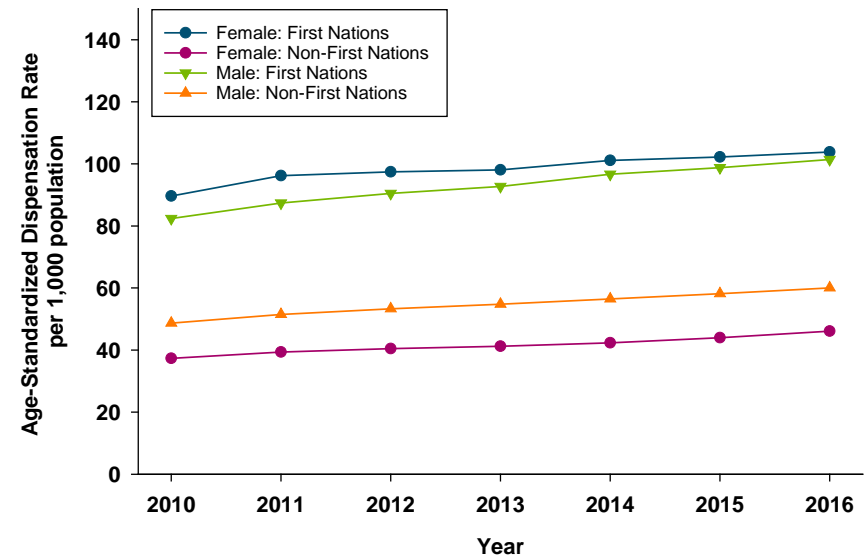
Diabetes is a chronic disease where the body has difficulty producing (Type 1 diabetes) or using (Type 2 diabetes) a hormone called insulin that helps to regulate blood sugar.² Type 1 diabetes is mainly treated using insulin based drugs. Type 2 is mainly treated with weight management, increased exercise, and/or non-insulin based drugs that lower blood sugar levels.²

Here, we present age-standardized rates per 1,000 population for at least one dispensation of non-insulin based diabetes medications, including Metformin, used for lowering blood glucose levels by First Nations status and sex between 2010 and 2016. The Pharmaceutical Information Network was used to obtain non-insulin based drug dispensations from community pharmacies in Alberta.

Dispensation rate of non-insulin based medications was two times higher among First Nations people

Between 2010 and 2016, there was an annual average of 7,700 First Nations and 158,000 non-First Nations people with at least one dispensation of non-insulin based diabetes medications. Dispensation rates among First Nations people increased from 86 per 1,000 population (in 2010) to 102 per 1,000 population (in 2016). Among non-First Nations, these rates increased from 43 per 1,000 population (in 2010) to 53 per 1,000 population (in 2016).

Dispensations rates among females and males were higher among First Nations compared to non-First Nations (2.4 times and 1.7 times higher, respectively). Dispensations rates were comparable between First Nations males and females. Among non-First Nations people, rates among males were 1.3 times higher than females between 2010 and 2016.



¹ This is the 22nd in a series of First Nations-specific Health Trends compiled in collaboration by Alberta Health and the Alberta First Nations Information Governance Centre (AFNIGC). To suggest future topics, please contact the AFNIGC (communications@afnigc.ca; 403-539-5775).

² <http://www.diabetes.ca/about-diabetes/>