

More recent data from a study³ of more than 1700 American Medicare beneficiaries (aged 65–95 years and clearly a sicker population than patients in previous anticoagulant trials) supported the view that in the absence of risk factors anticoagulant therapy could not be strongly recommended before the age of 75 years in either males or females.

It is therefore important for the clinician to try and assess the benefits of anticoagulation based on the risk of ischaemic and especially disabling stroke in the patient with non-valvular atrial fibrillation. Unfortunately debate on the age factor is undermined by the difficulties of managing warfarin in practice and by the lack of prospective trial data on patients randomly anticoagulated according to age cohorts.

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REFERENCES

1. Brand FN, Abbott RD, Kannel WB, Wolf PA. Characteristics and prognosis of lone atrial fibrillation. 30-year follow-up in the Framingham Study. *JAMA* 1985;254:3449-53.
2. Albers GW, Dalen JE, Laupacis A, Manning WJ, Petersen P, Singer DE. Antithrombotic therapy in atrial fibrillation. *Chest* 2001;119 (1 Suppl):194S-206S.
3. Gage BF, Waterman AD, Shannon W, Boechler M, Rich MW, Radford MJ. Validation of clinical classification schemes for predicting stroke: results from the National Registry of Atrial Fibrillation. *JAMA* 2001;285:2864-70.

Professor Alex Gallus, one of the authors of 'Managing warfarin therapy in the community', comments:

Dr Hale's comments are correct and we cannot better his reading of the literature. The decision to start preventive treatment with warfarin in atrial fibrillation is a serious one. Apart from the immediate inconvenience it commits a patient who may be otherwise well to a lifelong increase in bleeding risk. Therefore, before starting warfarin in any individual with atrial fibrillation, the risks of systemic embolism without therapy and of bleeding due to therapy must be formally assessed, recorded and balanced. We had not intended our Table 1 to suggest that all patients with atrial fibrillation need warfarin if they are more than 50 years old. The American College of Chest Physicians Consensus Conference provides useful information. There were detailed discussions on the indications for warfarin in atrial fibrillation¹, and about patient related risk factors for bleeding during therapy.²

REFERENCES

1. Albers GW, Dalen JE, Laupacis A, Manning WJ, Petersen P, Singer DE. Antithrombotic therapy in atrial fibrillation. *Chest* 2001;119 (1 Suppl):194S-206S.
2. Levine MN, Raskob G, Landefeld S, Kearon C. Hemorrhagic complications of anticoagulant treatment. *Chest* 2001;119(Suppl): 108S-21S.

Top 10 drugs

These tables show the top 10 subsidised drugs in 2000-01. The tables do not include private prescriptions.

Table 1

Top 10 drugs by defined daily dose/thousand population/day*

Drug	PBS/RPBS †
1. atorvastatin	52.814
2. simvastatin	38.596
3. celecoxib	34.527
4. salbutamol	26.452
5. frusemide	23.797
6. ranitidine hydrochloride	19.891
7. ipratropium bromide	18.479
8. omeprazole	18.229
9. amlodipine besylate	17.992
10. irbesartan	17.366

Table 2

Top 10 drugs by prescription counts

Drug	PBS/RPBS †
1. simvastatin	4,785,785
2. paracetamol	4,752,399
3. atorvastatin	4,745,607
4. celecoxib	3,850,569
5. ranitidine hydrochloride	3,790,947
6. salbutamol	3,588,326
7. codeine with paracetamol	3,015,979
8. temazepam	2,837,752
9. omeprazole	2,761,884
10. atenolol	2,646,123

* The defined daily dose (DDD)/thousand population/day is a more useful measure of drug utilisation than prescription counts. It shows how many people, in every thousand Australians, are taking the standard dose of a drug every day.

Table 3

Top 10 drugs by cost to government

Drug	PBS/RPBS † DDD/1000/day	PBS/RPBS scripts	Cost to government (\$A)
1. simvastatin	38.596	4,785,785	284,848,016
2. atorvastatin	52.814	4,745,607	279,681,834
3. celecoxib	34.527	3,850,569	210,259,889
4. omeprazole	18.229	2,761,884	198,064,392
5. olanzapine	2.557	507,167	112,921,245
6. pravastatin	10.202	1,473,711	87,904,278
7. sertraline	16.989	2,256,615	87,259,122
8. ranitidine hydrochloride	19.891	3,790,947	85,803,001
9. insulin (human)	11.426	421,974	78,922,474
10. bupropion	3.005	297,662	74,852,706

† PBS Pharmaceutical Benefits Scheme RPBS Repatriation Pharmaceutical Benefits Scheme