

# India - Despite Increased Use And Sales Of Statins In India, Per Capita Prescription Rates Remain Far Below High-Income Countries, 2014

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## Overview

### Identification

#### ID NUMBER

ind-cghr-stns-2014-v01

### Overview

#### ABSTRACT

Statin use has increased substantially in North America and Europe, with resultant reductions in cardiovascular mortality. However, little is known about statin use in lower-income countries. India is of interest because of its burden of cardiovascular disease, the unique nature of its prescription drug market, and the growing globalization of drug sales. We conducted an observational study using IMS Health data for the period February 2006–January 2010. During the period, monthly statin prescriptions increased from 45.8 to 84.1 per 1,000 patients with coronary heart disease—an increase of 0.80 prescriptions per month. The proportion of the Indian population receiving a defined daily statin dose increased from 3.35 percent to 7.78 percent. Nevertheless, only a fraction of those eligible for a statin appeared to receive the therapy, even though there were 259 distinct statin products available to Indian consumers in January 2010. Low rates of statin use in India may reflect problems with access to health care, affordability, underdiagnosis, and cultural beliefs. Because of the growing burden of cardiovascular disease in lower-income countries such as India, there is an urgent need to increase statin use and ensure access to safe products whose use is based on evidence. Policies are needed to expand insurance, increase medications' affordability, educate physicians and patients, and improve regulatory oversight.

#### KIND OF DATA

Observation data/ratings [obs]

#### TOPICS

Topic	Vocabulary	URI
Cardiovascular disease	Statins, medication, cholesterol, mortality, access, affordability, drug, heart	

### Coverage

#### GEOGRAPHIC COVERAGE

National

### Producers and Sponsors

#### PRIMARY INVESTIGATOR(S)

Name	Affiliation
Niteesh K. Choudhry	Harvard Medical School; Brigham and Women's Hospital
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#### OTHER PRODUCER(S)

Name	Affiliation	Role
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Name	Affiliation	Role
IMS Health	IMS Health Incorporated	Collected the data used in the observational study

## Metadata Production

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### METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Centre for Global Health Research	CGHR	University of Toronto, Canada; St. Michael's Hospital, Canada	Metadata Producer

### DATE OF METADATA PRODUCTION

2016-06-30

### DDI DOCUMENT VERSION

Version 1.0. This is the very first version of this DDI document

### DDI DOCUMENT ID

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## Sampling

### Sampling Procedure

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Analyses were based on the Stockist Sales Audit database, which collects information from 4,000 of the 18,000 stockists in India. Stockists are intermediaries between manufacturers and the approximately 550,000 retail pharmacies in India.<sup>14,15</sup> Indian stockists are selected for inclusion in the database based on their location. IMS Health uses stratified sampling to generate a sample that is representative of all of India as well as of individual regions, states, and town classes (a measure of town size used by the Indian census). IMS Health collects data from stockists and checks the data for quality control and accuracy.

## Questionnaires

No content available

## Data Collection

### Data Collection Dates

Start	End	Cycle
2006-02	2010-01	N/A

### Data Collection Mode

Face-to-face [f2f]

#### DATA COLLECTION NOTES

The Stockist Sales Audit database contains information about the number and cost of packages of medication sold to pharmacies; the generic and brand name of each product; its manufacturer, dosage, and number of tablets per package; and whether or not the medication is sold in combination with other active ingredients. Information for different dosages (for example, ten milligrams versus twenty milligrams of atorvastatin) and individual manufacturers is also included.

## Data Processing

No content available

## Data Appraisal

No content available