HIGHLIGHTS

Chronic health conditions in inmates

International studies have shown that prison inmates have higher rates of infectious diseases, chronic diseases and psychiatric disorders relative to the general population. Is the same true in Canada? This descriptive study analyzed the results of intake interviews with men newly admitted to Canadian federal penitentiaries over a 6-month period in 2012. Health data were collected from 2273 (96%) of those men newly admitted during the study period. The mean age of participants was 35.5 years, with 21.9% self-identifying as Aboriginal. Over one-third (34.1%) of inmates reported having had a head injury. Back pain (19.3%), asthma (14.7%), hepatitis C infection (9.4%), hypertension (8.5%) and arthritis (8.3%) were the chronic conditions most commonly reported. Rates of head injury (43.0%) and hepatitis C infection (15.5%) were higher among inmates of Aboriginal ancestry. A high prevalence of lifestyle risk factors may have contributed to some of the chronic conditions (Table 1), including overweight or obesity, alcohol use and injection drug use. Self-reported alcohol use was higher among Aboriginal inmates (62.1% v. 52.6%). ***CMAJ Open* 2015;3:E97-102**

Table 1: Prevalence of lifestyle risk factors among inmates, overall and by Aboriginal status

Lifestyle risk factor	Group; no. (%)* Total *n* = 2273
Alcohol use	1049 (52.6)
History of injection drug use	415 (20.8)
Cigarette smoking	453 (21.1)
No physical exercise	407 (21.1)
Overweight or obese†	1164 (64.5)

*The denominator varies by condition owing to missing data.
†Overweight = body mass index (BMI) 25–29.9, obese = BMI ≥ 30.

Does a generic substitution policy affect dispensing patterns for oral bisphosphonates?

In an effort to control the costs of outpatient prescription medications, the Ontario Drug Benefit Program has a substitution policy in which the lower-cost generic product is automatically dispensed once it is available on the drug formulary, regardless of the drug name on the prescription, except when the patient has had a documented adverse reaction to the generic drug. To assess the program, the authors identified all prescriptions for alendronate and risedronate (oral bisphosphonates) at doses used to treat osteoporosis dispensed in Ontario between 2001 and 2014, and plotted trends over time. Nearly 20 million prescriptions were dispensed to patients 65 years of age or older during the study period. In general, the substitution policy tended to produce the desired effect: a rapid switch from brand-name to generic bisphosphonates occurred soon after the generic equivalent became available (Table 2). However, a reduction in the number of generic drugs dispensed was noted each time a new brand-name alternative was introduced to the market. A small proportion of the brand-name medications continued to be dispensed. Although generic substitutions are clearly being made, the authors suggest an ongoing preference for brand-name oral bisphosphonates. ***CMAJ Open* 2015;3:E91-6**

Table 2: Percentage of generic oral bisphosphonates of the total dispensed by ODB in the 3 months following formulary availability

Generic bisphosphonate	Percentage of total drugs dispensed to patients in the community: 1st mo	2nd mo	3rd mo
Daily alendronate	59	67	81
Weekly alendronate	43	88	95
Daily risedronate	15	73	85
Weekly risedronate	18	91	96
Monthly risedronate	13	86	93
Weekly alendronate + vitamin D	51	80	90

Note: ODB = Ontario Drug Benefit.

CMAJ 2015. DOI 10.1503/cmaj.150358