IQVIA

IQVIA Snapshot

Prevalence and Treatment of Mental Health Disorders

Trends in the use of antipsychotics in Canada, 2019–2022

IQVIA's definition of the therapeutic class, psychotherapeutics (medication treatments for mental health), includes antidepressants, anxiolytics/hypnotics, antipsychotics, and psychostimulants. Antipsychotics, also known as neuroleptics, are a class of psychotropic medications used to manage psychosis, primarily for schizophrenia, but also for a range of other psychotic disorders. They can also be used with mood stabilizers to treat bipolar disorder, depression, Alzheimer's disease, anxiety disorders, and Tourette's syndrome.[1] Antipsychotic medications work by altering neurochemistry to help reduce psychotic symptoms such as hallucinations, delusions, and thought disorders.

This Snapshot presents some highlights obtained from IQVIA's Dashboard on prescriptions dispensed for antipsychotics. The data used to produce this Snapshot includes the two existing generations of antipsychotics: first-generation (typical) antipsychotics, which are used increasingly less and whose volumes in the data studied are the lowest; and second-generation (atypical) antipsychotics, which, in oral form, are by far the most widely used. This generation also includes long-lasting injections (depot form), which are dispensed between once a week and once a month. Prevalence and demographic characteristics of consumption in the general Canadian population are presented for 2019, 2020, 2021, and 2022. See page 4 for limitations to using IQVIA data.

National Antipsychotic Utilization Highlights

Cumulative use of both generations of antipsychotics in Canada was on the rise over the four years studied, particularly in 2021, the second year of the COVID-19 pandemic.

Between 2019 and 2022, for both generations of antipsychotics, the national prevalence rate rose from 3.5% to 4%, while the number of users, prescriptions, and units (tablets, solution) increased by 18.9%, 8.7%, and 12.8% respectively.

General statistics on antipsychotic use in Canada

	PREVALENCE	INDIVIDUALS	PRESCRIPTIONS DISPENSED	UNITS
2022	4.0%	1,566,249	23,701,129	633,798,073
2021	4.0%	1,541,791	23,525,041	623,646,496
2020	3.7%	1,385,406	22,388,752	594,686,838
2019	3.5%	1,317,211	21,804,343	561,671,360

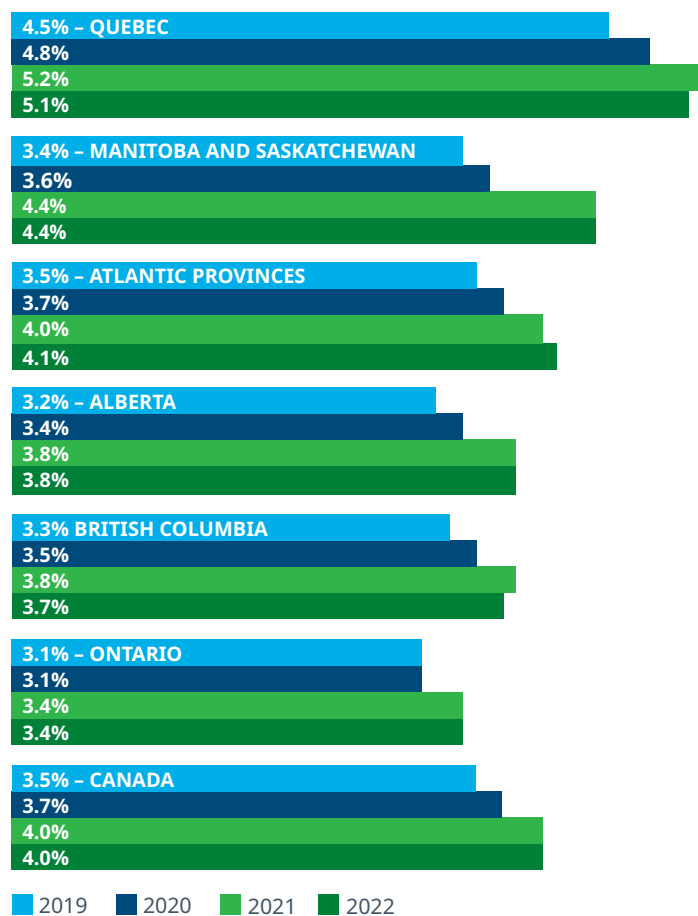| NUMBER OF PRESCRIPTIONS FOR FIRST- AND SECOND-GENERATION ANTIPSYCHOTICS, CANADA, 2019–2022			
	1ST GENERATION	2ND GENERATION ORAL	2ND GENERATION DEPOT
2022	1,613,819 ▼ -1.4%	21,456,001 ▲ 0.8%	631,309 ▲ 4.1%
2021	1,636,133 ▼ -0.8%	21,282,672 ▲ 5.5%	606,236 ▲ 6.2%
2020	1,650,096 ▼ -0.9%	20,167,906 ▲ 2.8%	570,750 ▲ 9.1%
2019	1,665,152	19,616,117	523,075

1. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/antipsychotic-medication

In Canada, the number of prescriptions for first-generation antipsychotics decreased steadily between 2019 and 2022, while second-generation oral antipsychotics increased by 2.8%, 5.5%, and 0.8% in the same period. However, the number of prescriptions for second-generation depot antipsychotics increased by 9.1%, 6.2%, and 4.1% between 2019 and 2022.
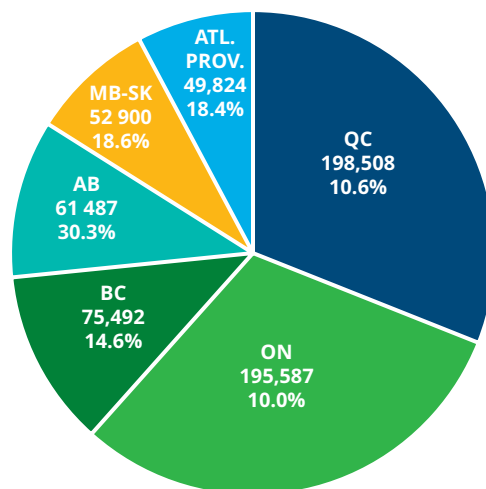
Provincial prevalence trends

Overall, prevalence rates in all Canadian provinces rose over the four years analyzed. The highest rates were 5.2% and 5.1% in Quebec in 2021 and 2022.

Prevalence of antipsychotic dispensing by province

4.5% – QUEBEC
4.8%
5.2%
5.1%

3.4% – MANITOBA AND SASKATCHEWAN
3.6%
4.4%
4.4%

3.5% – ATLANTIC PROVINCES
3.7%
4.0%
4.1%

3.2% – ALBERTA
3.4%
3.8%
3.8%

3.3% BRITISH COLUMBIA
3.5%
3.8%
3.7%

3.1% – ONTARIO
3.1%
3.4%
3.4%

3.5% – CANADA
3.7%
4.0%
4.0%

■ 2019 ■ 2020 ■ 2021 ■ 2022

In Canada, nearly 634 million units of antipsychotics (tablets, solution) were dispensed in 2022, an increase of 12.8% compared with 2019. All Canadian provinces recorded increases in the number of units dispensed over the four years under review. Alberta experienced the highest growth in units dispensed between 2019 and 2022, at 30.3%.
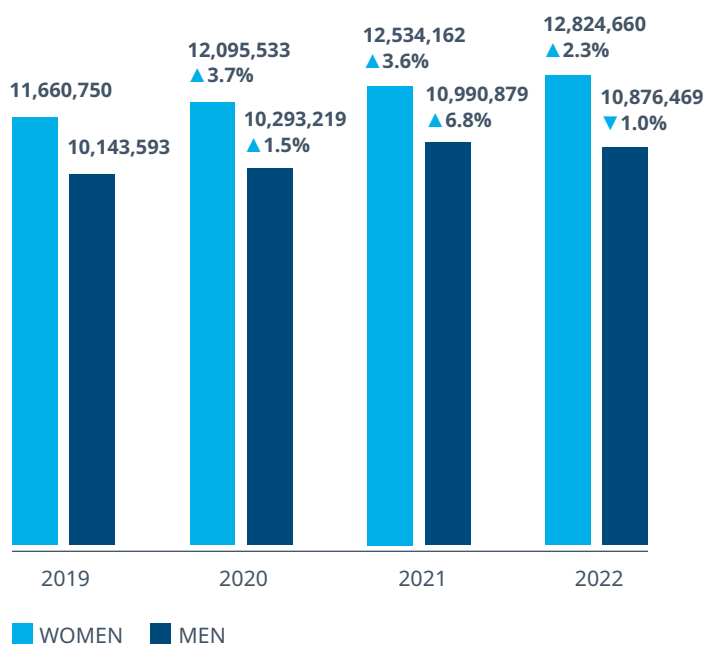
Units of antipsychotics dispensed by province in 2022 (in thousands) – Growth between 2019 and 2022

ATL. PROV. 49,824 18.4%
MB-SK 52 900 18.6%
AB 61 487 30.3%
BC 75,492 14.6%
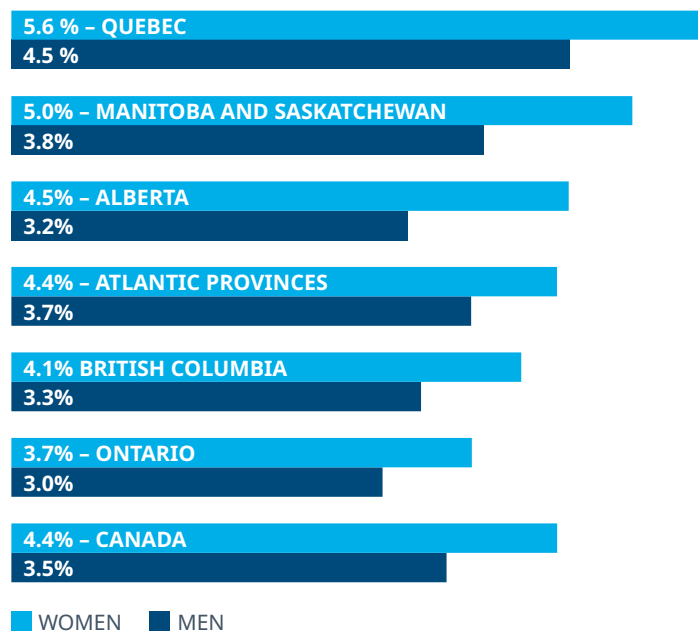QC 198,508 10.6%
ON 195,587 10.0%

Demographic Analysis

In Canada, the number of prescriptions for women rose steadily over all the years studied. For men, the number of prescriptions increased by 6.8% between 2020 and 2021, with a slight 1% drop in 2022.

Number of prescriptions and annual variation (%) of antipsychotics dispensed by gender, Canada, 2019–2022

11,660,750
12,095,533 ▲3.7%
12,534,162 ▲3.6%
12,824,660 ▲2.3%
10,143,593
10,293,219 ▲1.5%
10,990,879 ▲6.8%
10,876,469 ▼1.0%

2019 2020 2021 2022

■ WOMEN ■ MEN

In 2022, the prevalence rate among women in all provinces was higher than that of men. The highest rate was observed among Quebec women, at 5.6% (**1 in 18 women**).

In terms of prescriptions dispensed in Canada in 2022, 60% of those for antipsychotics were written by general practitioners, 36% by psychiatrists, and 4% by other medical specialists.

Prevalence of antipsychotic dispensing by gender, by province – 2022

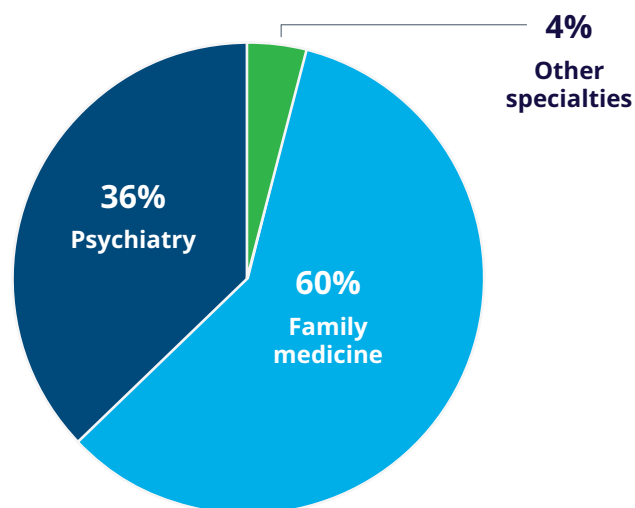|		
5.6 % – QUEBEC		
4.5 %		
5.0% – MANITOBA AND SASKATCHEWAN		
3.8%		
4.5% – ALBERTA		
3.2%		
4.4% – ATLANTIC PROVINCES		
3.7%		
4.1% BRITISH COLUMBIA		
3.3%		
3.7% – ONTARIO		
3.0%		
4.4% – CANADA		
3.5%		

■ WOMEN ■ MEN

In Canada, the prevalence rate by age group for both women and men has remained relatively stable over the four years examined. In 2022, the highest prevalence rate was found in Quebec in the 71+ age group, for both women (8.4%) and men (6.8%). Prevalence among women was generally higher than among men in all provinces and age groups.

Number of prescriptions dispensed for antipsychotics by medical specialty, 2022

4% Other specialties

36% Psychiatry

60% Family medicine

Analysis of second-generation molecules

Quetiapine extended-release monotherapy is recommended for bipolar depression and major depressive disorder. In fact, it is the only antipsychotic indicated for the treatment of major depressive disorder in Canada[2]. Quetiapine was the most widely dispensed molecule, with 794,104 users, corresponding to 48% of all users and almost 10 million prescriptions.

PREVALENCE OF ANTIPSYCHOTIC DISPENSING BY GENDER, PROVINCE, AND AGE GROUP, 2022								
	MEN				**WOMEN**			
PROVINCE	**0–18**	**19–45**	**46–70**	**71+**	**0–18**	**19–45**	**46–70**	**71+**
QUEBEC	1.0%	4.7%	5.8%	**6.8%**	0.8%	5.8%	7.0%	**8.4%**
ATL. PROV.	1.4%	4.2%	3.9%	5.6%	1.1%	5.1%	4.4%	7.0%
MB/SK	4.4%	4.3%	4.5%	5.9%	1.3%	6.1%	5.8%	7.1%
ONTARIO	0.9%	3.3%	3.4%	4.5%	0.8%	4.1%	4.3%	5.5%
ALBERTA	1.2%	3.6%	4.1%	4.3%	1.1%	5.3%	5.7%	5.6%
BC	0.8%	3.7%	4.0%	4.5%	0.9%	4.8%	4.6%	5.5%
CANADA	1.0%	3.8%	4.2%	5.2%	0.9%	4.9%	5.2%	6.5%

NUMBER OF USERS OF SECOND-GENERATION ANTIPSYCHOTICS BY MOLECULE, 2022		
QUETIAPINE	794,104	48% of users
ARIPIPRAZOLE	274,869	17% of users
RISPERIDONE	237,984	14% of users
OLANZAPINE	211,226	13% of users

2. https://lemedecinduquebec.org/Media/116280/063-068DrIskandar0912.pdf

Data Sources and Methodology

The statistics are generated from [fully anonymized] prescriptions for psychotherapeutic medications dispensed by a panel of community pharmacies during 2019, 2020, 2021, and 2022, and correspond to approximately 80% of all prescriptions dispensed in Canada (new Rx and refills). Estimation algorithms were used to assess the missing 20%, thus obtaining a complete picture of the dispensing of these drugs and allowing a representative analysis. Population data from Statistics Canada[3] was used to calculate proportions and per capita rates.

This report is based on the following IQVIA data services : IQVIA Geographic Prescription Monitoring (GPM), IQVIA Longitudinal Prescription data, and IQVIA Prescriber-level data.

Limitations

There are limitations to the use of IQVIA data, which does not include information on:
- Prescriptions written but never dispensed
- Prescriptions dispensed in hospitals and prisons
- Medications not taken by patients
- Diagnoses for which prescriptions were dispensed
- Clinical indication or morbidity

List of molecules included in each category of antipsychotic medications:

First generation
- Chlorpromazine
- Droperidol
- Flupentixol
- Fluphenazine
- Haloperidol
- Loxapine
- Mesoridazine
- Methotrimeprazine
- Periciazine
- Perphenazine
- Pimozide
- Pipotiazine
- Promethazine
- Thioridazine
- Thiothixene
- Trifluoperazine
- Zuclopenthixol

Second generation
- Aripiprazole
- Asenapine
- Brexpiprazole
- Clozapine
  - **Injectable - Depot**
- Lurasidone
- Olanzapine
- Paliperidone
- Quetiapine
- Risperidone
- Ziprasidone

This report was produced independently by IQVIA Canada as a public service, without industry or government funding. IQVIA complies with all legislation relating to the protection of personal health information, and IQVIA does not collect any data on prescription drugs that can identify a patient or that can be used for this purpose.

About IQVIA

IQVIA is a leading global provider of advanced analytics, technology solutions, and clinical research services to the life sciences industry. IQVIA creates intelligent connections across all aspects of healthcare through its analytics, transformative technology, metadata resources and extensive domain expertise. IQVIA Connected Intelligence™ delivers relevant insights with speed and agility—enabling its customers to accelerate the clinical development and commercialization of innovative medication treatments that improve healthcare outcomes for patients. With approximately 87,000 employees, IQVIA conducts operations in more than 100 countries.

Established in Canada in the 1960s, IQVIA is a leading provider of evidence-based health insights serving the Canadian medical-pharmaceutical sector. Its excellent reputation is based on its ability to forge partnerships with various public and private sector stakeholders who share the same goal: to constantly improve the quality of healthcare in a more connected ecosystem.

Offering the world's largest source of healthcare data, IQVIA provides Canada-wide data for both the public and private sectors. IQVIA's insights and execution capabilities help biotech, medical device and pharmaceutical companies, medical researchers, government agencies, payers, and other healthcare stakeholders tap into a deeper understanding of disease, human behaviour, and scientific advances to improve patient health.

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3. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/dt-td/Index-eng.cfm?LANG=E&SUB=98P1001&SR=0&RPP=10&SORT=date