

15. Monteagudo-Piqueras O, Sarría-Santamera A. Diferencias entre varones y mujeres respecto a la mortalidad hospitalaria y la utilización de procedimientos en el infarto agudo de miocardio. *Gac Sanit.* 2006;20:74-9.
16. Dreachslin J. Gender bias and the process of care. *J Management Med.* 1992;6:46-52.
17. Healy B. The Yentl syndrome. *N Engl J Med.* 1991;325:274-5.
18. Morabia A, Fabre J, Dunand JP. The influence of patient and physician gender on prescription of psychotropic drugs. *J Clin Epidemiol.* 1992;45:111-6.
19. Sanfélix Genovés J, Palop Larrea V, Pereiró Berenguer I, Martínez-Mir I. Influencia del sexo del paciente en la calidad de los medicamentos consumidos. *Aten Primaria.* 2002;30:163-70.
20. Conselleria de Sanitat i Consum. Encuesta de salud de la Comunidad Valenciana. Valencia: Generalitat Valenciana; 1993.
21. Catálogo de Especialidades Farmacéuticas 1998. Consejo General de Colegios Oficiales de Farmacéuticos. Madrid: Einsa; 1998.
22. López-Torres Hidalgo J, Cerdá Díaz R, Fernández Olano C, Requena Gallego M, Fernández Casalderrey C, Otero Puime A. Factores asociados al consumo de medicación crónica en personas ancianas. *Med Clin (Barc).* 1997;108:572-6.
23. Roe CM, McNamara AM, Motheral BR. Gender-and age-related prescription drug use patterns. *Ann Pharmacother.* 2002;36:30-9.
24. Baum C, Kennedy DL, Knapp DE, Juergens JP, Faich GA. Prescription drug use in 1984 and changes over time. *Med Care.* 1988;26:105-14.
25. Anderson R. Prescribed medicines: who takes what? *J Epidemiol Community Health.* 1980;34:299-304.
26. Ministerio de Sanidad y Consumo. Encuesta Nacional de Salud [electronic edition] 2001 [cited Jul 31, 2006]. Available in: http://www.msc.es/estadEstudios/estadísticas/docs/encuesta_completa.pdf
27. Mayer-Oakes SA, Kelman G, Beers MH, De Jong F, Matthias R, Atchison KA, et al. Benzodiazepine use in older, community-dwelling southern Californians: prevalence and clinical correlates. *Ann Pharmacother.* 1993;27:416-21.
28. Rohlfis I, De Andrés J, Artazcoz L, Ribalta M, Borrell C. Influencia Del trabajo remunerado en el estado de salud percibido de las mujeres. *Med Clin (Barc).* 1997;108:566-71.
29. Van der Waas FW, Mohrs J, Foets M. Sex differences among recipients of benzodiazepines in Dutch general practice. *BMJ.* 1993;307:363-6.

Comment. Drug utilization studies. The need to know the indication

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This study deals with the analysis of the factors associated with drug utilization and is therefore a pharmacoepidemiology study and, specifically, a drug utilization study (DUS)¹.

Although abundant literature on the subject has been published, each new study in this field contributes complementary information, specific to the population studied, since a large proportion of the factors determining drug utilization are sociodemographic; consequently, these studies generally have little external validity.

In the present study, the patients were recruited from health centers and their characteristics, as well as data on drug utilization, were gathered through a questionnaire. Although constructing a primary database can confer researchers with greater freedom and allow the variables gathered specifically for the study to be studied, the potential of secondary sources such as the National Health Survey or the Pharmaceutical Billing Database², the latter in combination with the Health Identification Card, should not be underestimated. In addition to efficiency, both databases are representative of the population in a way that is difficult to achieve in databases generated specifically for a particular study.

However, secondary databases also present major limitations. Pharmaceutical Billing Databases, for example, do not contain information on the indication motivating the drug prescription, making studies of indication-prescription and prescription-indication impossible². And these are, in our opinion, precisely the designs currently required in DUS in Spain.

The Database for Pharmacoepidemiological Research in Primary Care¹ of the Spanish Medication Agency, which includes the participation of 10 autonomous communities and approximately 1,000 physicians, integrates data on signs and symptoms, diagnosis, indication and prescription, in addition to patient characteristics. In the next few years, this database will allow major advances to be made in the DUS performed in primary care.

Importantly, the efficacy of this database will be determined by its accessibility to the distinct research groups. The Spanish Medication Agency should approve the conditions for its use by researchers as soon as possible.

References

1. Figueiras A, Caamaño F, Gestal Otero J. Metodología de los estudios de utilización de medicamentos en atención primaria. *Gac Sanit.* 2000;14:7-19.
2. Salvador Rosa A, Moreno Pérez JC, Sonego D, García Rodríguez LA, De Abajo Iglesias FJ. El Proyecto BIFAP: base de datos para la Investigación farmacoepidemiológica en atención primaria. *Aten Primaria.* 2002;10:655-61.