

## Útdráttur

**Bakgrunnur:** Hlutfall aldraðra eykst á ári hverju með bættum lífskjörum og með hækkandi aldri eykst algengi sjúkdóma og aukin lyfjanotkun fylgir í kjölfarið. Tilgangur þessa verkefnis var að kanna hvort munur væri á lyfjanotkun aldraðra eftir búsetu en upplýsingar um þetta efni eru af skornum skammti hérlandis.

**Aðferð:** Notast var við meginlega rannsóknaraðferð og úrtakið valið með slembiúrtaki úr þéttbýli og dreifbýli á Norðurlandi eystra. Skilyrði fyrir þátttöku voru að viðkomandi væri búsettur í heimahúsi, 65 ára eða eldri og gæti tjáð sig munnlega. Þátttakendur voru 186 talsins, þar af 118 úr þéttbýli og 68 úr dreifbýli. Gagnaöflun fór fram árið 2004 og hét „Heilsutengdir hagir eldra fólks í dreifbýli og þéttbýli“. Lyf þátttakenda voru flokkuð eftir ATC-flokkunarkerfinu og skráð inn í gagnagrunninn. Notast var við Statistical Package for Social Sciences (SPSS) við úrvinnslu gagna og marktektarmörk sett við  $p < 0,05$ .

**Niðurstöður:** Aldraðir einstaklingar tóku inn að meðaltali 3,9 lyf óháð búsetu. Rúmlega 59% þátttakenda voru á fjórum lyfjum eða færri, rétt rúmlega 37% tóku inn fimm til níu lyf og tæp 4% voru á 10 lyfjum eða fleiri. Þegar litið var á lyfjanotkun eftir ATC-flokkunarkerfinu reyndist mesta notkunin vera í C-flokki (hjarta- og æðasjúkdómalyf) en 66% aldraðra innbyrtu slík lyf óháð búsetu. Eftir því sem aldraðir mátu heilsu sína verri því fleiri lyf tóku þeir inn að meðaltali. Í þéttbýli bjuggu allir innan við 5 km frá heilbrigðisþjónustu en í dreifbýli voru 83.8% sem voru í meira en 20 km fjarlægð frá henni.

**Ályktanir:** Munur er á aðgengi að heilbrigðisþjónustu og lýðfræðilegum þáttum eftir búsetu. Í þéttbýli er stutt í heilbrigðisþjónustu og aldraðir meta heilsu sína betri, en á móti kemur að þar búa fleiri aldraðir einir. Í dreifbýli eru fjarlægðir meiri og upplifun aldraðra af heilsu sinni ekki eins góð, en á móti kemur að þar búa færri einir. Þrátt fyrir þessa þætti sem skildu hópana að fannst enginn munur á lyfjanotkun aldraðra eftir búsetu.

**Lykilhugtök:** Aldraðir – Lyf – Þéttbýli – Dreifbýli – Heilsufar – Aðgengi að  
heilbrigðisþjónustu.

## **Abstract**

**Background:** The proportion of elderly people is increasing every year with higher living standards. With increasing age the prevalence of disease and therefore medication use increases. The aim of this study was to find out if there was any difference in medication use amongst elderly people living in urban and rural areas. Information about this subject is limited in this country.

**Method:** A quantitative research method was used for this study. Participants were randomly selected from urban and rural communities in the northeast part of the country. Criteria for participation was people that were community-dwelling, at least 65 years old and able to communicate verbally. Participants were 186 in total and comprised of 118 urban and 68 rural elderly people. The data was collected in 2004 and was named „Health related information about the elderly in rural and urban communities“. The participants medication was categorized with ATC-classification and the data imported into the database. Statistical Package for the Social Sciences (SPSS) was used for statistical analysis and significance was set at  $p < 0.05$ .

**Results:** Elderly people were using on average 3.9 drugs with no significant difference between urban and rural areas. Approximately 59% of the participants were using four drugs or less, about 37% were using five to nine drugs and less than 4% were taking 10 drugs or more. When looking at the ATC-classification of the medication, the proportion of C-class (Cardiovascular system) was highest, but 66% of the participants were using such drugs independent of their residence. As the participants evaluation of their health decreased the amount of drugs they used increased on average. In urban communities, everyone lived within five kilometers from health care but in rural communities, 83.8% lived more than 20 kilometers from health care.

**Conclusions:** There are differences in health care accessibility and demographic factors between urban and rural settings. In urban communities the distance to health care is short and participants evaluation of their health was better. However, more of them lived alone. In rural communities the distance to health care is much greater and the participants evaluation of their health was worse. Yet fewer people lived alone. Despite these factors that seperated the groups no difference was found in medication use amongst community-dwelling elderly people.

**Keywords:** Elderly – Medication – Urban – Rural – Health – Access to health care.