This article presents an overview of European Union (EU) statistics related to the use of medicines, covering prescribed medicines. All of the data presented in this article come from the European health interview survey which was conducted between 2013 and 2015. These data are based on self-reported medicine use from population surveys and concern the use of medicine during the two weeks prior to the survey by people aged 15 and over.

This article is one of a set of statistical articles concerning healthcare activities in the EU which forms part of an online publication on health statistics.

**Prescribed medicines**

Prescribed medicine use higher among women . . .

Among the EU Member States, the proportion of people having used prescribed medicines during a two-week period ranged from more than 55 % in Luxembourg, Portugal and Belgium to less than 40 % in Bulgaria, Italy, Cyprus and Romania, as well as in Turkey (see Figure 1). Without exception, women were more likely than men to have used prescribed medicines, with this gender difference being narrowest in Cyprus and broadest in Latvia. In part, the difference between men and women can be attributed to the use of contraceptive pills and hormones for menopause.
In nearly all of the EU Member States the proportion of the population having used prescribed medicines was lowest in the age group 15–24, although the smallest proportion in Ireland, Latvia and Malta was recorded for the age group 25–34 and in Portugal the shares were equal for the two youngest classes. Iceland was also an exception with the lowest share of population using prescribed medicine among the age group 35–44. In broad terms, the proportion using prescribed medicines increased with age, and peaked in the oldest age group (75 years and over). While the percentage of the population in the youngest age group having used prescribed medicines ranged between 2 % in Romania and 33 % in the Belgium, in the age group 75 and over it ranged between 68 % in Romania and 96 % in the Czech Republic.
Table 1: Self-reported use of prescribed medicines by age, 2014(%)Source: Eurostat (hlth_ehis_md1e)

<table>
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<tr>
<th>Country</th>
<th>Total</th>
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<th>35–44 years</th>
<th>45–54 years</th>
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</table>

A similar analysis is provided in Table 2, with data for the same age groups presented for men and women separately. The apparent gender differences, particularly in younger and middle age groups, can be partly attributed to the use of contraceptive pills and hormones for menopause. The gender difference was particularly strong in the 25–34 age group where at EU level there was more close to 12 percentage points (pp) more for women than for men. In the age group 15–24 the gender difference was almost as strong, while it weakened somewhat but remained noticeable in the next two age groups (35–44 and 45–54). The gender difference was considerably weaker in the age groups 55–64 and 65–74, and was lowest at EU level in the oldest age group.
The use of prescribed medicines was higher among people (men and women combined) having completed at least lower secondary education as can be seen from Figure 2. Most of the EU Member States reported that the proportions of the population using prescribed medicines were lowest in the case of the population with tertiary educational attainment, with the exception of Portugal, Greece, Malta and Italy where the lowest shares were among the population having completed at most upper secondary and post-secondary non-tertiary education.
However, there were some differences between men and women (see Table 3). Nearly all participating Member States reported that a lower proportion of women having completed tertiary education used prescribed medicines than did women having completed at most upper secondary or post-secondary non-tertiary education: the only exceptions were Greece, Malta and Portugal. In a majority of the Member States, the pattern was the same for men, although the differences between the share of men that used prescribed medicines having completed tertiary education compared to the shares of those who completed at most upper secondary or post-secondary non-tertiary education were smaller than in the case of women.

**Figure 2: Self-reported use of prescribed medicines by educational attainment level, 2014(%)**

Source: Eurostat (hlth_ehis_md1e)
Table 3: Self-reported use of prescribed medicines by educational attainment level and sex, 2014 (%)
Source: Eurostat (hlth_ehis_md1e)

Non-prescribed medicines

In general, the proportions of people using non-prescribed medicine were lower than those using prescribed medicine, with the exceptions of Lithuania, Finland, Latvia, Denmark, Estonia and Poland, as well as Iceland and Norway (where the proportions using non-prescribed medicines were higher). The share of people having used non-prescribed medicines during a two-week period (prior to the survey) ranged from less than 20% in Italy, Belgium and Romania, rising to more than to 50% in Poland, Latvia, Denmark, and Lithuania while Finland presented the highest share (70%) among the EU Member States. Norway (54%) and Iceland (84%) also presented high percentages of population having used non-prescribed medicine during the two weeks prior to the survey.
An analysis by sex of the use of non-prescribed medicines (Figure 3) shows a similar pattern to that for prescribed medicines, with a higher proportion of women than men making use of these medicines. The largest gender differences were observed in Finland, Latvia, Lithuania, the Czech Republic and Slovakia where the gender gap reached 17–20 pp, while the smallest differences were in Portugal, Belgium and Spain where the gap was less than 5 pp; as was the case in Turkey.

The age analysis of non-prescribed medicines shown in Table 4 is very different from that for prescribed medicines shown in Table 1. It seems that there are different reasons for using prescribed and non-prescribed medicines and possibly different practices among Member States in prescribing and reimbursing different groups of medicines, for example concerning the use of supplements such as vitamins, minerals or tonics which are not necessarily related to the treatment of diseases and are more often used as non-prescribed medicines. In a majority of EU Member States (15), the lowest proportion of people using non-prescribed medicines was in the 15–24 age group. At EU level close to one third (31 %) of the population aged 15–24 used non-prescribed medicine. In the Baltic Member States and Nordic countries, as well and in Germany, Poland and Hungary more than 36 % of the population aged 15–24 used non-prescribed medicine.

Non-prescribed medicine use was highest among the EU population aged 25–34 and 35–44, with a share of 37 % in both of these age groups. In the oldest age group the situation was diverse, in some countries the population over 75 years, presented the highest shares of use of non-prescribed medicine similar to the prescribed medicine pattern: Bulgaria, the Czech Republic, Denmark, Estonia, Croatia, Latvia, Lithuania, Poland, Romania and Slovakia. On the other hand Member States such as Ireland, Spain, France Italy, Luxembourg, Austria, Portugal Sweden and the United Kingdom, presented lower shares among the oldest age group and highest shares among the age classes of population between 25 and 54, somewhat contrary to the to the trend of prescribed medicine.
Table 4: Self-reported use of non-prescribed medicines by age, 2014(%) Source: Eurostat (hlth_ehis_md2e)

Non-prescribed medicine use highest among people having completed tertiary education

In direct contrast to the situation with prescribed medicines, the use of non-prescribed medicines in most Member States was highest among people having completed a tertiary education, as can be seen from Figure 4. Romania and Lithuania were the exceptional cases where the population with at most lower secondary education was the highest. In all the other Member States the lowest use of non-prescribed medicines was recorded for people having completed at most lower secondary education. In Hungary, the proportion of people having used non-prescribed medicines was 25 pp higher for those having completed a tertiary education than for those having completed at most lower secondary education, the largest such difference among the participating Member States; in contrast, and aside from Romania and Lithuania (referred above), Slovakia and Croatia recorded the smallest differences.
Figure 4: Self-reported use of non-prescribed medicines by educational attainment level, 2014 (%)

Source: Eurostat (hlth_ehis_md2e)

Source data for tables and graphs

- Medicine use: tables and figures

Data sources

Self-reported data: European health interview survey

Self-reported statistics covering the health status of the population — including medicine use — are provided by the European health interview survey. This source is documented in more detail in this background article which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions. The interpretation of results between men and women should be done with caution as the data for women include the use of contraceptive pills and hormones for menopause. The first wave of the survey included self-reported medicine use for selected diseases, which is available here.

Context

The European Medicines Agency (EMA), based in London was established to coordinate the scientific assessment of medicinal products developed by pharmaceutical companies for use in the EU and to provide independent scientific advice. Indeed, all medicinal products for human use have to be authorised by the competent authorities before they can be placed on the EU market. Special rules exist for the authorisation of medicines for children, orphan medicines (medicines for rare diseases), herbal medicines, vaccines and clinical trials. To ensure that medicinal products are consistently produced and controlled against the quality standards appropriate for their intended use, the EU has set quality standards known as ’good manufacturing practice’. Once a medicinal product has been authorised for the EU market, its safety is monitored throughout its entire lifespan: this is done through the EU system of pharmacovigilance.

An article based on external trade statistics provides information on international trade in medicinal and pharmaceutical products.
Other articles

Online publications

- Health in the European Union — facts and figures
- Disability statistics

Health status

- Self-perceived health statistics
- Cardiovascular diseases
- Respiratory diseases
- Mental health

Healthcare

- Dentists, pharmacists and physiotherapists
- Hospital discharges and length of stay
- Consultations
- Healthcare expenditure statistics

Methodology

- European health interview survey

General health statistics articles

- Health statistics introduced
- Health statistics at regional level
- The EU in the world — health

Database

- Health care (hlth_care)

Medicine use (hlth_med)

Self-reported use of prescribed medicines for specific diseases by sex, age and educational attainment level (hlth_ehis_hc7)
Self-reported use of prescribed medicines by sex, age and educational attainment level (hlth_ehis_hc9)
Self-reported use of non-prescribed medicines by sex, age and educational attainment level (hlth_ehis_hc10)

Dedicated section

- Health
- Health care

Methodology

- European health interview survey (ESMS metadata file — hlth_det_esms)
External links

- European Commission — Directorate-General for Health and Food Safety — European core health indicators (ECHI)
- European Commission — Directorate-General for Health and Food Safety — Public health
- European Commission — Directorate-General for Health and Food Safety — Public health — Medicinal products for human use
- OECD — Health policies and data
- WHO Global Health Observatory (GHO)
- World Health Organisation (WHO) — Health systems

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