IQVIA

IQVIA Snapshot

Prevalence and Treatment of Mental Health Disorders

Trends in the use of antidepressants and anxiolytics in Canada, 2019–2022

IQVIA's definition of the therapeutic class, psychotherapeutics (medication treatments for mental health), includes antidepressants, anxiolytics/hypnotics, antipsychotics, and psychostimulants. Anxiety disorders, including insomnia, are the most common of all mental health problems. It is estimated that one in 10 Canadians is affected.[1] Clinical depression is a complex mood disorder that may be caused by genetic predisposition, personality, stress, and neurochemistry. Treatments include psychoeducation, psychotherapy, drug therapy, and brain stimulation therapies.[2]

This Snapshot presents some highlights drawn from the Dashboard on the use of antidepressants, which are mainly used to treat major depression and anxiety disorders, and anxiolytics (tranquillizers), which are used to treat anxiety disorders and insomnia. Prevalence and demographic characteristics of consumption in the general Canadian population are presented for 2019, 2020, 2021, and 2022. See page 7 for limitations to using IQVIA data.

National highlights on the use of antidepressants and anxiolytics/hypnotics

The prevalence rate of people receiving antidepressants from community pharmacies in Canada increased from 14.8% to 16.6% between 2019 and 2021, and stabilized in 2022 at 16.5%. Between 2019 and 2022, the number of users, the number of prescriptions dispensed, and the number of units (tablets/capsules) dispensed increased by 16.9%, 13.7%, and 19.5% respectively.

As for anxiolytics, the prevalence rate in Canada fell from 9.7% in 2019 to 8.9% in 2022, with decreases of 4.4% in the number of users, 5.2% in the number of prescriptions dispensed, and 7.2% in the number of units dispensed (tablets/capsules).

General statistics on antidepressant use in Canada

	PREVALENCE	INDIVIDUALS	PRESCRIPTIONS DISPENSED	UNITS DISPENSED
2022	16.5%	6,506,441	65,837,133	2,515,993,893
2021	16.6%	6,341,295	63,984,188	2,404,953,429
2020	15.1%	5,721,972	61,613,142	2,243,263,383
2019	14.8%	5,567,055	57,887,625	2,104,830,027

General statistics on anxiolytic use in Canada

	PREVALENCE	INDIVIDUALS	PRESCRIPTIONS DISPENSED	UNITS DISPENSED
2022	8.9%	3,499,744	24,524,921	793,120,149
2021	9.3%	3,558,502	25,045,074	814,599,331
2020	9.2%	3,495,286	25,631,644	842,234,924
2019	9.7%	3,662,296	25,880,432	855,092,312

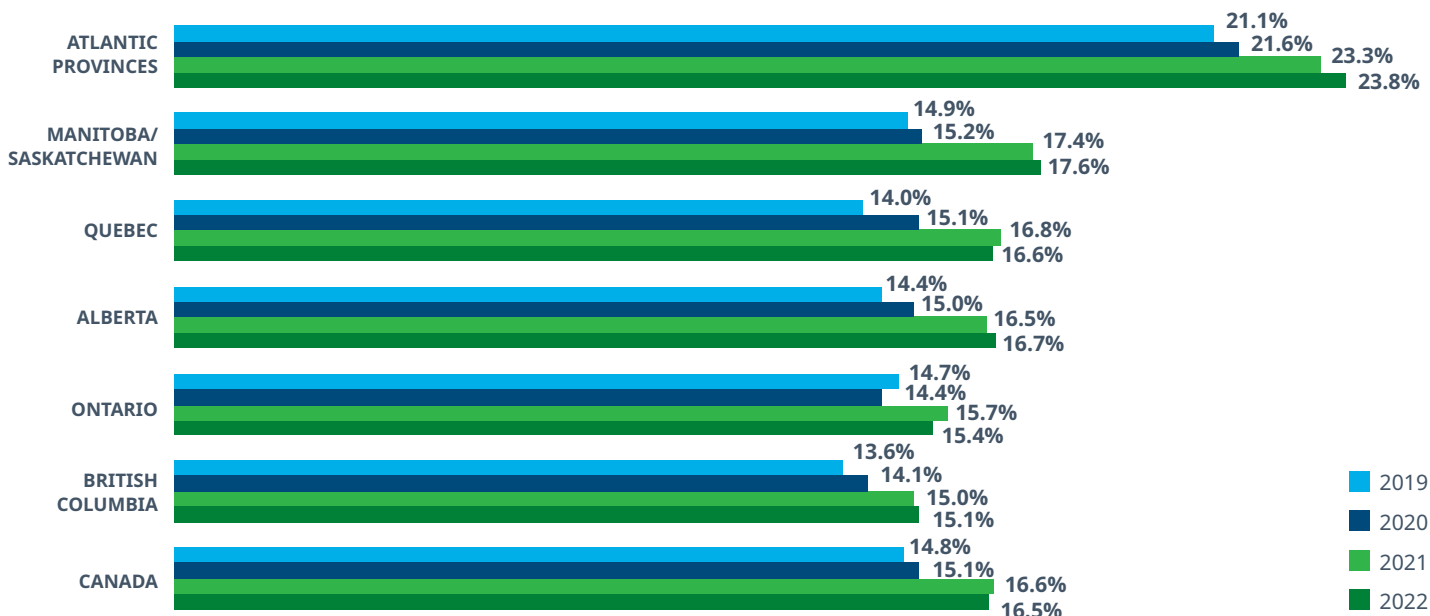1. https://www.canada.ca/en/health-canada/services/healthy-living/your-health/diseases/mental-health-anxiety-disorders.html
2. https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/depression
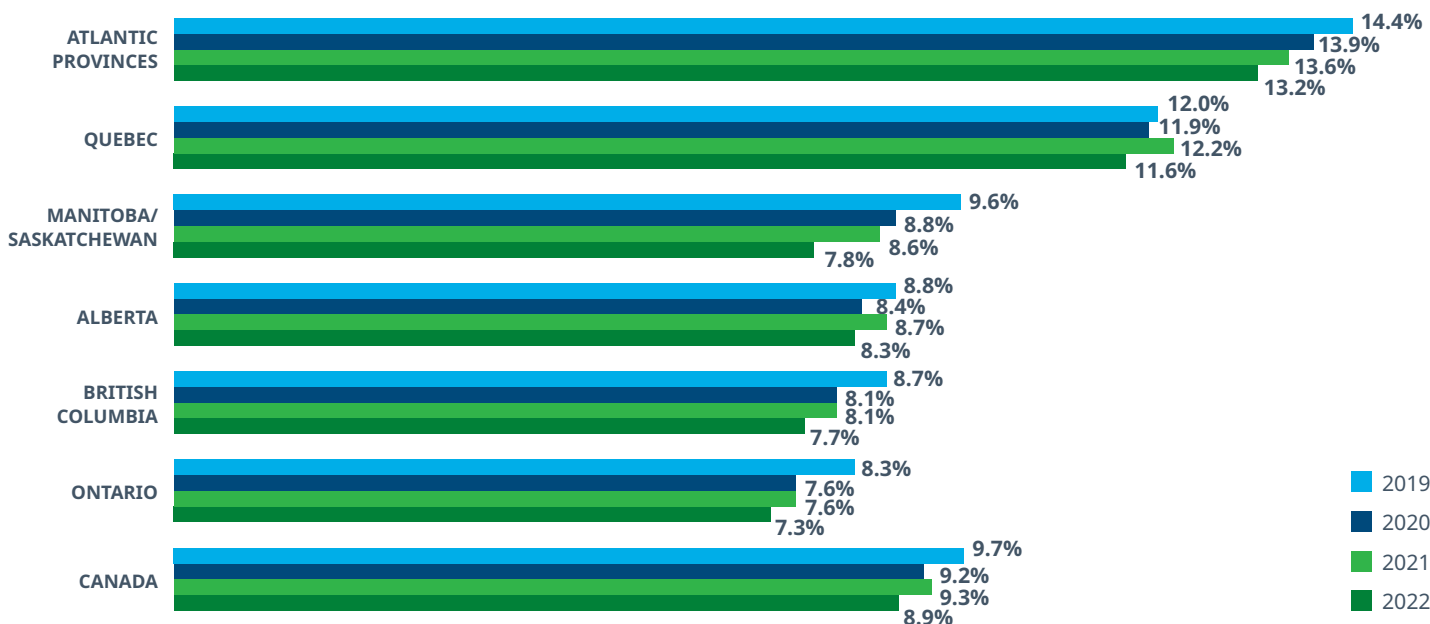
Provincial prevalence trends

Between 2019 and 2022, the prevalence of antidepressant use increased in all Canadian provinces. The second and third years of the pandemic (2021 and 2022) recorded the highest prevalence rates in all provinces. In 2022, the four Atlantic provinces had the highest prevalence rate in Canada at 23.8%, with a peak in Newfoundland and Labrador at 27.4% (not shown in the graph below).

Prevalence of antidepressants by province, 2019–2022

Province	2019	2020	2021	2022
ATLANTIC PROVINCES	21.1%	21.6%	23.3%	23.8%
MANITOBA/ SASKATCHEWAN	14.9%	15.2%	17.4%	17.6%
QUEBEC	14.0%	15.1%	16.8%	16.6%
ALBERTA	14.4%	15.0%	16.5%	16.7%
ONTARIO	14.7%	14.4%	15.7%	15.4%
BRITISH COLUMBIA	13.6%	14.1%	15.0%	15.1%
CANADA	14.8%	15.1%	16.6%	16.5%

The lowest prevalence of anxiolytic use in all Canadian provinces over the four years studied was in 2022. The Atlantic Provinces and Quebec had the highest prevalence rates in Canada, at 13.2% and 11.6% respectively. New Brunswick had the highest prevalence rate in Canada in 2022, at 18.2% (not shown in graph below).

Prevalence of anxiolytics by province, 2019–2022

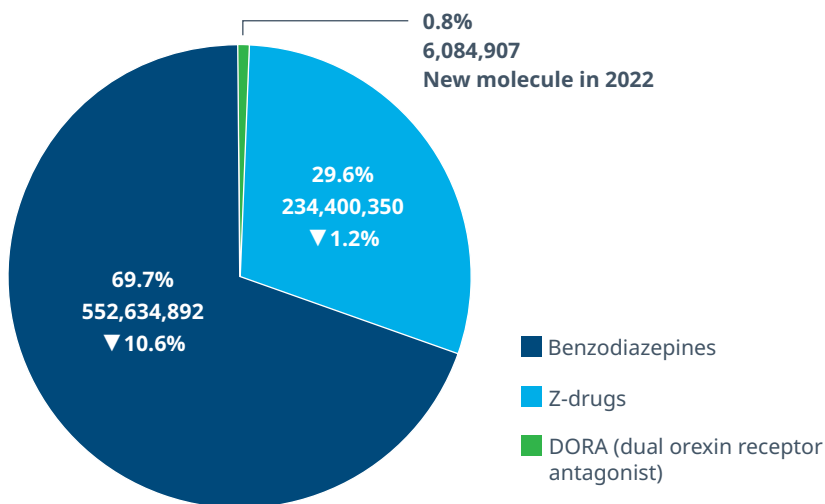| Province	2019	2020	2021	2022
ATLANTIC PROVINCES	14.4%	13.9%	13.6%	13.2%
QUEBEC	12.0%	11.9%	12.2%	11.6%
MANITOBA/ SASKATCHEWAN	9.6%	8.8%	8.6%	7.8%
ALBERTA	8.8%	8.4%	8.7%	8.3%
BRITISH COLUMBIA	8.7%	8.1%	8.1%	7.7%
ONTARIO	8.3%	7.6%	7.6%	7.3%
CANADA	9.7%	9.2%	9.3%	8.9%

In Canada, over 2.5 billion units (tablets/capsules) of antidepressants were dispensed in 2022, an increase of 19.5% compared to 2019. The number of units dispensed to individuals increased in all Canadian provinces over the four years under review. The Atlantic provinces showed the highest increase, at 25.2%.

Antidepressant units dispensed by province (*in thousands*) and increases between 2019 and 2022, over a 3-year period	
Canada	2,515,994 ▲ 19.5%
Ontario	868,170 ▲ 15.4%
Quebec	594,669 ▲ 21.3%
British Columbia	304,868 ▲ 21.7%
Alberta	278,663 ▲ 21.4%
Atlantic Provinces	256,017 ▲ 25.2%
Manitoba and Saskatchewan	213,606 ▲ 20.3%

In Canada, 69.7% of units (tablets/capsules) of anxiolytics dispensed in 2022 were benzodiazepines, down 10.6% compared with 2019. Z-drugs (non-benzodiazepine psychoactive drugs closely related to benzodiazepines) accounted for 29.6% of units dispensed in 2022, down 1.2% compared with 2019.

Distribution of the number of units by type of anxiolytic medication dispensed in Canada in 2022 and decrease compared with 2019, over a 3-year period

0.8%
6,084,907
New molecule in 2022

29.6%
234,400,350
▼1.2%

69.7%
552,634,892
▼10.6%

■ Benzodiazepines
■ Z-drugs
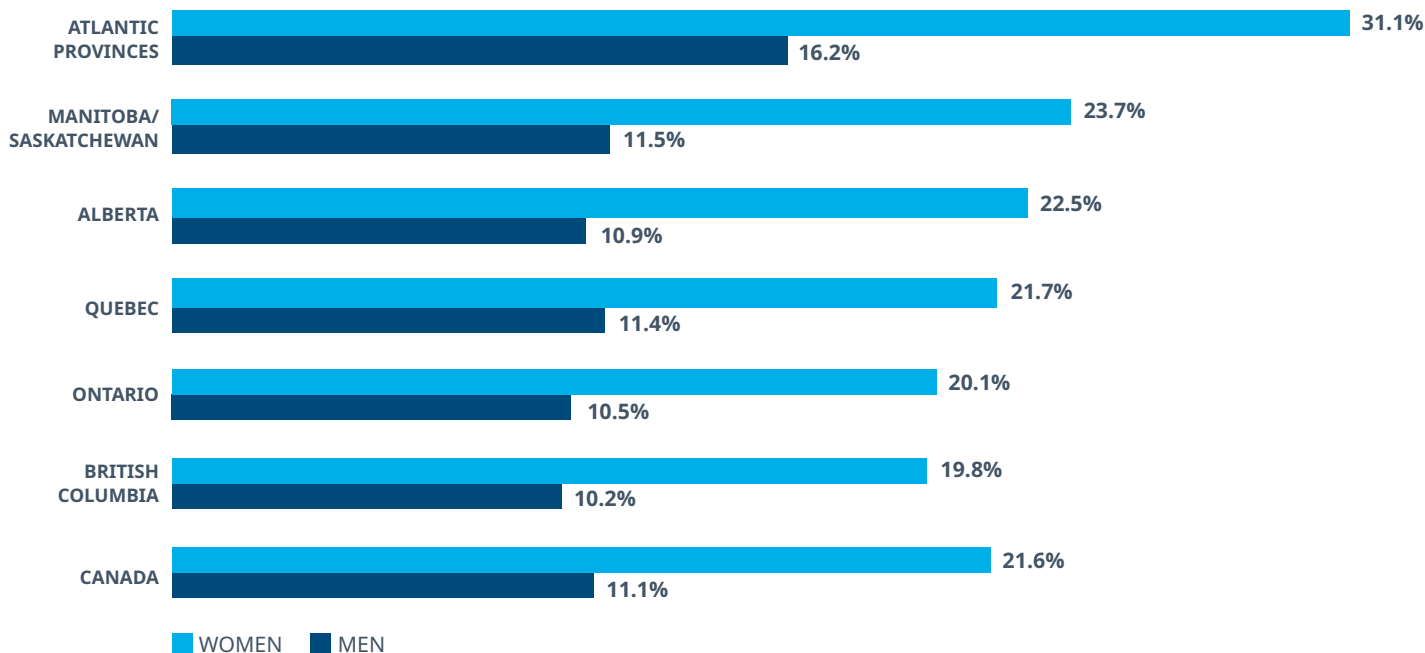■ DORA (dual orexin receptor antagonist)

Demographic analysis

For both men and women, the prevalence of antidepressant use increased between 2020 and 2021, then stabilized in 2022. Over the four years under study, prevalence among women was significantly higher than among men, with around **1 in 5 women** and **1 in 9 men** having received at least one prescription for antidepressants. In 2022, the number of prescriptions dispensed to women (43.5 million) was almost double that of men (22.3 million).

Prevalence of antidepressant dispensing by gender, Canada, 2019–2022

|	2019	2020	2021	2022
WOMEN	19.2%	19.8%	21.8%	21.6%
MEN	10.2%	10.2%	11.2%	11.1%

■ WOMEN ■ MEN
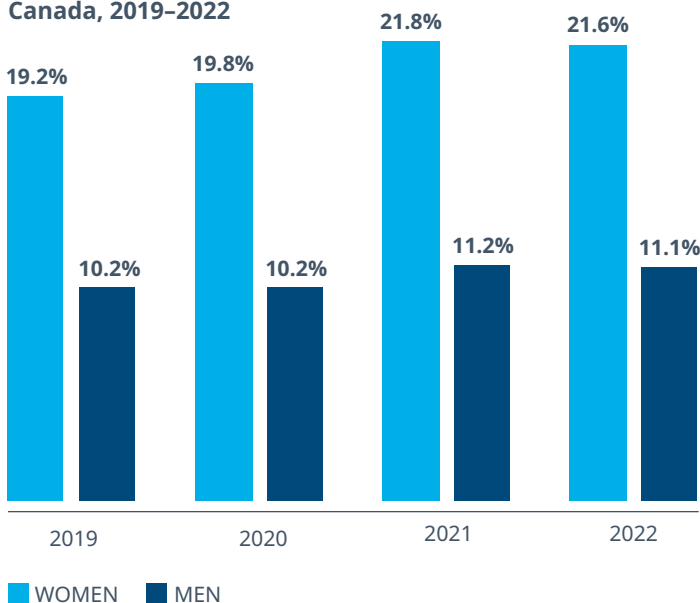
By 2022, the prevalence of antidepressant dispensing among women was around double that of men in all provinces, peaking in the Atlantic provinces at 31.1% **(nearly 1 in 3 women)**.

Prevalence of antidepressant dispensing by gender and province, 2022

Province	Women	Men
ATLANTIC PROVINCES	31.1%	16.2%
MANITOBA/SASKATCHEWAN	23.7%	11.5%
ALBERTA	22.5%	10.9%
QUEBEC	21.7%	11.4%
ONTARIO	20.1%	10.5%
BRITISH COLUMBIA	19.8%	10.2%
CANADA	21.6%	11.1%

■ WOMEN ■ MEN

In Canada, the prevalence rate for anxiolytics remained relatively stable over the four years studied, for both women and men. In 2022, prevalence was significantly higher among women, at 11.3% or **1 in 9 women**, compared with 6.3% or **1 in 16 men**.

Prevalence of anxiolytic dispensing by gender, Canada, 2019–2022

Year	Women	Men
2019	12.3%	7.0%
2020	11.7%	6.6%
2021	11.8%	6.7%
2022	11.3%	6.3%

■ WOMEN ■ MEN
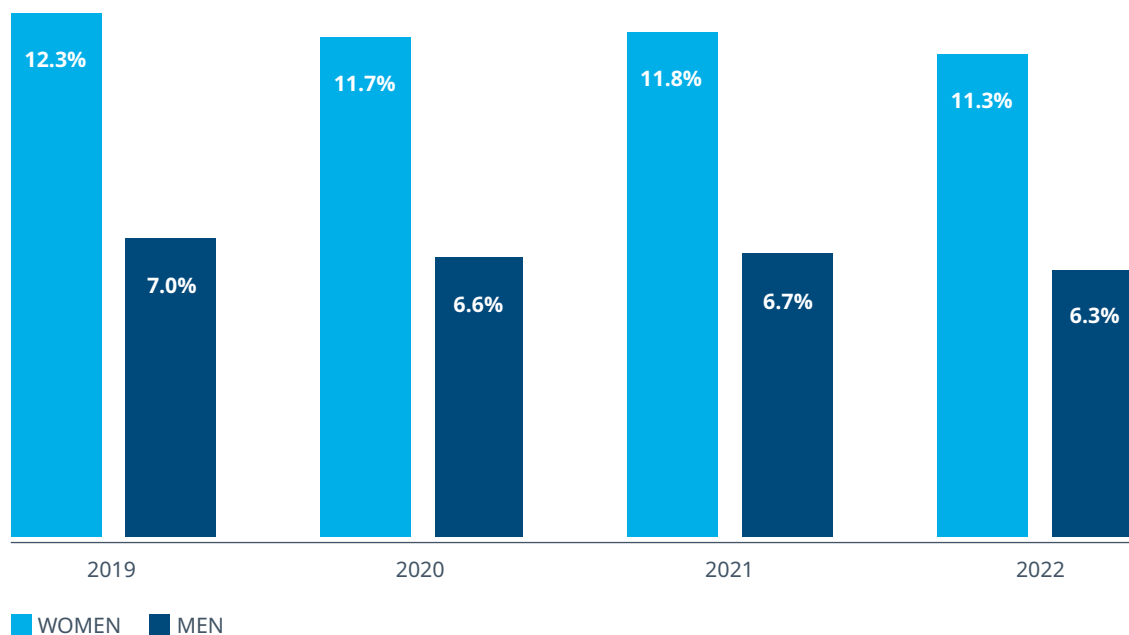
In 2022, the highest antidepressant prevalence rates in Canada were in the 71+ age group, for both women (30.8%) and men (19.2%). As illustrated in the table below, prevalence among women was significantly higher than among men in all provinces and age groups. In 2022, the highest prevalence rate was found in the Atlantic Provinces among the 71+ age group, for both men at 25.5% **(1 in 4 men)** and women at 41.5% **(more than 2 in 5 women)**.

PREVALENCE OF ANTIDEPRESSANT DISPENSING BY GENDER, PROVINCE, AND AGE GROUP, 2022								
PROVINCE	**MEN**				**WOMEN**			
	0–18	**19–45**	**46–70**	**71+**	**0–18**	**19–45**	**46–70**	**71+**
ATLANTIC PROVINCES	3.1%	16.7%	19.3%	**25.5%**	5.6%	35.5%	35.2%	**41.5%**
MANITOBA/SASKATCHEWAN	2.3%	12.0%	15.9%	19.6%	4.6%	27.7%	30.6%	32.2%
ALBERTA	2.6%	11.2%	15.1%	19.8%	4.7%	25.3%	29.3%	33.3%
QUEBEC	1.5%	10.8%	15.4%	19.3%	3.0%	23.0%	27.6%	31.0%
ONTARIO	1.8%	10.2%	13.6%	19.1%	3.5%	21.6%	24.3%	30.0%
BRITISH COLUMBIA	2.3%	10.4%	12.9%	15.3%	4.0%	22.6%	22.9%	25.2%
CANADA	2.0%	11.0%	14.6%	**19.2%**	3.8%	23.7%	26.6%	**30.8%**

With regard to anxiolytics, prevalence among women was significantly higher than among men in all provinces and age groups. In 2022, the highest prevalence rates were found among women aged 71+ in the Atlantic provinces and Quebec, at 32% and 31.6% respectively **(nearly 1 in 3 women),** while among men in the same two provinces, the prevalence rates were 21.3% and 21.1% respectively **(1 in 5 men)**.

PREVALENCE OF ANXIOLYTIC DISPENSING BY GENDER, PROVINCE, AND AGE GROUP, 2022								
PROVINCE	**MEN**				**WOMEN**			
	0–18	**19–45**	**46–70**	**71+**	**0–18**	**19–45**	**46–70**	**71+**
ATLANTIC PROVINCES	0.7%	6.8%	12.7%	**21.3%**	1.1%	12.8%	20.9%	**32.0%**
QUEBEC	0.5%	5.4%	12.3%	**21.1%**	0.7%	10.2%	20.0%	**31.6%**
ALBERTA	0.5%	4.4%	9.5%	15.8%	0.7%	8.8%	16.3%	23.9%
MANITOBA/SASKATCHEWAN	0.5%	3.9%	8.6%	14.7%	0.7%	8.2%	15.0%	22.3%
BRITISH COLUMBIA	0.6%	3.6%	7.6%	12.3%	0.8%	7.8%	13.2%	19.1%
ONTARIO	0.5%	3.6%	7.7%	12.6%	0.6%	6.8%	13.1%	19.4%
CANADA	0.5%	4.3%	9.4%	**15.7%**	0.7%	8.4%	15.7%	**23.9%**

In Canada, for the four years under study, prescriptions for antidepressants and anxiolytics were prescribed mainly by general practitioners (~80%) and psychiatrists (~15%). Similar proportions of prescribers were observed in the six provinces covered by this report.

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.

List of molecules included in this study:

ANTIDEPRESSANTS		ANXIOLYTICS/HYPNOTICS		
1st generation	**2nd generation**	**Benzodiazepines**	**DORA**	**Z-drugs**
Amitriptyline	Bupropion	Alprazolam	Lemborexant	Eszopiclone
Amoxapine	Citalopram	Bromazepam	Suvorexant	Zaleplon
Clomipramine	Desvenlafaxine	Chlordiazepoxide		Zopiclone
Desipramine	Duloxetine	Clobazam		Zolpidem
Doxepin	Escitalopram	Clonazepam		
Imipramine	Esketamine	Clorazepate		
Moclobemide	Fluoxetine	Diazepam		
Nortriptyline	Fluvoxamine	Flurazepam		
Phenelzine	Levomilnacipran	Lorazepam		
Tranylcypromine	Mirtazapine	Midazolam		
Trimipramine	Paroxetine	Nitrazepam		
	Sertraline	Oxazepam		
	Trazodone	Temazepam		
	Venlafaxine	Triazolam		
	Vilazodone			
	Vortioxetine			

The IQVIA data used to produce this Snapshot includes both generations of antidepressants. The most recent second-generation antidepressants include selective serotonin reuptake inhibitors (SSRIs); mixed serotonin and norepinephrine reuptake inhibitors (SNRIs); and alpha-2 receptor antagonists, which have the same clinical efficacy as first-generation medications (tricyclic antidepressants), but with a different adverse-effect profile that justifies prescribing the most recent molecules as first-line treatment.[4] **It should be noted that certain molecules of these two generations are sometimes prescribed for indications other than depressive disorders, such as pain, migraines, and fibromyalgia.**

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
4. https://pharmacomedicale.org/medicaments/par-specialites/item/antidepresseurs-les-points-essentiels
   https://www.aafp.org/pubs/afp/issues/2013/1115/p687.html

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

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.

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.

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