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Original Research

The burden of chronic noncommunicable diseases in undocumented migrants: a 1-year survey of drugs dispensation by a non–governmental organization in Italy

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ABSTRACT

Objectives: This study was carried out with two objectives. The first one was to have an insight into the prevalence of chronic noncommunicable diseases (CNCD) in undocumented migrants, and the second one was to evaluate if differences existed among different ethnic groups.

Study design: The study is based on the collection of data on drug dispensation by a non–governmental organization (NGO) providing free medical assistance to undocumented migrants in Milan, Italy. All the prescriptions to adult subjects from January 1 to December 31 2014 (total 8438) were recorded and analyzed. All the data available for the patients receiving prescriptions (age, gender and country of birth) were also collected in anonymous form. Ethical approval for the study was given by the Ethics Committee of the NGO.

Methods: Drugs were grouped according to the anatomical therapeutic chemical (ATC) classification and their quantities expressed as daily defined doses (DDDs)/1000 patients/day. The 56 ATC levels were divided into three groups according to their use for acute, chronic, or both acute and chronic diseases. The statistical analysis of drug dispensation was performed for the whole population and for the five ethnic groups into which it had been divided.

Results: Prescription of medicines for chronic conditions was significantly greater than for acute (154.2 ± 45.9 vs 51.3 ± 18.4 DDD/1000 patients/day, $P < 0.02$) and for both acute and chronic conditions (57.9 ± 12.8 DDD/1000 patients/day, $P < 0.02$). Five ATC classes accounted for 60% of all chronic prescriptions. They were differently distributed among the

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five ethnic groups (e.g., Asians required more antihypertensives and antidiabetics, East Europeans required more lipid modifying drugs, antihypertensives and antithrombotics).
Conclusions: Our data show an important use of medicines for chronic diseases in a population of undocumented migrants. Though with some limitations, this could be an indicator of a high prevalence of CNCD in this population, with significant differences among different ethnic groups. This situation should be considered when planning health interventions, also in consideration of the fact that it could have an impact on European Health Services in a short time.
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Introduction

Data on the health status and health needs of undocumented migrants are scarce and generally limited to subjects seen in the Emergency Department[1,2] or on the field.[3] This is true for Italy and, in general, for all European Union (EU) countries, in spite of the fact that irregular migration to Europe, escaping from war, poverty and religious or political persecution, is continually growing.[4]

Actually, undocumented migrants find many obstacles in obtaining health care with the exception of emergency and primary services, provided free of charge to all by most EU countries.[5]

Many studies have acknowledged for decades the so-called 'healthy migrant effect', meaning that foreign-born people have better health status than their native-born counterparts when arriving in the destination country.[6,7] This concept has undergone some criticism. First, it is possible that this difference is lost after some years of permanence in the host country.[8] Second, significant health status differences seem to exist within the migrant population, for example between refugees and labour and education migrants, upon arrival in the host country.[9] Thus, the possibility exists that, on the contrary of what was initially thought, the prevalence of chronic diseases in undocumented migrants is very high. This appears particularly the case for cardiovascular risk factors, as it has been recently pointed out by a consensus document of an ad hoc Working Group of the European Society of Hypertension.[10]

Their status itself might have a negative impact on their health and well-being; moreover, limitations in the access to care could exacerbate their physical and mental illnesses.[11]

These issues are difficult to investigate in the population of undocumented migrants. For these persons, no data are available in public registers and they are difficult to obtain for many reasons (unwillingness to be registered, unavailability of a defined residence, poor adherence to treatments, language barriers, etc). This is reflected in the available literature, which, as previously pointed out, is mainly based either on surveys of emergency health problems[1–3] or on very thorough studies of a very small number of subjects.[11]

These considerations can explain why data on the health conditions and needs of undocumented migrants are so scant in the literature. Therefore, we have tried to obtain a picture of the health status of a large population of undocumented migrants by assessing the therapies that they receive from a major Italian Charity. This method, which has already been useful in giving us preliminary insights,[12] is especially useful if a clear correlation exists between a given drug (or group of drugs) and a certain disease and when prescriptions are necessary rather than discretionary.[13] It is increasingly used in pharmacoepidemiological studies in different medical settings[14,15] and has recently been employed to evaluate the purchase of medicines by regular migrants in EU countries.[16] In the present study, we used it to carry out a prospective 1-year survey in a population of undocumented migrants receiving medical assistance by a major Charity in Milan, Italy, with two aims. First, we tried to get a measure of the burden of chronic noncommunicable diseases in these subjects; second, we evaluated if race-related differences exist among the various ethnic groups of undocumented migrants.

Methods

For this study, we used the data on drug dispensation obtained from the pharmacy of the Opera San Francesco (OSF), a major non–governmental organization (NGO) in Milan, Lombardy (Italy), that provides free health care to undocumented migrants. This is done through the voluntary work of more than 150 doctors representing almost all the medical disciplines, who rotate in the clinics. Thus, each patient is seldom seen twice by the same clinician; this can be a limit, but also prevents the effects of possible differential prescribing. Two outpatient clinics are run all day from Monday to Friday. Patients seek consultations spontaneously. They are first seen by an internist and, when necessary, they are referred to a specialist; at the end of the consultation, they receive for free from the pharmacy of the NGO the drugs that have been prescribed. Occasional low-income Italian natives are also cared for. In our study, their number was too small to be included in the statistical analysis.

All the adult undocumented persons who, during the entire 2014, sought assistance at the OSF and received at least one drug prescription were included.

The population consisted of 8438 (4902 males; 3536 females) adult subjects with a mean age of 39.5 ± 12.4 years (range: 18–70 years).

They were stratified by gender and age, since both could represent confounding factors affecting the use of drugs and

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