



Paracetamol prescribing in Norway before, during and after the COVID-19 pandemic

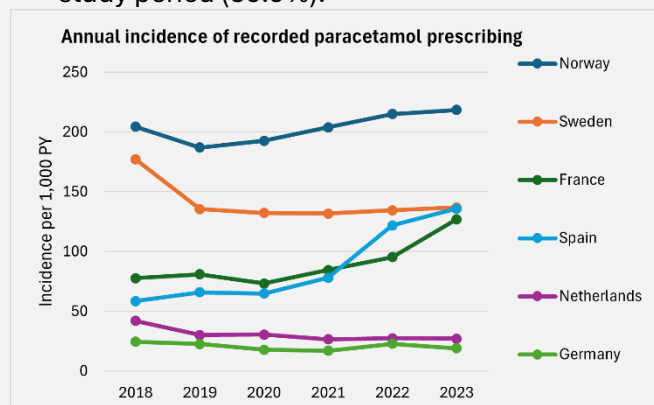
Paracetamol is one of the most common causes of drug poisoning and can result in severe hepatic failure. This DARWIN® EU study aimed to describe paracetamol prescribing and overdose, and to characterize patients in terms of comorbidities, medication and short-term complications. Here, we highlight results for Norway.

Study overview

- Design: Population-level drug utilization study in databases across Norway, Sweden, France, Spain, Netherlands, and Germany.
- Population: Individuals in Norway (2018-2023) with ≥ 1 year of prior observable data (N = 5.83 mil).
- Exposure: Paracetamol dispensations, with a 60-day grace period to define incident treatment episodes.
- Outcomes: For Norway incidence of paracetamol dispensation. In other databases paracetamol overdose, mortality.

Paracetamol utilization in Norway

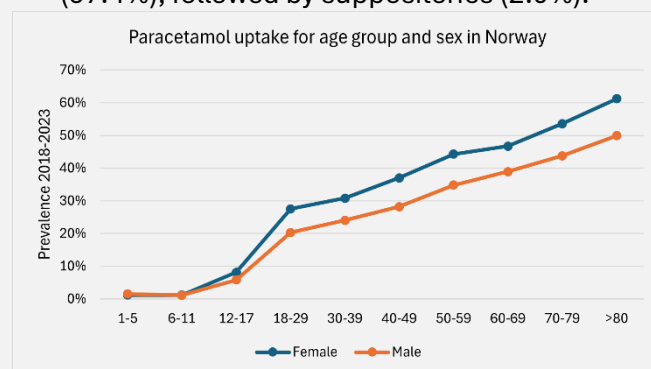
- Over 2.14M individuals in Norway had at least one paracetamol dispensed 2018-2023.
- Norway had the highest period prevalences of recorded paracetamol prescriptions during the study period (36.9%).



- Paracetamol usage increased with age (6–11 years: 4.94 per 1,000 person-years; ≥ 80 years: 538.27 per 1,000 person-years).

Patient characteristics in Norway

- Incidence of paracetamol use was higher among females than males in Norway (female/male ratio 1.63), except for the younger age groups (ages 1–5).
- Oral tablets were the predominant formulation (97.4%), followed by suppositories (2.0%).



- Children accounted for <1% of incident paracetamol users in Norway: ages 1–5, 0.4%; ages 6–11, 0.4%.

Data & Methods notes

- Recorded prescribing may underestimate total paracetamol use because over-the-counter purchases are not captured.
- OTC status of paracetamol products varies both between countries, and across time, potentially explaining some of the difference in incidences.
- Rates of paracetamol overdose and outcomes were not available for Norway.
- Prescriptions is used as a harmonized label and may represent dispensations in some databases, including in Norway.

How was this useful?

The study provided an overview of paracetamol prescribing and overdose patterns across European databases and described overdose patients. Overall use was increasing, but relatively few overdoses were observed (2–31 per 100,000 person-years). Norway had the highest prescribing incidence among the six databases, while women and older age groups showed the highest use in Norway and elsewhere. Future work should estimate overdose incidence and outcomes for Norway.

Access to the full report

[DARWIN EU® – Paracetamol prescribing and paracetamol overdose in Europe: a descriptive analysis of trends and patient characteristics](#)

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