EFFECT OF HEALTH INSURANCE COVERAGE AND DEPRESSION ON PRESCRIPTION MEDICATION USE IN PATIENTS WITH CHRONIC MEDICAL DISORDERS

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OBJECTIVES: Our objective was to study the association of health insurance coverage and depression with prescription medication use in patients with chronic medical disorders (CMD). METHODS: For the retrospective analysis, we extracted data on ≥18-year-old employed adults from the pooled 2004–5 Medical Expenditure Panel Survey. Data included ICD-9-CM-coded CMD (hypertension, heart disease, arthritis/other joint disorders, chronic obstructive pulmonary disease, hypertension, or diabetes) and depression. RESULTS: Further analyses were performed to determine if any prescription use (OR 0.37, 95% CI 0.30–0.46) each when compared with CMD patients with private insurance (overall p < 0.001). In multivariate logistic regression analyses, adjusting for other covariates including any depression treatment, depression treatment was no longer significantly associated with one or more prescription medications use (OR 0.97, 95% CI 0.88–1.08). CONCLUSIONS: Differences in the use of prescription medications between CMD patients with public insurance and CMD patients with private insurance warrant further study and the attention of payers and providers.

ANTIDEPRESSANTS AND ANTIHYPERTENSIVES USE IN CHILDREN-HAS THE UTILIZATION CHANGED AFTER SAFETY WARNINGS?

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OBJECTIVES: To evaluate annual utilization pattern of antidepressants and antihypertensives in children, before and after safety warnings in 2004. METHODS: The 2004 National Ambulatory Medical Care Survey (NAMCS) and Vital and Health Statistics (VHS) of the National Center for Health Statistics were used to evaluate visits involving antidepressants and antihypertensives for patients 2 years to younger. Prescription data from the national surveys were combined to evaluate annual utilization trends. The annual visit estimates and percentages were calculated using inflation factor patient sampling weight. RESULTS: According to NAMCS-VHS data, annual visit estimates involving antidepressants were 7.35 million in 2003, 6.72 million in 2004 and 6.51 million in 2005. The proportions of antidepressant-related visits were 3.37% in 2003, 3.12% in 2004 and 2.81% in 2005. The annual visits for VHS were 4.68 million, 3.5 million, and 3.75 million in 2003, 2004 and 2005 respectively. Percentages of SRRI prescriptions in visits involving antidepressants were 63.67% in 2003, 52.82% in 2004 and 57.60% in 2005. Annual visits involving antihypertensives were 2.4 million in 2003, 2.05 million in 2004 and 2.11 million in 2005. The proportions of antidepressant-related visits among all children visits were 1.09% in 2003, 0.95% in 2004 and 1.08% in 2005. The findings revealed that annual prescribing pattern of antidepressants and antihypertensives in the trend of estimated use and utilization rates remained stable (p > 0.05). There was also no significant change in annual prescription of SRRI. Analysis of antidepressant and antihypertensive utilization trends among children with depression also revealed similar a pattern. CONCLUSIONS: There is no significant change in annual utilization trends of antidepressants in children due to regulatory warnings. Also, safety warnings do not appear to have influenced utilization pattern of antihypertensives in children. More research is needed to evaluate patient-level changes in the management of antidepressant therapy due to regulatory warnings.

ORAL SUPPLEMENTATION AND CONCOMITANT MEDICATION IN THE TREATMENT OF SCHIZOPHRENIA WITH LONG-ACTING ATYPICAL ANTI-Psychotics

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OBJECTIVES: To describe quality of care and to investigate the factors associated with non-adherence to medication for schizophrenia in patients enrolled in a large managed care population. Methods: California Medicaid administrative data from January 1 to June 2004 were used to identify patients ≥18 years of age with a new episode of MDD. Quality of care assessment was based on current clinical practice guidelines, using data from the diagnosis date to the last day of 2004. The assessment included the proportion of patients using antidepressants or psychotherapy and those non-adherent to medication (medication possession ratio <0.8). Logistic regressions were used to identify factors associated with use of antidepressants or psychotherapy. RESULTS: Of 5376 individuals who were identified as MDD, 2467(46%) received neither antidepressant medication nor psychotherapy. At least one psychotherapy session, (233(47%) had used one antidepressant prescription fill, and 228(4%) used both antidepressants and psychotherapy. Use of White race or those with Medicare/Medicaid dual eligibility (41%) were more likely to use selective serotonin reuptake inhibitors (SSRIs) than comparison groups (32% for Black, 35% for other than White or Black, p < 0.0001) or non-dually eligible (36%, p < 0.001). For patients using antidepressants, 89% were non-adherent to their medication. Major factors associated with antidepressant use included White race (OR:1.41, CI:1.26–1.59 vs. other than White and Black race), dual eligibility (OR:1.73, CI:1.55–1.98), a depression-related office visit (OR:1.43, CI:1.27–1.60), a long-term care stay (OR:1.86, CI:1.34–2.5), and female gender (OR:1.14, CI:1.01,1.29). Factors associated with use of psychotherapy included dual eligibility (OR:6.79, CI:3.94–12.60), a depression-related office visit (OR:13.6, CI:3.9–42.1), and a long term care stay (OR:1.24, CI:1.15–1.38). CONCLUSIONS: These findings provide evidence of less than optimal care received by MDD patients from a California Medicaid program. Interventions tailored to individual characteristics (race and gender), as well as those addressing mutable factors (such as dual eligibility) may improve care in these patients.