PHYSICIANS’ ATTITUDE TO PRESCRIBING ANTIDEPRESSANT THERAPY IN 2196 ADULTS WITH DEPRESSION

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Abstracts

Of the 2196 adults with depression, 62.7% had a primary care physician visit at some point in time. Electronic surveys about depression intensity and antidepressant treatment recommendations were sent to treating physicians when a target sample of 400 responses was reached. Patient characteristics and treatment were identified from administrative claims. Univariate analyses were used to describe patient characteristics and physician survey responses. RESULTS: The majority of the 196 patients whose physicians responded to the survey and confirmed depression were female (76.5%), on average 77 years old, 66.7% had age 65–80 years. Most patients had physician-reported depression onset after age 60 (72.2%) and moderately severe depression (58.8%). Physicians reported that 62.9% of patients were already treated with antidepressants at time of screening, 28.5% were recommended antidepressant initiation, and 8.6% were not prescribed antidepressants; the rate of patients who were not prescribed antidepressants was similar in patients age 65–80 and over 80 years. SSRIs were most frequently prescribed. Maintaining prior therapy was recommended for 81.1% of patients and treatment modification for 18.9%. Almost all physicians agreed that experience of drugs, safety/tolerability, and patient improvement influenced their choice to maintain prior therapy or recommend new therapy (92%). 85.8% of physicians agreed that availability of efficacy data in the elderly influenced their decision to prescribe new therapy. About 38.9% of patients recommended new therapy initiation, but did not fill a prescription. CONCLUSIONS: The majority of older patients with depression are prescribed antidepressants, mostly receiving a recommendation to maintain prior therapy. Over two thirds of patients who were recommended new antidepressant therapy did not fill a prescription.

OFF-LABEL PRESCRIPTION RATE OF ANTIDEPRESSANTS AMONG OFFICE BASED PHYSICIAN AND HOSPITAL OUTPATIENT PRACTICES DURING 2003–2005

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OBJECTIVES: To examine the off-label prescribing rates of antidepressants among office-based physicians and hospital outpatient department clinics during 2003–2005. METHODS: The National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS) were used as data sources. Patients who received an antidepressant during the study period were included in the study. Corresponding diagnosis were analyzed to identify off-label prescribing based on Physician Desk Reference and Micromedex. Binary Logistic Regression Analysis was used to predict off-label use on the basis of patient’s demographic characteristics and payment methods. Microsoft Access and SPSS 14 were used to analyze the data. RESULTS: From 2003 to 2005, a total of 172,489 patient records were collected, of which, 12,251 patient records were included in the study. A total of 7,068 (57.6%) out of 12,251 antidepressant prescriptions were identified as off-label prescriptions in the study. There were 21 different antidepressants were identified in these databases. Amitriptyline HCl, a TCA/SNRIs, had the highest off-label prescription rate among all the antidepressants. According to patient demographics characteristics, the odds of receiving antidepressants off-label was found to be increased with age, elderly adult patients were 2 to 4 times (OR = 2.341, 95% CI = 2.72–3.852) more likely to get an off-label prescription of antidepressants than children/adolescents. Whites were considered 1.2 times more likely to receive an off-label prescription of antidepressant than non-whites (OR = 1.218, 95% CI = 1.09–1.361) and 71.7% Medicare patients were received off-label antidepressant prescription. CONCLUSIONS: Off-label prescribing of antidepressants is highly prevalent, especially in TCA/SNRIs class of antidepressants. Where elderly adults were more likely to get off-label prescriptions than non-whites adults. Future studies are required to address the questions of legal, clinical and economic aspects of off-label prescribing of antidepressants.

IMPACT OF PHARMACY BENEFIT DESIGN ON ANTI-PSYCHOTIC MEDICATION ADHERENCE AND DISCONTINUATION

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OBJECTIVES: Objective was to compare medication adherence and time to discontinuation in patients newly initiated on a second generation anti-psychotic (SGA) in health plans with either open or restricted access to antipsychotic medications. Restrictions access included preferred formulations, prior authorization, and electronic step-therapy edits. METHODS: A retrospective cohort analysis was performed using claims from a large pharmacy benefit management company. The company provides pharmacy benefits for health plans with a variety of open versus restricted pharmacy benefit designs. Continuously enrolled commercially insured patients newly initiating atypical antipsychotic therapy between January 1, 2004 and February 28, 2007 were identified and followed for 13 months or until index medication discontinuation. Adherence, defined by medication possession ratio (MPR), was calculated as the ratio of total days’ supply of medication to total days to discontinuation or end of the follow-up period. Patients with a calculated MPR > 80% were defined as adherent. Discontinuation was defined as a time of 30 days, switch, or discontinuation of another antipsychotic. Regression models were used to compare adherence and discontinuation in patients with open vs restricted access without controlling for gender, copayment, index dosage, and co-morbidity. RESULTS: A total of 9128 patients were included in the study. Of these, 7226 (88.9%) had depression. Methad plans with no SGA restrictions. The results showed that patients with open access were significantly more likely to be adherent (OR = 1.38, 95% CI: 1.14–1.66), and significantly less likely to discontinue (OR = 0.88, 95% CI: 0.81–0.95), than patients with restricted access. CONCLUSIONS: Patients in health plans with broad access to SGAs were less likely to be adherent and more likely to discontinue when compared to patients with open access to these medications. Since low adherence to SGAs is associated with increased likelihood of inpatient hospitalization, restricted access to antipsychotics may ultimately result in poor patient outcomes and higher overall health care costs.

DISCREPANCIES BETWEEN KNOWLEDGE, ATTITUDES AND BELIEFS AND THE ACTUAL PRACTICE (KABP) OF PHYSICIANS WHO CARE FOR PATIENTS WITH DEPRESSION AND/OR BIPOLAR DISORDER


OBJECTIVES: Bipolar Disorder (BPD) and depression are associated with a broad burden of illness which may affect as much as 6% of the U.S. population. In the STANDards for Bipolar Excellence (STABLE) project we developed specific performance measures for BPD and, as measure of another antipsychotic, we measured physician knowledge, attitudes and beliefs about BPD and BPD medical management and interventions, along with self-assessments of expert level. METHODS: A technology-assisted web-based survey was completed by 1673 primary care providers (PCPs) and 222 specialty care providers (SCP) in the BPD and depression care practices, representing a large practice in the use of the BPD, and identified in a major biostatistics and pharmacy database. Amitriptyline HCl, a TCA/SNRIs, had the highest off-label prescription rate among all the antidepressants. According to patient demographics characteristics, the odds of receiving antidepressants off-label was found to be increased with age, elderly adult patients were 2 to 4 times (OR = 2.341, 95% CI = 2.72–3.852) more likely to get an off-label prescription of antidepressants than children/adolescents. Whites were considered 1.2 times more likely to receive an off-label prescription of antidepressant than non-whites (OR = 1.218, 95% CI = 1.09–1.361) and 71.7% Medicare patients were received off-label antidepressant prescription. CONCLUSIONS: Off-label prescribing of antidepressants is highly prevalent, especially in TCA/SNRIs class of antidepressants. Where elderly adults were more likely to get off-label prescriptions than non-whites adults. Future studies are required to address the questions of legal, clinical and economic aspects of off-label prescribing of antidepressants.