number and length of health-care visits. For our analysis, the total time spent with a primary health-care professional was calculated. Centers for Epidemiologic Studies – Depression (CES-D, representing symptom-based severity of depression) and Quality of Life Depression Scale (QLDS, depression-specific quality of life) data were gathered from a sample of patients self-reporting depressive symptoms, but not necessarily having a diagnosis of depression.

**RESULTS:** Using the cross-sectional baseline measurement point, a total of 2359 patients were evaluated across the sites. Dividing the population by CES-D scores (<20, ≥20), all sites except St. Petersburg had a pattern where those with lower CES-D scores (less depressive symptomatology) spent less time with their doctors than those with more moderate to severe depression (ranging from 1 minute in Barcelona to over 10 minutes in Seattle). Comparing groups split by mean quality of life scores, a similar pattern was noted with those having lower quality of life spending less time with their health care provider (1 minute in Melbourne to 10 minutes in Seattle).

**CONCLUSION:** With the exception of the site in St. Petersburg, primary care patients who self-report depressive symptoms and lower quality of life tend to spend more actual contact time with their health-care providers.

**PMH19**

**IDENTIFICATION AND ONE-YEAR COSTS OF TREATMENT-RESISTANT DEPRESSION IN A CLAIMS DATA ANALYSIS**

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**OBJECTIVE:** Major depressive disorder (MDD) is a debilitating condition with significant economic consequences. Estimates indicate that up to 30% of individuals with MDD are treatment resistant (TRD). The study objectives were (a) evaluation of studying TRD using claims data; (b) estimation of cost differences between TRD and non-TRD patients.

**METHODS:** Data source was administrative claims data from a Fortune 100 manufacturer. Claims included medical, pharmaceutical and disability claims for 1996–1998 (n > 100,000). The sample was restricted to claims for MDD (NMDD = 4,186). Using a treatment algorithm, patients were classified into TRD-likely and TRD-unlikely groups (NTRD = 487). Resource utilization was compared between TRD-likely, TRD-unlikely patients, and a sample of the overall population.

**RESULTS:** The algorithm classified twelve percent of the MDD sample as TRD. Average annual costs were $10,954 for TRD-likely patients, $5,025 for TRD-unlikely patients, and $3006 for average beneficiaries. The average number of health claims among TRD-likely patients were one and a half times greater than that of TRD-unlikely patients.

**CONCLUSION:** Resource utilization by TRD-likely patients is substantial, not only for direct treatment of depression but also for treatment of co-morbid medical conditions. Additionally, TRD imposes substantial indirect costs on employers, primarily resulting from high rates of depression-associated disability.