PHYSICANS’ ATTITUDE TO PRESCRIBING ANTIDEPRESSANT THERAPY IN OLDER PATIENTS WITH DEPRESSION

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OBJECTIVES: Describe primary care physicians’ decision to prescribe antidepressants to older patients with depression. METHODS: Electronic medical record notes from office visits of older patients (age ≥65), treated in a multi-specialty medical group practice located in central Massachusetts, were screened bi-weekly for mention of depression from August 2007 to July 2008. Electronic surveys inquiring about depression screens, antidepressant prescriptions, and antidepressant treatment recommendations were sent to treating physicians until a target sample of approximately 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. An analysis of 39.9% of patients recommended new therapy initially 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 PHYSICIANS AND HOSPITAL OUTPATIENT PRACTICES DURING 2003–2005

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OBJECTIVES: To investigate 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. Physicians 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 from the said databases. Amitriptyline HCl, a TCASNR1, had the highest off-label prescription rate among all the antidepressants. According to patient demographics characteristics, the odds of receiving antidepressant off-label was found to be increased with age, elderly adult patients were 2 to 4 times (OR = 3.241, 95% CI = 2.727–3.852) 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 = 1.090–1.361) and 71.7% Medicare patients were received off-label antidepressant prescription. CONCLUSIONS: Off-label prescribing of antidepressants is highly prevalent, especially in TCASNR1 class of antidepressants. While 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.

COMORBID ANXIETY AND HEALTH CARE UTILIZATION AMONG ADULTS WITH DEPRESSION

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OBJECTIVES: The objective of this study was to investigate whether patients with comorbid anxiety and depression have greater health care utilization than patients with depression alone. METHODS: Data was collected from The 2003 Medical Expenditure Panel Survey (MEPS), a nationally representative survey of the United States non-institutionalized population. The study sample which included 2196 adults (older than age 18) with depression (ICD-9-CM = 311) was identified from The 2003 Full Year Consolidated Data and Medical Conditions File. Health care utilization and health care expenditures of individuals with depression and anxiety (ICD-9-CM = 300) were compared to individuals with depression but without anxiety. All analyses and estimates were accounted for complex sample design of MEPS by using SUDAAN v 10.0. Wald chi-square tests to examine the association among categorical variable while Student's t-tests were performed to assess differences of health care expenditures. RESULTS: Of the 2196 adults with depression, 18.2% had comorbid anxiety. The average total health care expenditure of depressed patients with anxiety was $9432, which is significantly higher than that of depressed patients without anxiety, $6060 (p < 0.01). Total expenditure of prescriptions was significantly different between depressed patients with and without anxiety ($268 vs $136, p < 0.01). Mean number of prescriptions was significantly higher in patients with comorbid anxiety (38 vs. 23, p < 0.01). A higher number of office-based physician visits was found in the group of patients with anxiety (10.3 vs. 6.1, p < 0.01). Mean expenditure of office-based physician visits for patients with anxiety was $1347 and $777, respectively (p < 0.01). CONCLUSIONS: When comorbid anxiety existed among depressed patients, health care utilization and health care expenditures were significantly higher than those without comorbid anxiety. Policy makers and health care researchers should consider the impact of comorbid anxiety on patients with depression.