THE IMPACT OF PREMATURE DISCONTINUATION OF ANTIDEPRESSANT THERAPY IN MAJOR DEPRESSIVE DISORDER

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OBJECTIVE: Antidepressant therapy is highly effective in patients with major depressive disorder (MDD). Evidence has shown that most patients stay on pharmacotherapy for less than 6 months even though clinical guidelines recommend treatment for longer periods of time. The objective of this study was to assess the impact of premature discontinuation of antidepressant therapy on costs and outcomes in MDD patients. METHODS: We created a simulation model to compare the costs and outcomes associated with patients who respond to treatment with a selective serotonin reuptake inhibitor (SSRI) and discontinue treatment prematurely to those who respond to SSRIs and complete the recommended course of treatment. Patients are outpatients and are assumed to follow treatment as recommended by the clinical guidelines except when early discontinuation occurs. The model considers medication, primary care physician visit, specialist (i.e., psychiatrist, hospital days, suicide, etc.), and adverse event costs. Treatment efficacy was taken from published meta-analyses, and early discontinuation was estimated from the published literature. Resource use was estimated from the clinical guidelines and published literature. Unit costs were drawn from standard published sources and inflated to 2003 dollars. RESULTS: Over the course of 5 years, we observe that continuation patients (i.e., patients who complete a recommended course of treatment) have 135 fewer symptom days, 19 fewer disability days, and lower costs by $2133 than discontinuation patients (i.e., patients who discontinue early) when having relapse/recurrence. In the index episode, continuation patients incur more costs than discontinuation patients due to increased usage of drugs and physician. However, patients who discontinue incur more costs later due to higher relapse/recurrence rates. CONCLUSION: By encouraging patients to complete a full course of drug therapy, patients will incur fewer costs and fewer symptom and disability days.

USING PATIENT REPORTED OUTCOMES (PROS) TO DETERMINE DEPRESSION AND ANXIETY POPULATIONS IN FOUR COUNTRIES

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OBJECTIVES: To utilize international patient reported outcomes (pros) data and identify the size and impact of patient populations suffering from either anxiety or depression in four countries: United States, Great Britain, Germany, and France. METHODS: An annual, self-reported study of consumer attitudes and behaviors conducted by consumer health sciences was fielded in June 2003. Over 53,000 adults, 18 years of age or older, completed the survey in the U.S. (36,452), Great Britain (5,071), France (5,082) and Germany (7,056). We stratified and weighted the sample by key demographics. All respondents were asked if they experienced anxiety or depression and if they had their condition physician diagnosed. Included in the survey were questions regarding hospitalization, worker productivity and the sf-8. RESULTS: The number of anxiety or depression sufferers in the U.S. is almost twice that of the number of anxiety or depression sufferers in Great Britain, France, and Germany combined. Thirty-six and nine-tenths percent of the U.S. adult population, 77.1 million people, suffer from either anxiety or depression while 40 million adults in France, Great Britain, and Germany combined suffer from either anxiety or depression. German sufferers of anxiety or depression reported the lowest sf-physical health score among the four countries. French sufferers of anxiety or depression had the highest mean number of days missed work among those who reported to have missed work among the four countries. CONCLUSIONS: The percent and size of the U.S. adult population suffering from anxiety or depression far exceeds sufferers in Great Britain, France, and Germany. Quality of life, hospitalization and worker productivity vary greatly within each country. Further research into the reasons behind these differences will provide additional understanding into the nuances of each country’s mental health population.

CANADIAN NETWORK FOR BIPOLAR DISORDER (CAN-BD): FREQUENCY OF RELAPSE IN AN OBSERVATIONAL STUDY

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OBJECTIVE: To examine the frequency of relapse in a population of Bipolar Disorder (BD) patients under conditions of routine clinical practice. METHODS: Prospective data continues to be collected at 14 Canadian centres for patients diagnosed with BD, types I/II, who initially met the criteria for a mood episode and required a change in treatment within 3-months from the date of registration. Data includes medical/clinical history with subsequent quarterly follow-up to determine relapse frequency. The study commenced April 2002 and we report on results to the end of November 2003. RESULTS: Of 193 analyzable patients, 124 (64%) were diagnosed with BD-I, and 69 (36%) with BD-II. Overall, the mood episode at baseline was depressive in 38% (n = 74), manic in 19% (n = 37), other in 5% and no episode in 37%. Of the depressed patients at baseline, 33 (46%) went on to have one or more additional episode of depression and 11 (15%) had one or more episode of mania. Of the baseline manic group, 17 (46%) experienced one or more depressive episode and 7 (19%) had one or more additional period of mania. Of the 72 patients with no mood episode at baseline, 10% subsequently had two or less depressive episodes and 6% had two or less manic periods. The total number of relapses beyond the baseline mood episode, by study entry group was: depressive (n = 73), manic (n = 38) and those with no episode experienced a total of 11 relapses. The most frequently prescribed medication for mood stabilization was Divalproex, for depression Bupropion, and Olanzapine was the most frequently prescribed antipsychotic. CONCLUSIONS: Patients entered into this study experiencing a mood episode were significantly more likely to endure additional relapses compared to those patients enrolled free of such episodes. Relapse frequency, in particular depressive relapse, remains high under current clinical practice.

FACTORS ASSOCIATED WITH SECOND-GENERATION ANTIPSYCHOTICS IN THE CALIFORNIA MEDICAID (MEDI-CAL) PATIENTS WITH BIPOLAR DISORDERS

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