PREVALENCE OF DEPRESSION IN EUROPE: A COMPARISON OF FIVE COUNTRIES

OBJECTIVES: To assess the prevalence of depression among five large European nations. METHODS: TNS Healthcare’s European Healthcare Panel of individuals in France, Germany, Italy, UK and the Netherlands were surveyed in 2007 to assess disease burden at national level. The self-reported epidemiological data is representative of population gender and age (18-24, 25-34, 35-44, 45-54, 55-64, 65-69 yrs) strata in respective countries, ensured by sampling and intensive panel management. The survey collected information on select health conditions (incl. depression; in the past 12-months), quality of life and health care utilization. RESULTS: In the TNS European Healthcare Panel, 8,665, 25,265, 19,887, 59,850 and 47,340 individuals completed survey in the Netherlands, Germany, Italy, France and UK respectively. Prevalence of Depression varied widely between these 5 nations, as follows: Netherlands: 9.4%; Germany: 14.6%; UK: 14.8%; France: 17.8%; USA: 18.8%. Within each country, burden of Depression varied by age and gender; distribution among male (18-24, 23-34, 35-44, 45-54, 55-64, 65+yrs: % pts) was: the Netherlands: 5.1%, 6.0%, 7.0%, 7.6%, 7.3%, 5.1%; Germany: 10.9%, 9.9%, 11.2%, 13.7%, 10.6%, 3.7%; Italy: 9.9%, 7.4%, 9.1%, 9.5%, 9.1%, 9.4%; France: 13.7%, 12.8%, 14.4%, 14.6%, 10.9%, 6.2%; UK: 11.8%, 12.2%, 15.8%, 18.7%, 14.0%, 7.0%; distribution among female (18-24, 25-34, 35-44, 35-44, 55-64, 65+yrs: % pts) was: the Netherlands: 5.7%, 14.4%, 13.3%, 12.9%, 10.9%, 13.8%; Germany: 18.5%, 17.8%, 19.8%, 24.2%, 16.0%, 9.8%; France: 17.7%, 17.7%, 21.1%, 24.7%, 21.3%, 12.2%; France: 25.4%, 23.4%, 23.0%, 23.7%, 19.5%, 15.5%; UK: 24.9%, 24.8%, 26.6%, 26.2%, 19.1%, 12.8%. General Practitioners were the primary point of diagnosis and source of treatment, even though this statistic varied between the countries. CONCLUSIONS: Prevalence of depression appears to be substantial in the studied European nations and peaked in the 35-55 age-group. Females had substantially higher disease burden, amounting to as much as twice as their male counterparts in certain age groups.

PATIENT ASSESSED QUALITY OF LIFE VERSUS CLINICIAN ASSESSMENT: A POST-HOC ANALYSIS OF A TRIAL OF ARIPIPRAZOLE IN ADOLESCENT PATIENTS WITH MANIC EPISODES

OBJECTIVES: The pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQLS-Q) is made up of 14 items that assess quality of life (QoL) aspects (Total) and a 1-item overall assessment (Overall). This post-hoc analysis determined whether patient’s assessment in QoL correlated with improvement as determined by the clinical assessment (i.e. PANSS, CGI-S). METHODS: A total of 302 patients (aged 13-18 years, men and women) participated in a 6-month multicenter, double-blind, randomized trial. The primary measure was change from baseline in PANSS Total Score (LOCF). Secondary measures included CGI-S and the PQLS-Q Total and Overall. Relationships between percentage of change from baseline in PANSS-Q, Total and percentage of change in PANSS and between change from baseline in PQLS-Q Total versus PANSS Total score and PQLS-Q Overall versus CGI-S (r = 0.13 and 0.29, p = 0.01). Analysis by treatment arm showed strong correlation between change in PQLS-Q Total versus change in PANSS Total in all groups (r = 0.44; p = 0.011). Correlation between change in PQLS-Q Overall versus change in CGI-S was significant in the 10 mg/day group (r = 0.33; p = 0.001; LOCF), but not for the 30 mg/day and placebo groups (r = 0.084). Categories of CGI-S and PANSS Total improvement correlated with change in PQLS-Q (p = 0.10; LOCF). CONCLUSIONS: Improvements in patient-assessed QoL were significantly correlated with clinicians reported outcomes in the overall population and in individual treatment groups. Aripiprazole 10 mg/day and the combined treatment group demonstrated a significant correlation between improvements in global QoL and global severity of illness.