EFFECTS OF BLACK-BOX WARNING ON TIME TO SWITCH FROM ANTIDEPRESSANTS TO ANTIPSYCHOTICS AMONG CHILDREN SUFFERING FROM DEPRESSIVE DISORDERS IN TEXAS

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OBJECTIVES: To examine the effect of antidepressant black-box warning on time to switch to antipsychotics among previous antidepressant users. METHODS: Information from the 2003–2004 Medicaid Analytic eXtract (MAX) data from Texas, released by Centers for Medicare & Medicaid Services (CMS), were used in the study. Children aged 6–18 years and diagnosed with depression (ICD 9-CM: 293.xx, 296.xx, 298.xx, 300.xx, 301.xx, 309.xx, 311.xx) were identified. To assess the impact of FDA public health advisory antidepressants released in March 2004, patients on antidepressants in February 2004 were considered to be the cases while those in February 2003 were the controls. Medication switch was operationally defined as the initiation of an antipsychotic prescription within 30 days before the end of the previous antidepressant prescription. A multivariable Cox proportional hazard model, adjusted for demographic factors and antidepressant drug classes, was used to examine the association between black box warning and time to switch to an antipsychotic among the previous antidepressant users. RESULTS: There were 14,457 children between 6–18 years, diagnosed with depression in 2003, and 23,694 in 2004 among these patients, 1646 were identified as cases affected by black box warning and 1714 were identified as controls. The most commonly prescribed antidepressant was sertraline in both 2003 and 2004. FDA public health advisory on antidepressants was found to significantly increase the time to switch from antidepressants to antipsychotics (HR = 1.41, 95% Confi dence interval 1.26–1.59). The shorter time to switch was found among Hispanics [HR (vs. Whites) = 0.851 (95% CI 0.749–0.967)]. No statistically signifi cant association was found between other factors and medication switch. CONCLUSIONS: FDA public health advisory on antidepressants was not found to be associated with an earlier time to switch to antipsychotics. Further studies are required to examine treatment discontinuation and augmentation, and switching to other medications resulting from black box warning on antidepressants.

MEASUREMENTS OF ADHERENCE TO ANTI-DEPRESSANT MEDICATIONS

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OBJECTIVES: Health plans often conduct analysis of patient adherence to alternative anti-depressant options using only pharmacy data. This study assesses how various factors identified on medical claims and pharmacy data records impact compliance, a measure of adherence. METHODS: The Palm Beach County Medicaid Managed Care Organization (MCO) claims and pharmacy data were analyzed to examine factors affecting pharmacy refills and total utilization of the following antidepressant classes: selective serotonin reuptake inhibitors (SSRIs) and SNRIs. The study included all MCO members with mental health coverage and claims on selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) between January 2005 and December 1, 2007. A total of 23,785 patients with at least one antidepressant prescription filled were included in the analysis. Results: Higher rates of adherence were associated with patients having a greater number of previous antidepressant refills and having a Medicaid drug class as the primary medication at baseline. A decrease in number of refills was associated with higher rates of adherence. CONCLUSIONS: Improving adherence to antidepressants for Medicaid members is an important factor in the successful treatment of depression. Previous research has shown antidepressant medication adherence is associated with patient age, gender, and medical history; physician specialty; and practice patterns. Socioeconomic factors and fiscal incentives stemming from health plan benefit design have also been highlighted as factors that impact adherence. In this study, we examined how patient, physician, and health plan benefit design characteristics impact compliance and persistence, two common measures of adherence. METHODS: Retrospective database analysis among patients receiving at least one prescription for a selective serotonin reuptake inhibitor (SSRI), SNRI, or tricyclic antidepressant (TCA).RESULTS: Patients of lower compliance included African-American race, index drug initiation as second or higher line of therapy or at subtherapeutic dosing levels, psychotropic polypharmacy, comorbid pain diagnoses, and co-pay level (95% confidence intervals for odds ratios all >1).Higher levels of compliance included older than 65, more than high school education, income >$100K, and comorbid anxiety (95% confidence intervals for odds ratios all >1). Similar results were obtained when assessing persistence instead of compliance. CONCLUSIONS: When possible, comparisons of adherence to alternative antidepressant medications should be adjusted for elements of benefit design, socioeconomic, patient demographic, and physician specialty and treatment patterns.

REFERENCES TO ADHERENCE TO ANTI-DEPRESSANT MEDICATIONS

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OBJECTIVES: To evaluate the effects of adherence to antidepressant treatment in patients who have previous clozapine treatment history. METHODS: This analysis utilized data from the CATIE study for patients with early psychotic illness. This randomized, double-blind, flexible-dose, multicenter study of patients with early psy- chotic illness assigned to treatment with olanzapine, quetiapine, or risperidone. From the study population, a subgroup of 179 patients stable at 12 weeks (PHANTASY, and Calgary, TY) was selected for further analysis. Subjective, disease-related, psychosocial factors and neurocognition were measured and their association with patient health care utilization determined. Neurocognitive composite scores were calculated at 0, 12 and 52 weeks from the neurocognitive battery (CATIE and BACS, converted to standardized Z-scores and divided into tertiles. No drug-related analysis was preformed. Poisson regression, Negative Binomial, Zero-inflated Negative Bino- mial models were used to identify significant predictors of resource utilization. RESULTS: The mean age of patients was 25.6 ± 6.9 years. During study period, 44% of patients had any ER visit and 75% any outpatient visit. Significant multipliers (p) of the expected number of outpatient visits, in addition to regularly scheduled visits, were the following: 3 weeks included: any previous outpatient visits (r = 3.72, p < 0.01), age (r = 0.965 per year age, p = 0.02), any abnormal movements (r = 0.678, p = 0.04), and baseline depress- ion (r = 1.167 per point on Calgary, p < 0.01). Significant multipliers of the number of ER visits (r = 2.22, p < 0.01), neuro- cognition (r = 0.46, 1st Tertile vs 3rd Tertile, p = 0.01), and alcohol dependency (r = 2.19, p = 0.04). CONCLUSIONS: The utilization of additional outpatient and ER services for patients after first episode of psychosis is associated to a large extent by previous use of health care services, drug/alcohol dependency, depression and cognition. The strength of these relationships is greater than the impact of illness severity.