OBJECTIVES: To compare the direct health care costs, during and after pregnancy, between women who continue their antidepressant therapy during the whole gestational period and those who discontinue their treatment during the first trimester.

METHODS: Data from a ‘Medications and Pregnancy’ registry were used. Eligible women were 1) aged 15—45, 2) insured by the Quebec drug plan for ≥12 months prior to, during pregnancy, and ≥3 months after pregnancy, 3) had ≥1 diagnoses of psychiatric disorders before pregnancy, 4) used antidepressants for ≥30 days in the year before pregnancy, and 5) had delivered.

Women who continued their antidepressant therapy throughout pregnancy (Group 1) were compared to those who discontinued during the first trimester (Group 2). Health care costs, expressed as mean total costs and cost ratios were determined during and after pregnancy.

RESULTS: In total, 2822 women met inclusion criteria. Of these, 501 (17.8%) were in Group 1, and 676 (23.4%) in Group 2. The median number of days of antidepressant use before pregnancy was higher in Group 1 (260 days vs. 144 days, p < 0.01). The proportion of women visiting a psychiatrist was also higher in Group 1 (33.7% vs. 26.8%, p < 0.01). The mean total cost during pregnancy in Groups 1 and 2 were $2981.5 vs. $1842.9 (p < 0.01), and after pregnancy $1761.2 vs. $1024.9 (p < 0.01). When prescription costs were excluded, these differences in costs were no longer significant.

CONCLUSIONS: Women who use antidepressants during pregnancy are likely to have disorders of greater severity compared to those who discontinue during the first trimester. They incur significantly greater health care costs. However, this increased cost is attributable to higher prescription costs.

A GPRD-BASED COMPARISON OF SECOND-LINE ANTIDEPRESSANT THERAPY WITH ESCITALOPRAM AND VENLAFAXINE

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OBJECTIVES: British guidelines recommend escitalopram and venlafaxine as second-line treatments in major depressive disorder (MDD). Clinical trials demonstrated similar efficacy and better tolerability of escitalopram vs. venlafaxine. To assess how these results translate into real-life, this study compared second-line treatment strategies with escitalopram or venlafaxine after failure of first-line generic SSRI on clinical response and tolerability in 323 patients with MDD treated in the UK.

METHODS: This cohort study using the General Practitioners Research Database (GPRD) included adults with a diagnosis of MDD classified as severe by published algorithm, treated either with escitalopram 10–20 mg or venlafaxine 75–225 mg daily. Twenty-four week outcomes were assessed; primary outcome was remission (CGI-S ≤3) and secondary outcomes were treatment response (CGI-S ≤5 and ≥2 improvement), tolerability (number of patients discontinuing treatment due to adverse events), and costs. Tolerability was assessed using a composite end-point incorporating clinical, laboratory, and self-reported symptoms.

RESULTS: In total, 323 patients were randomized to escitalopram (164 patients) or venlafaxine (159 patients). No patients were excluded due to missing data. The two treatment groups were similar in baseline characteristics. Remission was achieved in 71.4% of patients in the escitalopram group and 67.8% in the venlafaxine group (p = 0.51). Treatment response was achieved in 85.1% of patients in the escitalopram group and 83.3% in the venlafaxine group (p = 0.56). Tolerability was similar in both groups, with no patients discontinuing treatment due to adverse events. Costs were lower in the escitalopram group ($831 vs. $875, p = 0.10), and there was no significant difference in costs when adjusted for baseline characteristics ($831 vs. $1156, p = 0.24).

CONCLUSIONS: Escitalopram is a cost-effective second-line treatment in patients with MDD, with similar clinical efficacy and tolerability compared to venlafaxine.