declined from 76% to 31% as a share of all uses from 1994 to 2007, while substantial increases in use occurred for bipolar affective disorder (5% to 39%) and depression (8% to 15%). The fraction of atypical antipsychotic use for indications with insufficient evidence of efficacy increased from 32% in 1994 to 38% in 2007, representing 26 billion prescriptions and $7.3 billion dollars in expenditures in 2007. During 2007, primary care physicians accounted for 21% of visits where an antipsychotic was used, as compared with psychiatrists (77%) or physicians from other specialties (2%). Antipsychotic use in settings of insufficient evidence was similar among primary care physicians, specialists, and psychiatrists. 

CONCLUSIONS: The scope and costs of this expansion, due to both clinical innovation and oversuse, demonstrate the importance of efforts to limit the clinical application of antipsychotics to settings of sufficient evidence.

ADULT ADHD IN THE UNITED STATES: A COMPARISON OF 2 METHODS TO ESTIMATE PREVALENCE

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OBJECTIVES: To validate adult ADHD prevalence estimates in a US health care claims database. METHODS: A commercial research database (MarketScan®) from Thomson Reuters; employer clients only was used to estimate the annual prevalence of adult ADHD from 2002 to 2007. Patients (18-64 years) diagnosed with ADHD (ICD-9) on at least 2 occasions within 12 months were counted in each year they had a diagnostic/diagnosis claim indicating ADHD. These prevalence rates were compared with rates from a US epidemiological study which estimated adult ADHD prevalence using clinical interviews of respondents (18-44 years) from the 2005 National Comorbid Survey replication (NCs-R; Kessler et al, 2006). RESULTS: In MarketScan® the prevalence of diagnosed and treated ADHD in US adults was 1.24 per 1000 members in 2002, increasing annually to more than triple in 2007 (4.02 per 1000). The proportion of females: males with ADHD increased yearly. Prevalence per 1000 grew faster among 18–24 than 25–44 year olds. ADHD with hyperactivity was more prevalent than ADHD without hyperactivity. In contrast, the NCS-R study reported a higher ADHD prevalence (44 per 1000) in 2003 in the 18–44 group, with more males than females diagnosed with ADHD. Prevalence estimates from our study increased when correcting for differences between studies in age range (18–64 versus 18–44 years; 4.59 per 1000) and number of diagnoses (2 vs 1; 5.03 per 1000). In the NCS-R study, only 10.9% of individuals who were diagnosed received treatment. Thus, the number of treated patients in the NCR-S study (4.796 per 1000) is close to the 4.02 per 1000 reported from the claims database. CONCLUSIONS: The estimated prevalence of adult ADHD in diagnosed and treated patients based on claims data is similar to that based on clinical interviews, validating the use of claims data to estimate prevalence.

RISK OF INJURY IN ADULTS WITH ATTENTION-DEFICIT HYPERACTIVITY DISORDER

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OBJECTIVES: To evaluate the risk of injury associated with attention-deficit hyperactivity disorder (ADHD) using information from an employee database. METHODS: Using the MarketScan® Commercial Claims and Encounters Database from Thomson Reuters, we evaluated patients aged 18 to 64 years and diagnosed with ADHD (N = 31,752), matched by similarity in demographics and data availability 3:1 to controls without ADHD (N = 95,256) or 1:1 to controls diagnosed with depression (N = 29,965). Patients with ADHD were also stratified into compliant (Medication Possession Ratio [MPR] >0.85, N=6,854), partially compliant (0.3 ≤ MPR < 0.8, N = 5,213) and non-compliant (MPR < 0.3, N = 4,007) cohorts. Risk of injury was compared between groups for January to December 2006. Multivariate analyses controlled for treatment differences between groups that remained after matching. RESULTS: Injury rates were higher in the ADHD group than in the non-ADHD control group (21.6% vs 15.7, p < 0.001) and depression group (21.4% vs 20.5, p = 0.0008), and higher in the compliant group than in the partially compliant (22.8% vs 20.3, p = 0.0004) and noncompliant (22.8% vs 17.8, p < 0.001) groups. In multivariate analyses, risk of injury was higher in the ADHD group than in the non-ADHD (1.3194 odds ratio [OR], p < 0.01) and depression control groups (1.1263 OR, p < 0.01) and higher in compliant and partially compliant patients than in noncompliant patients (1.2633 and 1.664 OR, respectively, p < 0.01). Comorbid depression, anxiety and substance abuse predicted a higher risk of injury in the ADHD versus control groups (p > 0.01) and in compliant/partially compliant patients versus noncompliant patients (p < 0.01), with magnitude equal to or exceeding that of the ADHD group alone. CONCLUSIONS: Patients with ADHD had higher risk of injury than similarly matched patients without ADHD or with depression, suggesting important implications for workplace safety and liability.

Mental Health – Cost Studies

BUDGETARY IMPACT OF WELL DIRECTED USE OF PALPERIDONE ER IN GERMANY

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OBJECTIVES: The purpose of this analysis was to quantify the subgroup of schizophrenic patients with potential treatment benefits associated with the oral atypical antipsychotic Paliperidone ER (PER) according to its clinical profile (limited liability for hepatic drug drug interactions (DDI) via CYP450) and to assess the budgetary impact of targeted use of PER for treatment of these patients. METHODS: In a retrospective study of longitudinal patient data from Germany using IMS Disease Analyzer medical, records patients from with at least one diagnosis of schizophrenia (ICD10 F20–F29) between July 2007 and June 2008 were analyzed. For the last quarter of the study period prescriptions of antipsychotic and concomitant medication of schizophrina