PSYCHIATRIC-RELATED HEALTH CARE COSTS AND RISK OF HOSPITALIZATION AMONG MEDICAID PATIENTS WITH TYPE I BIPOLAR DISORDER WHO RELAPSE FREQUENTLY

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OBJECTIVES: To examine psychiatric-related health care costs and inpatient utilization among patients with type I bipolar disorder who relapse frequently within a large Medicaid database. METHODS: A large multistate Medicaid claims database (MarketScan®) was used to identify patients aged 18 to 64 years with type I bipolar disorder ≥2 prescription claims for lithium, an anticonvulsant, or an antipsychotic between January 1, 2004 and December 31, 2005, and ≥24 months’ continuous enrollment. Frequent relapse (FR) was defined as ≥2 clinically significant events (CSEs) occurring during a 12-month identification period beginning with the initial CSE (if any). CSEs included emergency room (ER) visits or inpatient hospitalizations (IH) with a principal diagnosis of bipolar disorder or a change in bipolar disorder medication(s). Patients were followed for a subsequent 12-month period to evaluate health care utilization and associated costs. Generalized linear modeling was used to estimate the impact of FR on psychiatric-related health care costs; logistic regression was used to estimate the impact of FR on psychiatric IH and ER visits. RESULTS: Of 5,527 patients with type I bipolar disorder, 53% relapsed frequently. Of the patients with FR, 75% were female. Close to one-third (29%) of patients who relapsed frequently in the identification period also relapsed frequently in the follow-up period. During the 12-month follow-up period, patients with FR had higher adjusted per-patient psychiatric-related health care costs (mean $6014 vs $3495; P < 0.001), 3.7 times greater odds of psychiatric IH (P < 0.001) and 3.1 times greater odds of psychiatric-related ER visits (P < 0.001) than patients who did not relapse frequently. CONCLUSIONS: Medicaid patients with type I bipolar disorder who relapsed frequently had significantly higher adjusted psychiatric-related health care costs and greater odds of IH and ER events in a subsequent period than patients who did not relapse frequently. Supported by funding from Ortho-McNeil Janssen Scientific Affairs, LLC.

MENTAL HEALTH – Patient-Reported Outcomes Studies

ADHERENCE TO MEDICATION FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD): DOES THE TIMEFRAME MATTER?

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OBJECTIVES: ADHD medications are frequently take ‘drug holidays’ during the summer months. The study objective was to compare ADHD medication adherence for an entire year (EY-365 days) and the school year (SY-270 days) by medication class and type. METHODS: Continuously enrolled Texas Medicaid children (518 years) who had ≥2 prescription claims for an ADHD medication served as the study population. EY and SY (September 1-May 31) prescription claims were extracted from July 2002-December 2008. Prescription claims were grouped by medication class (immediate release[IR], extended release[ER], long-acting[LA], non-stimulant[NS]); and medication type (stimulant[ST], non-stimulant[NS]). Adherence, as measured by medication possession ratio (MPR) using a fixed interval denominator, was measured both continuously and dichotomously (80%). T-tests, ANOVA’s and chi-square were employed to determine differences between groups. RESULTS: Overall mean adherence for SY (EY = 62.8%) was 49.9% (30.3) and SY = 50.8% (26.2). For EY, mean medication class adherence was not significantly different between NS (52.5 ± 30.9) and ER (52.1 ± 30.2); however, LA (47.6 ± 30.9) and IR (37.2 ± 27.1) were significantly lower (p < 0.0001). Regarding SY, adherence was not significantly different among ER (63.7 ± 26.0), LA (63.5 ± 23.8) and NS (62.9 ± 27.0), while IR (52.8 ± 24.7) was significantly lower (p < 0.0001). When adherence was dichotomized, EY medication class adherence differed significantly (p < 0.0001); NS(25.8%), ER(24.1%), LA(21.2%), IM(9.8%). Similarly, SY differed significantly (p < 0.0001): NS(30.8%), ER(30.0%), LA(25.6%), IM(16.2%). NS had significantly higher mean adherence than S, respectively: EY(52.5 ± 30.9 vs 49.9 ± 30.2, p < .00099) and SY (50.8% vs 47.6% ± 26.2 vs. 27.0 vs. 62.1 ± 26.1. p < .001). When dichotomized, results were similar (p < .0001): EY(25.8% vs. 21.5%) and SY(30.8% vs. 27.9%). CONCLUSIONS: Subjects were non-adherent during SY compared to EY. Medication class revenue was significantly dependent on timeframe used. For analyses comparing NS and S, NS had significantly higher adherence, however for SY mean adherence, the difference may not be practically significant. Due to unique patient medication-taking behaviors, ADHD medication adherence differs depending on the timeframe used.

ADHERENCE AND PERSISTENCE WITH MEDICATION THERAPY IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: A REAL-WORLD COMPARISON OF BRANDED ANTIDEPRESSANTS AND GENERIC SSRIS

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OBJECTIVES: Adherence and persistence with prescribed medication is important in the treatment of major depressive disorder (MDD). This study compared adherence and persistence of 3 branded antidepressants (duloxetine, venlafaxineXR, and escitalopram) and generic selective serotonin reuptake inhibitors (SSRIs) in the real-world treatment of MDD. METHODS: A total of 44,026 MDD patients (18 to 64 years)