



HSD58

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## BACKGROUND

- Major depressive disorder (MDD) is a leading cause of disability, resulting in substantial costs to individuals, society, and health care systems [1].
- In the United States, more than 20% of adults experience MDD in their lifetime, with an annual incidence of around 10% [2].
- Antidepressants remain a cornerstone of depression management, yet treatment utilization varies considerably across patient populations [3].
- Previous studies have reported disparities in antidepressant utilization, while contemporary nationally representative evidence on treatment patterns among U.S. adults with depression remains limited [4,5].
- Understanding factors associated with antidepressant use may help identify underserved populations and inform targeted clinical and public health interventions.

## OBJECTIVE

- To assess antidepressant utilization patterns and determine factors associated with antidepressant use among adults with depression in the United States.

## METHODS

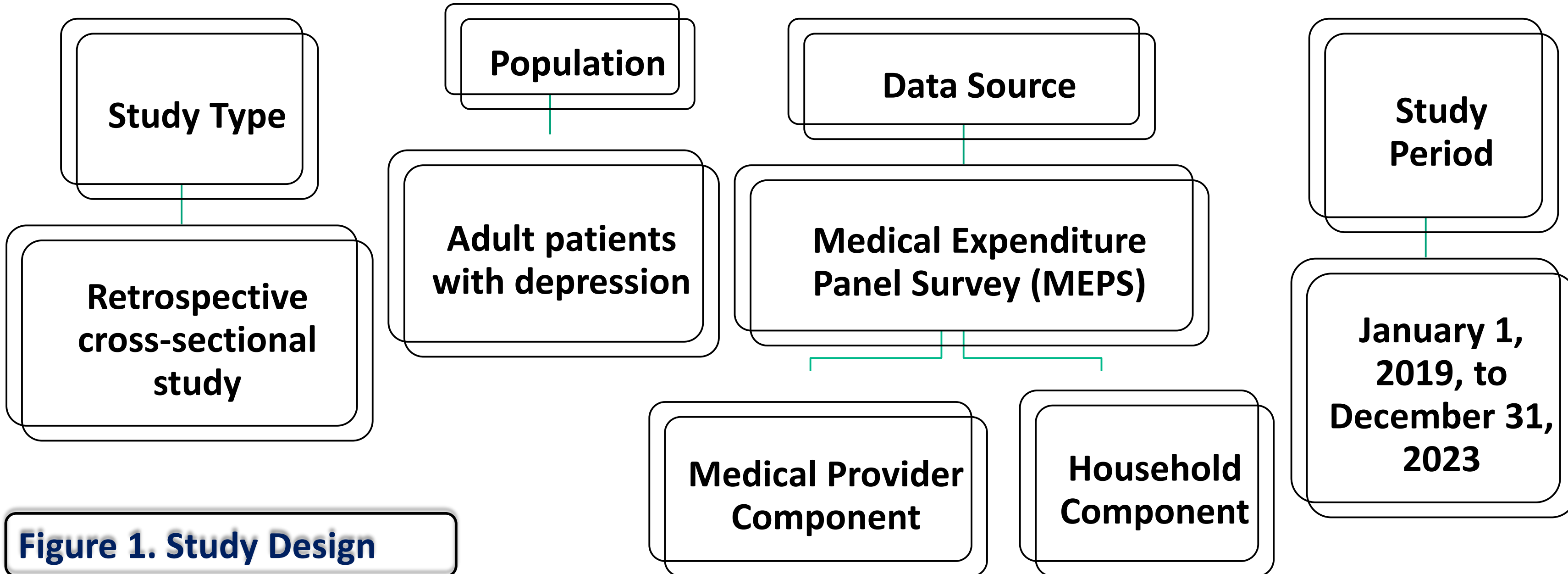


Figure 1. Study Design

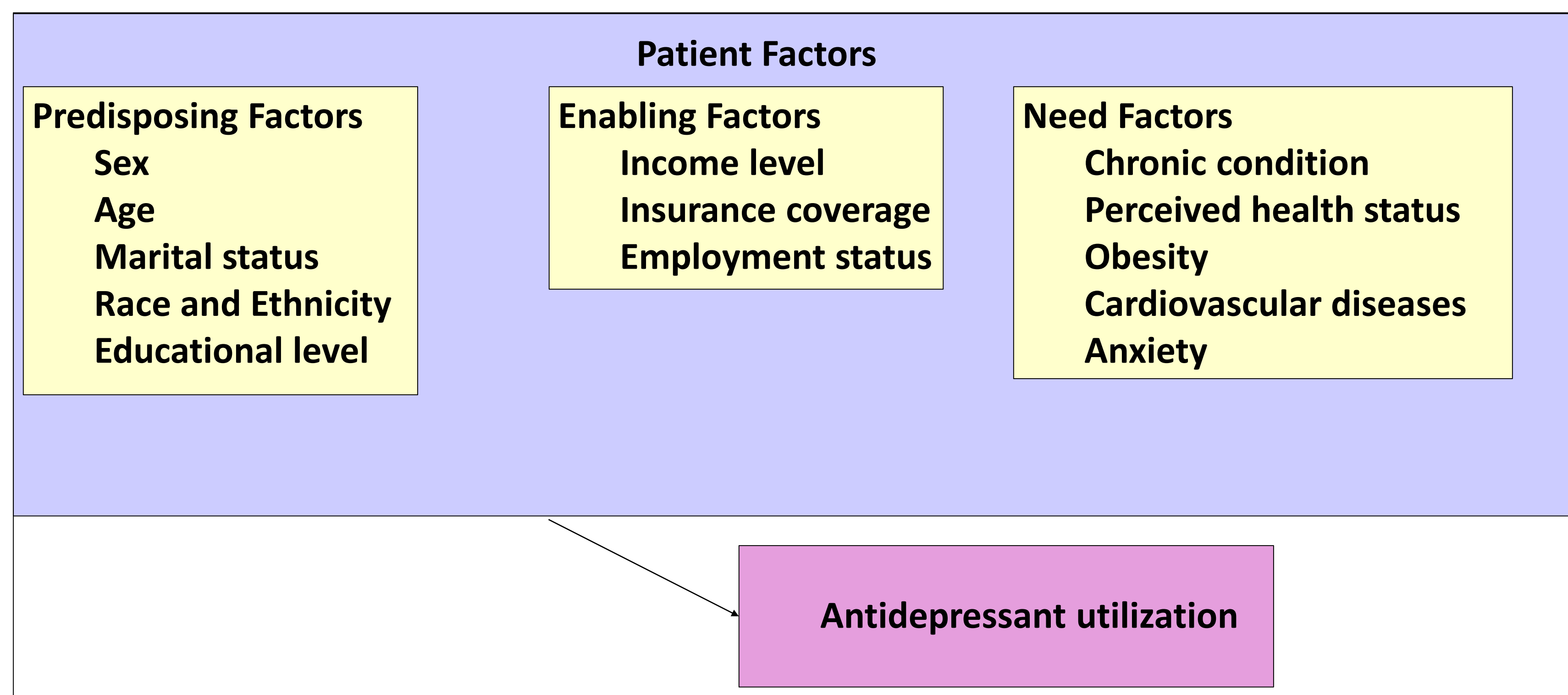


Figure 2. Conceptual Framework based on the Andersen Behavioral Model

## Statistical Analysis

- Descriptive analyses compared sociodemographic and clinical characteristics by antidepressant use using Rao–Scott chi-square and survey-weighted t-tests.
- Variable selection was guided by the Anderson Behavioral Model.
- Survey-weighted multivariable logistic regression was used to identify predictors of antidepressant use among U.S. adults with depression.
- Analyses were conducted using SAS version 9.4 and accounted for the complex MEPS survey design to generate nationally representative estimates.

## RESULTS

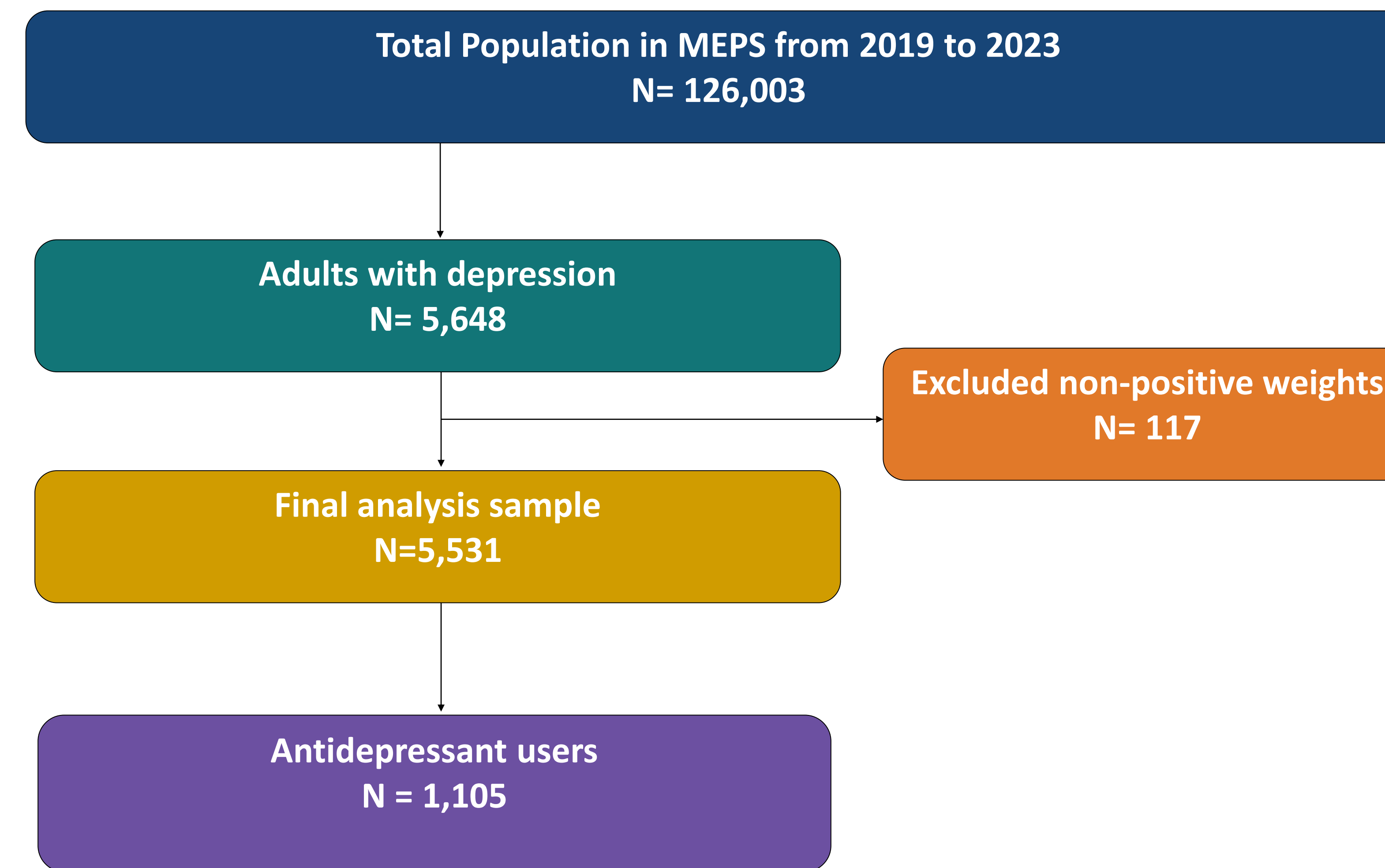


Figure 3. Attrition Flow Diagram

Table 1: Weighted Sociodemographic and Clinical Characteristics of U.S. Adults With Depression by Antidepressant Use, MEPS 2019–2023

Characteristic	Total	Antidepressant Users (19.6%)	Antidepressant Non-Users (80.4%)	p-value
Age, mean (SE)	46.7 (0.37)	47.7 (0.61)	46.4 (0.42)	0.083
Sex, n (%)				0.666
Female	10,264,563 (67.7)	2,046,488 (68.3)	8,218,074 (67.5)	
Male	4,906,874 (32.3)	951,080 (31.7)	3,955,795 (32.5)	
Race/Ethnicity, n (%)				<0.0001
Hispanic	1,563,547 (11.0)	220,335 (7.7)	1,343,212 (11.8)	
NH Black	984,748 (6.9)	139,362 (4.9)	845,385 (7.4)	
NH White	11,665,164 (82.1)	2,499,993 (87.4)	9,165,171 (80.7)	
Marital Status, n (%)				0.001
Married	6,283,308 (44.5)	1,425,971 (48.8)	4,857,337 (43.4)	
Never Married	4,525,613 (32.0)	766,604 (26.2)	3,759,009 (33.6)	
Widowed/Divorced/ Separated	3,313,284 (23.5)	732,368 (25.0)	2,580,916 (23.0)	
Insurance Coverage, n (%)				<0.0001
Any Private	9,794,098 (64.6)	2,201,005 (73.4)	7,593,093 (62.4)	
Public Only	5,017,265 (33.1)	739,877 (24.7)	4,277,389 (35.1)	
Uninsured	360,074 (2.4)	56,687 (1.9)	303,387 (2.5)	
Family Income, n (%)				0.003
High Income	6,285,473 (41.4)	1,387,927 (46.3)	4,897,546 (40.2)	
Middle Income	4,264,831 (28.1)	877,155 (29.3)	3,387,676 (27.8)	
Low Income	1,915,661 (12.6)	311,141 (10.4)	1,604,520 (13.2)	
Near Poor	669,900 (4.4)	110,053 (3.7)	559,847 (4.6)	
Poor/Negative	2,035,572 (13.4)	311,292 (10.4)	1,724,280 (14.2)	
Clinical Factors, n (%)				
Anxiety (Yes)	7,166,701 (47.2)	1,484,554 (49.5)	5,682,147 (46.7)	0.113
CVD (Yes)	5,326,600 (35.1)	1,045,918 (34.9)	4,280,682 (35.2)	0.881
Obesity (Yes)	403,727 (2.7)	110,016 (3.7)	293,711 (2.4)	0.049

Table 2: Multivariable Logistic Regression Analysis of Predictors of Antidepressant Use Among U.S. Adults With Depression

Variable	Odds Ratio (95% CI)	p-value
<b>Socioeconomic &amp; Demographic</b>		
<b>Education Level (Ref: No Degree)</b>	—	< .0001
- Doctorate Degree	3.058 (1.555–6.015)	0.001
- Master's Degree	2.131 (1.349–3.368)	0.001
- Bachelor's Degree	2.466 (1.692–3.594)	< .0001
- High School Diploma	1.559 (1.084–2.242)	0.017
<b>Insurance (Ref: Public Only)</b>	—	0.01
- Any Private	1.473 (1.143–1.898)	0.003
- Uninsured	1.094 (0.589–2.031)	0.776
<b>Health Perception &amp; Clinical Variables</b>		
<b>Perceived Health (Ref: Poor)</b>	—	0.01
- Excellent	0.557 (0.345–0.899)	0.017
- Very Good	0.691 (0.474–1.006)	0.054
- Good	0.703 (0.499–0.989)	0.043
- Fair	0.992 (0.714–1.379)	0.963
<b>Elixhauser Comorbidities (Ref: 0–1 Cond.)</b>	—	0.029
- 3 and above Comorbidities	1.465 (1.106–1.941)	0.008
- 2 Comorbidities	1.232 (0.953–1.591)	0.11
<b>Obesity (Yes vs. No)</b>	1.373 (0.852–2.211)	0.191
<b>CVD (Yes vs. No)</b>	0.850 (0.665–1.087)	0.194
<b>Anxiety (Yes vs. No)</b>	1.067 (0.896–1.271)	0.464

## DISCUSSION

- Antidepressant utilization remained low among U.S. adults with depression. This may indicate persistent unmet mental healthcare needs despite available treatment options [6].
- Higher antidepressant use among individuals with greater educational attainment may reflect differences in health literacy, healthcare engagement, and access to mental health services [6].
- Individuals with private insurance were more likely to use antidepressants. This highlights the role of healthcare access and affordability in mental health treatment utilization [7].
- Greater comorbidity burden was associated with higher antidepressant use. This may reflect increased healthcare contact and better recognition of mental health needs among medically complex patients.

## CONCLUSION

- Antidepressant use among U.S. adults with depression remains suboptimal despite the substantial burden of disease.
- Educational attainment, insurance coverage, race/ethnicity, perceived health, and comorbidity burden were important predictors of antidepressant utilization.
- Strategies aimed at improving equitable access to mental healthcare may help reduce disparities in antidepressant utilization among underserved populations.

## REFERENCES

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