

## ISPOR Research Abstract 2

Title	Healthcare Resource Utilization (HCRU) Among Women with Vasomotor Symptoms (VMS) With and Without Depression: A MEPS Analysis
Authors	Ganguli M <sup>1</sup> , Epane JP <sup>1</sup> , McCleary K <sup>1</sup> , Ribadu N <sup>2</sup> <sup>1</sup> Loma Linda University School of Public Health, Loma Linda, CA, USA <sup>2</sup> Loma Linda University School of Behavioral Health, Loma Linda, CA, USA
Objectives	Compare HCRU among U.S. women with VMS and depression, VMS without depression, and women with neither condition.
Methods	This retrospective study used pooled Medical Expenditure Panel Survey (MEPS) data from 2017 to 2022. Women were categorized into: VMS with depression, VMS without depression, and no VMS/no depression (reference). Univariate analyses yielded annual mean outpatient visits, emergency department (ED), inpatient, and urgent care visits. Multivariate analyses used a generalized linear model to estimate adjusted differences in outpatient visits and a negative binomial regression to estimate adjusted rate ratios (RRs) for ED visits. Models adjusted for sociodemographic characteristics, insurance, and other covariates.
Results	The sample included 22,042 women with no VMS or depression, 529 with VMS and depression, and 268 with VMS without depression. Women with VMS and depression had 4.80 additional outpatient visits annually ( $\beta = 4.80$ , SE = 0.50, $p < 0.0001$ , 11.98 vs 7.18 visits) compared to no VMS/no depression. Women with VMS without depression had 3.77 additional outpatient visits annually ( $\beta = 3.77$ , SE = 0.66, $p < 0.0001$ , 10.95 vs. 7.18 visits) compared to no VMS/no depression.

	<p>Women aged 55 and older had 1.75 additional outpatient visits annually. Each one-point increase in CCI score was associated with 1.20 additional outpatient visits annually.</p> <p>Compared with women with no VMS/no depression, Women with VMS and depression had approximately 17% higher ED visit rates (<math>\beta = 0.26</math>, SE = 0.11, <math>p &lt; 0.05</math>, 0.18 vs. 0.21 visits).</p>
<p>Conclusions</p>	<p>VMS and depression are associated with substantially higher outpatient, ED, and urgent care utilization. Policy initiatives for integrated menopause and mental health care are needed that incentivize primary care screening and promote value-based care models.</p>