



Depressed and Priced Out: Cost-Related Medication Nonadherence Among U.S. Adults with Depression

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INTRODUCTION

- Cost-related nonadherence affects ~1 in 4 U.S. adults and is linked to higher mortality and hospitalization
- Depression affects 21 million U.S. adults and requires consistent long-term medication use
- Interruptions in psychiatric treatment are associated with relapse and hospitalization
- Whether depression independently predicts cost-related nonadherence beyond socioeconomic factors remains underexamined

OBJECTIVE

To examine the independent association between self-reported lifetime depression and missing prescribed medication due to cost among U.S. adults using 2024 BRFSS data

METHODS

Study Design & Data Source

- Cross-sectional analysis of the 2024 BRFSS (CDC)
- Analytic sample: n = 453,453 after exclusion of missing values

Exposure & Outcome

- Exposure: Lifetime depression diagnosis -
- Outcome: Missed prescription medication due to cost in past 12 months

Covariates

- Age, sex, race/ethnicity, education, income, insurance status, employment

Statistical Analysis

- Weighted prevalence estimates and 95% CI
- Unadjusted and adjusted odds ratios
- All analyses accounted for complex survey design
- SAS 9.4 | p < 0.05 significance threshold

RESULTS

21.1% of adults with depression missed medication due to cost

9.9% of adults without depression missed medication due to cost

Variable	Crude OR (95% CI)	aOR (95% CI)
Depression (vs. No Depression)	2.44 (2.33–2.55)	2.37 (2.25–2.50)
Uninsured (vs. Insured)		4.81 (4.49–5.14)
Income <\$15k (vs. ≥\$200k)		7.17 (5.96–8.63)
Female (vs. Male)		1.23 (1.17–1.29)
Hispanic (vs. NH White)		1.33 (1.24–1.42)
NH Black (vs. NH White)		1.31 (1.22–1.41)
Age 25–34 (vs. 65+)		2.81 (2.52–3.14)
Retired (vs. Employed)		0.49 (0.43–0.55)

Adjusted for age, sex, race/ethnicity, education, income, insurance, and employment. N = 453,453

Income Gradient in Cost-Related Nonadherence (ref: ≥\$200,000):

Income	aOR	95% CI
<\$15k	7.17	5.96 – 8.63
\$15k–<\$25k	7.57	6.33 – 9.06
\$25k–<\$35k	6.77	5.69 – 9.06
\$35k–<\$50k	6.11	5.15 – 7.25
\$50k–<\$100k	4.45	3.78 – 5.25
\$100k–<\$200k	2.15	1.81 – 2.55

aOR = adjusted odds ratio; CI = confidence interval. All estimates adjusted for age, sex, race/ethnicity, education, insurance status, employment, and depression. All p < 0.001.

DISCUSSION/CONCLUSIONS

- Depression independently doubles the odds of missing medication due to cost after full adjustment (aOR = 2.37)
- Minimal attenuation from unadjusted to adjusted model (2.44 → 2.37) suggests socioeconomic factors explain little of this association
- Income gradient is steep and continuous — affordability stress extends well into middle-income households
- Uninsured adults face nearly 5x higher odds (aOR = 4.81)
- Women, minorities, and working-age adults face compounding risk
- Retired adults show lower odds (aOR = 0.49), consistent with protective effect of Medicare coverage

IMPLICATIONS

- Enforce Mental Health Parity Act to reduce cost-sharing inequities for psychiatric medications
- Expand Medicaid coverage for working-age adults in the coverage gap
- Integrate financial navigation screening into routine depression care
- Target prescription assistance programs toward low- and middle-income adults

REFERENCES

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