Healthcare Resources Utilization and Sick Leave Experience of Major Depressive Disorder Patients Initiating Treatment with Antidepressants in Germany and Spain

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INTRODUCTION

Major depressive disorder (MDD), is one of the most common type of mental disorder among adults in western countries (1), and places a substantial economic burden on patients, their families and society (2). In particular, its high prevalence results in increased primary and secondary healthcare resources utilization (HRU), sick leave (SL) and disability pensions (2). Main objective of the present study was to describe MDD patients initiating antidepressants drugs (ADs) treatment in terms of HRU and SL experience by therapeutic approach.

METHODS

This was a real-world evidence retrospective study collecting general practitioners (GPs) and specialists (psychiatrists and neurologists) data from German IQVIA Disease Analyzer (DA) and Spanish Longitudinal Patient Database (LPD). German IQVIA DA and Spanish LPD databases provide routine care information from ongoing physician consultations by patients, including diagnoses (according to the International Classification of Diseases - ICD), drug prescriptions, as well as medical and demographic data directly obtained from the computer system of a representative sample of practices throughout Germany and Spain (3) (4). 19-64 years-old MDD patients initiating treatment with ADs during the period 'July 2016 - June 2018' were selected and followed-up for a 12-month period. Patients were classified depending on the therapeutic approach as: 1) AD monotherapy (ADMONO – patients without ADs molecules different from the one received at treatment start during follow-up) or 2) AD combination/switch/add-on (ADCOM – patients with more than one AD molecule prescribed at treatment start and/or AD molecules different from the initial one during follow-up). Patients demographic and clinical characteristics, GP, psychiatrist, and neurologic visits requests, AD prescriptions, co-prescriptions of interest (ie, antipsychotics, anxiolytics, hypnotics and sedatives, opioids, other analgesics and antipyretics, antiepileptics), and SL registrations (due to any cause, due to psychiatric/neurologic reasons, and MDD-related respectively for German GPs, German specialists, and Spanish panels) during follow-up were analysed by group of AD therapeutic approach. All the analyses were separately run on German GPs, German specialists, and Spanish GPs/specialists panels.

RESULTS

8,891, 1,685, and 1,817 patients were respectively selected from German GPs, German specialists, and Spanish GPs/specialists panels. ADMONO approach was the most frequent for all the cohorts (Figure 1). Overall women were more numerous than men and accounted for about 63% of both ADMONO and ADCOM groups in German GPs panel, for 57.4% and 62.5% respectively of ADMONO and ADCOM groups in German specialists panel, and for 67.0% and 63.2% respectively of ADMONO and ADCOM groups in Spanish GPs/specialists panel (data not shown). Very small differences did emerge in terms of age, with ADMONO patients being slightly older in all the three panels (ADMONO patients mean age ranged from 47.7 to 48.6 years, while ADCOM patients mean age ranged from 46.3 years to 47.5 years) (data not shown). No differences did emerge between ADMONO and ADCOM patients in terms of number of psychiatric comorbidities during baseline (ie, during the 12-months period preceding AD treatment start) for German GPs panel, while for German specialists and Spanish GPs/specialists panel slightly higher proportions of patients with at least one comorbidity were observed for ADMONO groups (data not shown). Focusing on baseline non-psychiatric comorbidities, higher proportions of patients with at least one recorded comorbidity were found among ADMONO patients for all the panels (data not shown). ADCOM patients had more visits requests and concomitant drugs prescriptions compared to ADMONO ones for all the panels (Figure 2 and 3). Moreover, SL registrations were more frequently recorded for ADCOM patients. In particular, patients with 31+ days of SL were 44% and 28% respectively for ADCOM and ADMONO in the German GPs cohort, 23% and 12% respectively for ADCOM and ADMONO in the German specialists cohort, and 16% and 4% respectively for ADCOM and ADMONO in the Spanish cohort (Figure 4).

FIGURES

FIGURE 1. Flow chart for patients inclusion in the panel

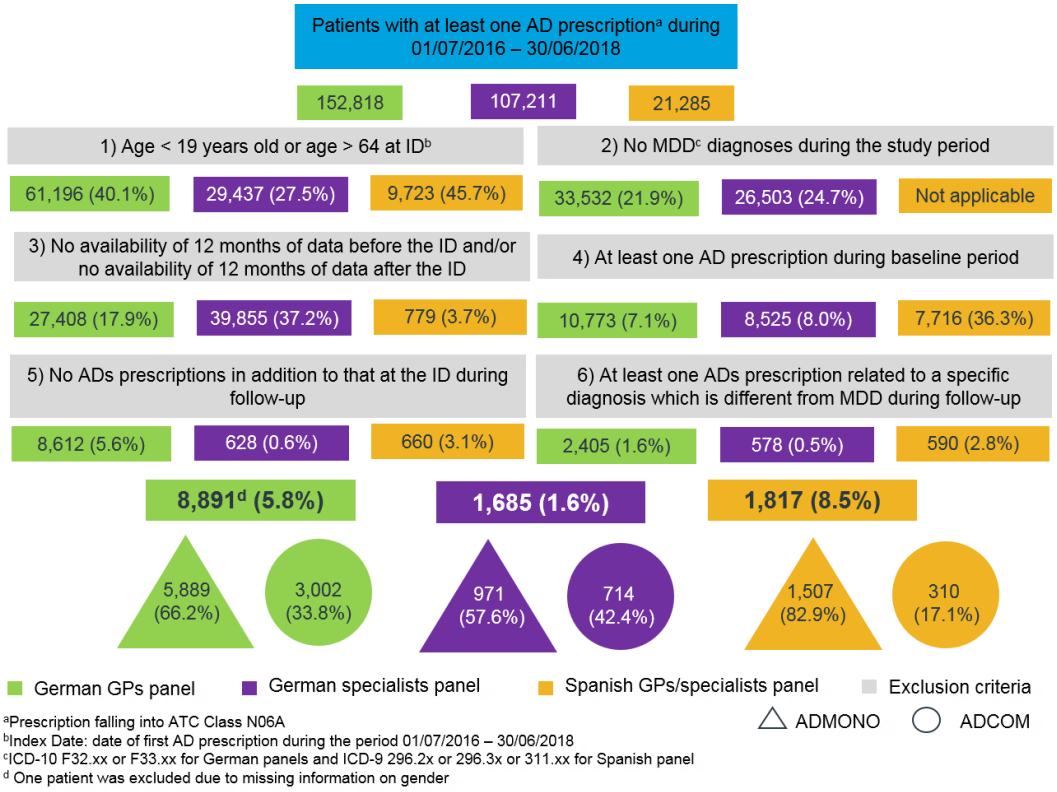


FIGURE 2. MDD patients stratified by AD therapeutic approach and number of visits requests during follow-up in the study panels

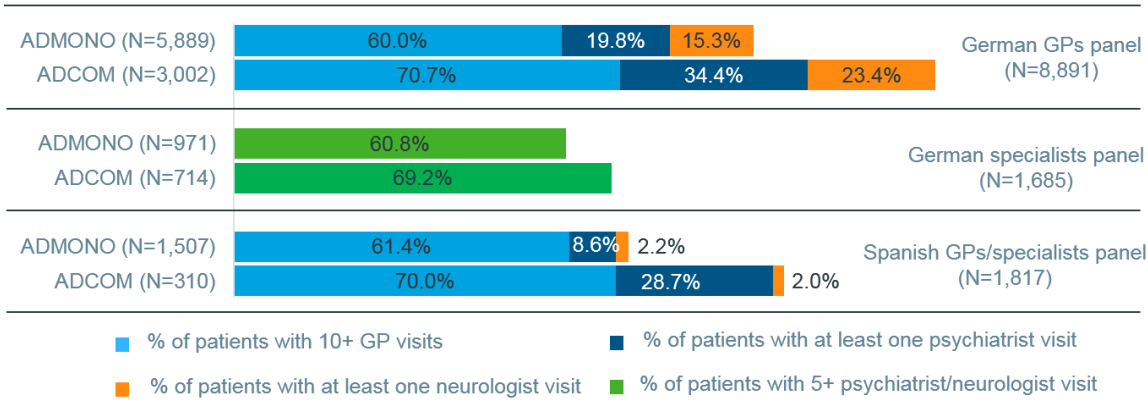


FIGURE 3. Proportions of MDD patients with co-prescriptions[a] of interest during follow-up by AD therapeutic approach in the study panels

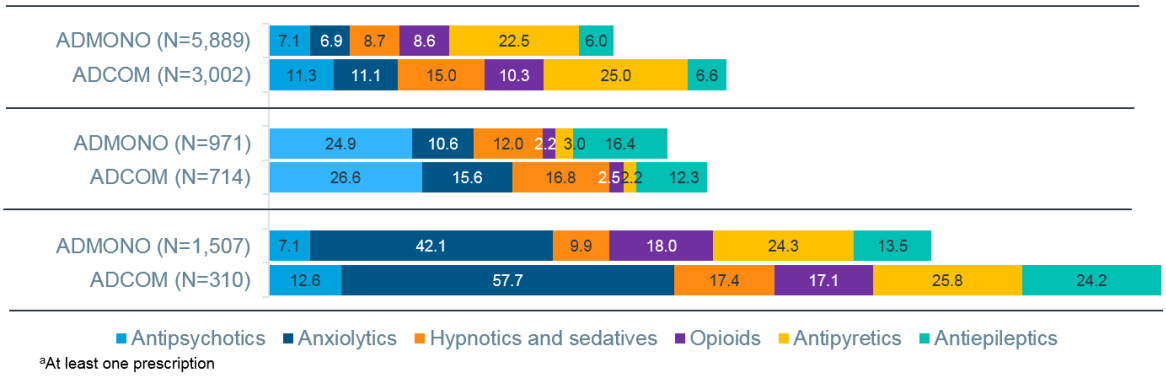
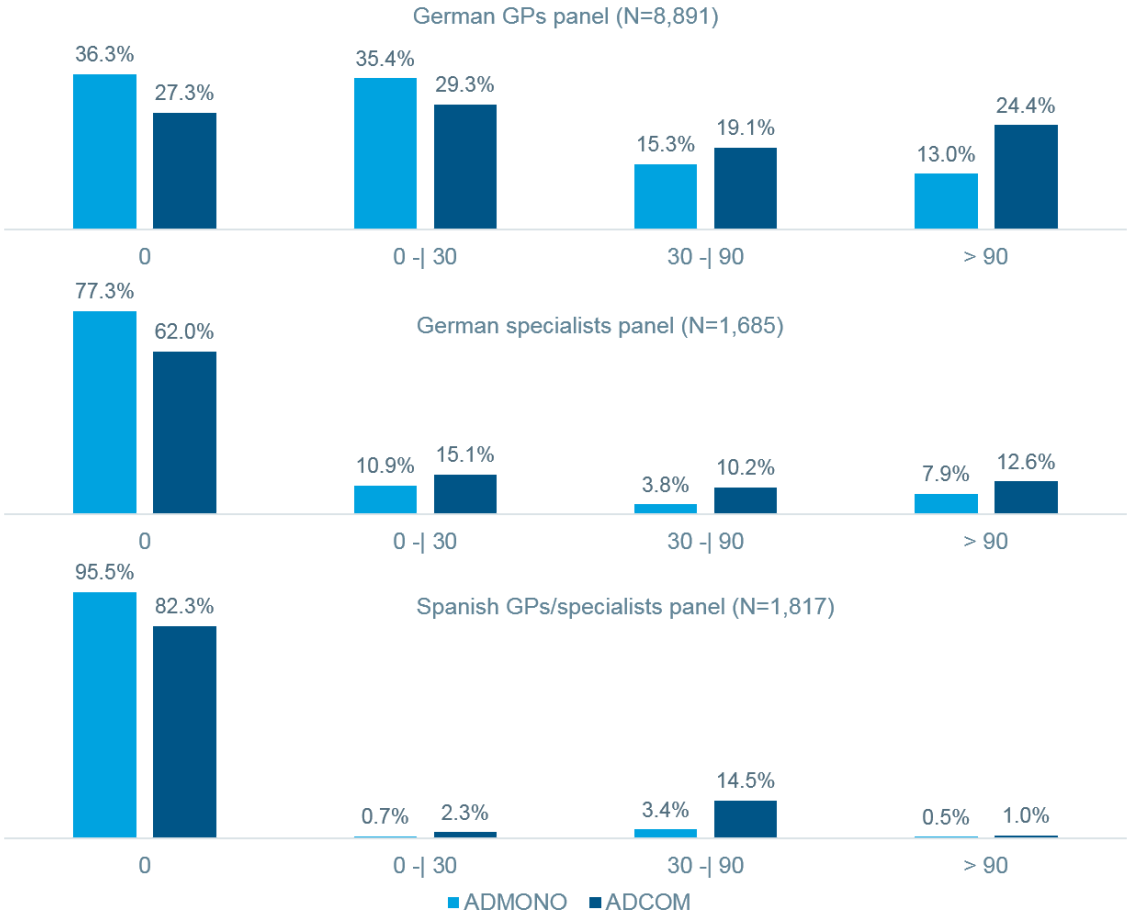


FIGURE 4. MDD patients stratified by AD therapeutic approach and number of sick leave days recorded during follow-up in the study panels



CONCLUSION

The present study reflects different perspectives on the management of patients affected by Major Depressive Disorder. Results from all the three panels consistently showed that antidepressants monotherapy is associated with a lower level of healthcare resource utilization and sick leave recording.

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ABSTRACT

HEALTHCARE RESOURCES UTILIZATION AND SICK LEAVE EXPERIENCE OF MAJOR DEPRESSIVE DISORDER PATIENTS INITIATING TREATMENT WITH ANTIDEPRESSANTS IN GERMANY AND SPAIN

Bonelli A, Cattaneo A, Comandini A, Di Dato G, Puricelli F, Heiman F, Pegoraro V, Palao Vidal DJ, Roca M, Volz HP, Kasper S

OBJECTIVES: To describe major depressive disorder (MDD) patients initiating antidepressants (ADs) treatment in terms of healthcare resources utilization (HRU) and sick leave (SL) experience by therapeutic approach

METHODS: This was a real-world evidence retrospective study using general practitioners (GPs) and specialists (psychiatrists and neurologists) data from IQVIA German Disease Analyzer and Spanish Longitudinal Patient Database. 19-64 years-old MDD patients initiating treatment with ADs during ‘July 2016 - June 2018’ were selected and followed-up for a12-month period. Patients were classified depending on the therapeutic approach as: 1) AD monotherapy (ADMONO - no ADs molecules different from the one received at treatment start during follow-up) or 2) AD combination/switch/add-on patients (ADCOM - more than one AD molecule prescribed at treatment start and/or AD molecules different from the initial one during follow-up). HRU (GPs and specialists visits and co-prescriptions) and SL registrations (due to any cause, due to psychiatric/neurologic reasons, and MDD-related respectively for German GPs, German specialists, and Spanish panels) during follow-up were analysed by group of AD therapeutic approach.

RESULTS: 8,891, 1,685, and 1,817 patients were respectively selected from German GPs, German specialists, and Spanish GPs/specialists panels. ADMONO approach was the most frequent for all the three cohorts. ADCOM patients had more visits requests and concomitant drugs prescriptions compared to ADMONO ones. Moreover, SL registrations were more frequently recorded for ADCOM patients. In particular, patients with 31+ days of SL were 44% and 28% respectively for ADCOM and ADMONO in the German GPs cohort, 23% and 12% respectively for ADCOM and ADMONO in the German specialists cohort, and 16% and 4% respectively for ADCOM and ADMONO in the Spanish cohort.

CONCLUSIONS: Results from this study reflect different perspectives on MDD patients management and consistently showed that ADMONO is associated with lower HRU and SL recording in patients with MDD.

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