**INTRODUCTION**

- Automated Healthcare Databases (AHDBs) are a key tool for conducting large (retrospective) epidemiological studies and are extensively used in Europe and the US.
- This poster presents results from the second phase of a study that qualitatively describes databases in Asia-Pacific.

- The first study highlighted that few countries in Asia-Pacific have large AHDBs, namely Australia, Japan, Singapore, South Korea and Taiwan, and noted that none of the AHDBs they examined were population-based. It is therefore of interest, in a second step, to examine how these AHDBs are being used, notably for health economics purposes.

**OBJECTIVES**

- A literature search was conducted to identify articles or posters related to topics of our interest.
- Sources: Embase® and MEDLINE
- Metatranscripts of country-specific diseases (depression or antidepressants topics), topics of interest (pattern, cost or resource use but NOT safety), database and country (see Table 1)
- Articles were selected if they fulfilled the following criteria:
  - Articles in English
  - Published before 2014
- Describing antidepressant prescription patterns, resource use or cost of depression from an AHDB of the country of interest
- Both the number of studies as well as the topics of focus were described per country to identify the type of AHDB research done in a given country and a qualitative comparison was made between countries.

**RESULTS**

**Table 1a – Search methodology and results - general**

<table>
<thead>
<tr>
<th>Country of Interest</th>
<th>Published between 2000 and 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>486,453</td>
</tr>
<tr>
<td>Japan</td>
<td>8,284</td>
</tr>
<tr>
<td>Singapore</td>
<td>927</td>
</tr>
<tr>
<td>South Korea</td>
<td>1,682</td>
</tr>
<tr>
<td>Taiwan</td>
<td>2,004</td>
</tr>
</tbody>
</table>

**Table 2 – Search methodology and results - country specific**

<table>
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<th>Country of Interest</th>
<th>Published between 2000 and 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>12,995,512</td>
</tr>
<tr>
<td>Singapore</td>
<td>296,169</td>
</tr>
<tr>
<td>South Korea</td>
<td>1,682</td>
</tr>
<tr>
<td>Taiwan</td>
<td>1,682</td>
</tr>
</tbody>
</table>

**CONCLUSIONS**

- Viewed in the context of the earlier study, the spread of AHDBs in Asia-Pacific suggests that the availability of AHDBs, as they appear from our second phase of research, that Australia and Taiwan have a high degree of usage of their national AHDB, considering both the number of published research and the breadth of research topics examined in the 3 topics of interest of treatment pattern, resource use and costs. This may be due to some advantages in terms of database accessibility, transparency of processes and representativeness of the population. However, our findings reflect research done in the field, depression only and may not be representative of the work done on AHDB in general in these countries.
- Based on this, the authors feel that, for the purpose of research and improving understanding of diseases, the use of Australian or Taiwan national databases is a good example especially for countries still developing their database capabilities: Australia, Japan, Singapore, and Taiwan.
- Recent dates of publications for studies in Korea and Japan suggest that these 2 countries are starting to take advantage of their national AHDB, while Australia may be decreasing its interest in the use of its AHDB for antidepressant research.

**REFERENCES**

- Onishi Y et al. (2013) Psychotropic prescription patterns among patients diagnosed with depressive disorder based on the index date and the following six months, using a large claims database. J Affect Disorders 150(3): 916-922.
- Onishi Y et al. (2013) Psychotropic prescription patterns among patients diagnosed with depressive disorder based on the index date and the following six months, using a large claims database. J Affect Disorders 150(3): 916-922.