INTRODUCTION

• Diagnosis and treatment of cancer is known to have a significant impact on the quality of life of patients[1] and increased risk rates for depression have been reported[2].

• Cancer rates are particularly high in Germany, where the age-standardized incidence rate exceeds 280 cases per 100,000 people among the general population[3].

OBJECTIVES

• Although there is already substantial literature on the association between cancer and depression, little is known about how people with both chronic conditions are treated in Germany.

• Therefore, the goal of our study was to analyze the use of antidepressant drugs in German patients with and without cancer.

METHODS

• This retrospective study analyzed longitudinal routine care data collected from an electronic medical record database (IMS® Disease Analyzer) in Germany.[4]

• IMS® Disease Analyzer compiles drug prescriptions, diagnoses, and basic medical and demographic data obtained directly from the computer systems from the practices of general practitioners and specialists throughout Germany. The panel includes more than 2,500 practices and more than 3,100 physicians (GPs and specialties) with a combined total of about 17 million anonymized Electronic Medical Records (aEMR)[4].

• This study included patients with cancer (ICD: C) who were diagnosed with depression (ICD: F32, F33) in German neuropsychiatric practices between January 2004 and December 2013.

• Each patient was matched for age, gender, health insurance, physician and index year with a depressed, cancer-free control. The share of patients and controls receiving medical therapy within one year after depression diagnosis and the proportion of subjects treated with tricyclic antidepressants (TCA), selective serotonin reuptake inhibitors (SSRI), serotonin and norepinephrine reuptake inhibitors (SSNRI) or benzodiazepines (BZD) were analyzed.

RESULTS

• A total of 604 depressed patients and 604 depressed controls were included in this study (mean age=63.8 years). 36.5% of these were men and 6.0% of all patients had private health insurance.

• 27.6% of patients had breast cancer, 13.3% malignant neoplasms of the lymphoid or hematopoietic tissue, 12.5% brain tumor, 8.3% prostate cancer and 10.0% cancer of the digestive organs.

• After 1 year of follow-up, TCA and BZD are less frequent within the Cancer+Depression cohort compared to patients with depression only.

LIMITATIONS

• Information about the use of common non-medical treatments for depression was not available, neither was documentation about potential side effects of antidepressant drugs.

• Due to internal characteristics of the data base the patients could only be followed up for repeat prescriptions within the doctors practice where the treatment was initiated and not elsewhere.

CONCLUSION

• Overall, the present work indicates that the use of antidepressants in Germany is less common in patients with cancer and depression than in people with depression only.

• Further studies are needed to gain a better understanding of this intriguing result in order to provide personalized management for patients with both chronic conditions aiming to indirectly reduce the chance of cancer treatment discontinuation.

REFERENCES


Tab. 1. Cancer diagnosis documented by depression patients in neurologist practices

<table>
<thead>
<tr>
<th>Diagnosis (ICD 10 Code)</th>
<th>Patients (%)</th>
</tr>
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<tbody>
<tr>
<td>Malignant neoplasms, lip, oral cavity and pharynx (C00-14)</td>
<td>1.9</td>
</tr>
<tr>
<td>Malignant neoplasms, digestive organs (C15-26)</td>
<td>10.5</td>
</tr>
<tr>
<td>Malignant neoplasms, respiratory system and intrathoracic organs</td>
<td>6.5</td>
</tr>
<tr>
<td>Malignant neoplasms, bone and articular cartilage (C40-41)</td>
<td>0.9</td>
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<tr>
<td>Malignant neoplasms, skin (C43-44)</td>
<td>4.9</td>
</tr>
<tr>
<td>Malignant neoplasms, connective and soft tissue (C45-49)</td>
<td>0.0</td>
</tr>
<tr>
<td>Malignant neoplasms, breast and female genital organs (C50-58)</td>
<td>34.0</td>
</tr>
<tr>
<td>Malignant neoplasms of male genital organs (C60-63)</td>
<td>9.3</td>
</tr>
<tr>
<td>Malignant neoplasms, urinary organs (C64-68)</td>
<td>5.6</td>
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<tr>
<td>Malignant neoplasms, eye, brain and central nervous system (C69-72)</td>
<td>14.4</td>
</tr>
</tbody>
</table>

In connection with data/figures used terms, such as “patient, doctor, medical practice, prescriber or pharmacy”, do not designate any personal data but exclusively anonymous information (in accordance with § 3 Abs. 6 “Bundesdatenschutzgesetz” – German Federal Data Protection Act.)

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