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HEALTHCARE RESOURCE UTILIZATION AND COSTS OF MILD, MODERATE, AND SEVERE DEPRESSION IN THE WORKFORCE IN THE UNITED STATES

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Objective: Document the healthcare resource utilization and costs by severity for persons in the workforce with major depressive disorder (MDD).

Methods: Using the National Comorbidity Survey-Replication data, workforce respondents (n=4,465) were categorized by clinical severity (not clinically depressed, mild, moderate, severe) using standard scales (CIDI/QIDS-SR). Outcomes measured over 12 months included prevalence of medical services/antidepressant use, average number of visits and days on antidepressants, prevalence of treatment adequacy, and medical/drug costs. Costs represent insurer payments to providers and were estimated by weighting utilization measures by unit costs obtained for similar services used by depressed patients in a U.S. employer claims database for the corresponding period (2000-2001). Outcomes were compared across depression severity groups using multivariate analyses adjusting for demographics.

Results: Among the 539 depressed workforce respondents, 13.8% were mildly, 38.5% moderately and 47.7% severely depressed. A significant association existed between severity and prevalence of mental health services usage (19.1%, 27.2%, and 40.3% respectively, $p < 0.01$) and average number of mental health practitioner visits. The use of antidepressants increased with depression severity (21.1%, 27.3%, and 39.5% respectively, $p < 0.01$). Similarly, the adequacy of mental health services increased with depression severity (6.2%, 11.8%, and 21.3% respectively, $p < 0.05$). Average 12-month costs per MDD patient were substantially higher for severe vs. mild (mental health services: \$697 vs. \$388; general medical services: \$138 vs. \$53; antidepressant usage \$256 vs. \$88).

Conclusions: Among workforce respondents, there was a significant association between depression severity and treatment usage and costs, and between treatment adequacy and severity.