

COMPARISON OF HEALTHCARE BURDEN OF ADULT PATIENTS WITH “PURE OBSESSIVE-COMPULSIVE DISORDER” VERSUS “PURE DEPRESSION”: NINE-YEAR CLAIMS ANALYSIS OF FLORIDA MEDICAID ENROLLEES

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BACKGROUND

Obsessive-compulsive disorder (OCD) is a rare but potentially debilitating anxiety disorder that may be associated with frequent health services use.¹⁻³ Although the increased healthcare burden (utilization and costs) of various psychiatric disorders, especially major depressive disorder, has been clearly established,⁴⁻⁶ little is known about the healthcare burden of patients with OCD.

OBJECTIVES

To compare healthcare utilization and costs of newly-diagnosed patients with “pure OCD “ (P-OCD; OCD in the absence of depression, psychoses, bipolar disorder, organic mental disorders, pervasive developmental disorder, nonpsychotic brain damage, development delays, or mental retardation) to a matched sample of newly-diagnosed patients with “pure depression” (P-D; depression in the absence of OCD, psychoses, bipolar disorder, organic mental disorders, pervasive developmental disorder, nonpsychotic brain damage, development delays, or mental retardation).

METHODS

Overview of Florida Medicaid Dataset: Florida Medicaid provides healthcare for more than 5 million individuals. Computerized claims records contain basic demographic information, ICD diagnosis and CPT treatments codes, NDC drug codes, and payment data. Information is patient de-identified and fully compliant with the HIPAA Privacy Rule. Subjects were identified from enrollees in the Florida Medicaid program who had a paid claim anytime from July 1997 through June 2006.

Patient Identification: Among patients with ≥ 1 OCD diagnosis, we identified their 1st occurring (“index”) OCD claim. Those with 2 years of data preceding and 2 years of data following their index OCD claim were selected. Of these, P-OCD patients had no diagnoses of depression, psychoses, bipolar disorder, organic mental disorders, pervasive developmental disorder, nonpsychotic brain damage, development delays, or mental retardation in the 2 years prior to and 2 years following their index OCD claim. P-D patients were identified similarly, except that the index claim was depression and the exclusion diagnoses included OCD rather than depression.

Patient Matching: Each P-OCD patient was matched to ≥ 1 P-D patient on sex, race/ethnicity, medical illness severity (Charlson Comorbidity Index), and age and year at index diagnosis. P-OCD patients without a match were excluded from the analysis.

Analysis: We examined inpatient and outpatient primary diagnoses to classify medical versus psychiatric care, and NDC codes to classify pharmacy claims; we assumed amphetamines, antidepressants, antimanics, antipsychotics, anxiolytics, hypnotics, mood stabilizers, and stimulants were prescribed for psychiatric illness, and other medications were prescribed for medical illness. Numbers and costs of inpatient stays, outpatient visits, and pharmacy claims were calculated over the 2 years following each patient’s index claim. Due to skewed data, median per-patient total, medical, and psychiatric healthcare use and costs were compared using the Wilcoxon Signed Rank Test.

RESULTS SUMMARY

- Although patients in the P-OCD group incurred similar total healthcare costs to those with P-D, outpatient and pharmacy costs varied significantly by group.
- Among patients in the P-OCD group, number and costs for pharmacy claims were significantly greater for psychiatric but not medical health services.
- The median costs for antidepressants, antipsychotics, and anxiolytics/sedatives/hypnotics were about 6, 4, and 3 times greater, respectively, for patients with P-OCD versus those with P-D.

RESULTS

MEDIAN 2-YEAR PHARMACY FILLS AND COSTS (THOUSANDS) OF PSYCHOTROPICS FOLLOWING INDEX DIAGNOSIS

Median Number of Pharmacy Fills in the 2 Years Following Index Diagnosis					
Medication Category	P-OCD		P-D		p-value*
	N	Median	N	Median	
	Total Medication Fills	73	61.0	765	
Psychotropic Fills	61	29.0	581	14.1	<0.0001
Medical Fills	71	32.0	723	32.0	0.93

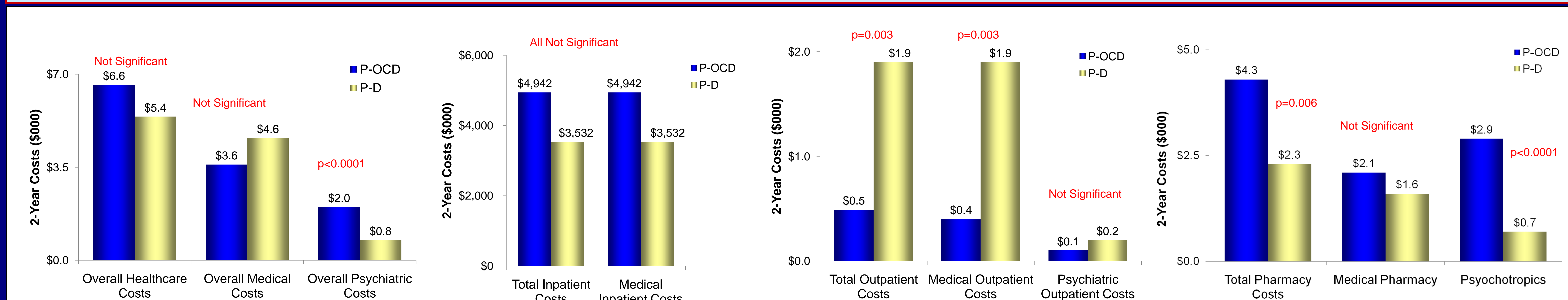
*p-value based on Wilcoxon Signed Rank Test

(2-Year) Psychotropic Drug Use by Drug Class		
Psychotropic Use	P-OCD (N=85) N (%)	P-D (N=963) N (%)
None	24 (28.2%)	382 (39.7%)
Monotherapy	15 (17.6%)	252 (26.2%)
2 Classes	22 (25.9%)	271 (28.1%)
3 Classes	22 (25.9%)	49 (5.1%)
4 Classes	2 (2.3%)	9 (0.9%)

Median Cost (\$) of Psychotropics by Drug Class in the 2 Years Following Index Diagnosis					
Psychotropic Drug Class	P-OCD		P-D		p-value*
	N	Median	N	Median	
Antidepressant	55	\$1,355	511	\$234	<0.0001
Antipsychotic	27	\$1,514	62	\$363	0.0435
Amphetamine	3	\$1,176	7	\$504	0.28
Anxiolytic, Sedative, Hypnotic	40	\$167	368	\$53	0.0002
Antimanic	2	\$330	2	\$169	0.70
Mood Stabilizer	6	\$573	27	\$584	0.59

*p-value based on Wilcoxon Signed Rank test

MEDIAN 2-YEAR HEALTHCARE COSTS (THOUSANDS) FOLLOWING INDEX DIAGNOSIS



CONCLUSIONS

Both patient groups incurred similar overall median healthcare costs. However, patients with P-D incurred significantly higher medical outpatient costs than those with P-OCD, and patients with P-OCD incurred significantly greater psychiatric pharmacy costs compared to their P-D counterparts. The greater number of psychotropic fills and costs for patients with P-OCD versus P-D may reflect the greater complexity of OCD or a tendency for patients with OCD to receive inappropriate treatment.

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FURTHER INFORMATION

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DISCLOSURES

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