

ADEQUACY OF SSRI PHARMACOTHERAPY AMONG MEDICAID-ENROLLED PATIENTS DIAGNOSED WITH OBSESSIVE-COMPULSIVE DISORDERCheryl Hankin, PhD¹; Jeffrey Dunn, PharmD²; John Knispel, MD³; Arthur Levin, MD⁴; Amy Bronstone, PhD¹; Zhaohui Wang, MS¹¹ BioMedEcon, Moss Beach, CA; ²Select Health, Inc., Salt Lake City, UT; ³Humana, Singer Island, FL; ⁴Health Plus, Bronx, NY**ABSTRACT**

Background: The American Psychiatric Association (APA) recently published clinical practice guidelines for obsessive-compulsive disorder (OCD), specifying that at least 12 weeks of a selective serotonin reuptake inhibitor (SSRI) at an adequate dose was required to achieve a therapeutic response.¹ However, little is known about the current quality of pharmacologic care for OCD.

Introduction: We sought to examine the adequacy of pharmacological treatment among Medicaid-enrolled adults newly diagnosed with OCD.

Methods: We conducted a 9-year (1997-2006) retrospective analysis of Florida Medicaid-enrolled adults (age ≥ 18 years) newly diagnosed with OCD (ICD-9 300.3). Adequate pharmacotherapy was defined as ≥ 12 consecutive weeks of SSRI treatment with ≤ 45 days between medication fills and an average daily SSRI dose (excluding the first 6 weeks of psychotropic use where titration is likely) equal to or greater than the target dose specified by recent APA guidelines.

Results: Among 2,960,421 adult Medicaid enrollees, 2,921 (0.1%) were diagnosed with OCD during the 9-year period. Among these, 987 received SSRIs either before or after their OCD diagnosis. Among the 987 patients receiving SSRIs, only 22% received adequate pharmacotherapy during the study period. Among those who received inadequate pharmacotherapy, 37% received less than 12 weeks on an SSRI, and 87% received SSRI doses below the minimum guideline-recommended target range.

Conclusion: Inadequacy of SSRI pharmacotherapy in this sample of Medicaid-enrolled patients with newly diagnosed OCD supports findings from an earlier study by Koran and colleagues, who found that less than half (42.8%) of newly-diagnosed HMO members with OCD received adequate SRI treatment.² Findings suggest that widespread dissemination of APA guidelines and mental healthcare provider education may be critical to addressing pharmacotherapy needs of patients with OCD.

BACKGROUND: APA CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF OCD

- In 2007, the APA published clinical practice guidelines for the treatment of OCD. These guidelines specified that both an adequate duration and dose of pharmacological therapy were necessary for patients to receive an adequate pharmacotherapy trial.
- First-line drugs for the use of OCD included the SSRIs citalopram, escitalopram, fluoxetine, fluvoxamine, sertraline, and paroxetine.
- According to the guidelines, an adequate trial of pharmacotherapy consisted of at least 12 consecutive weeks of first-line therapy at a dose equal to or greater than the target dose specified in the guidelines.

METHODS

- We conducted a 9-year (1997-2006) retrospective analysis of Florida Medicaid-enrolled adult patients (age ≥ 18 years) newly diagnosed with OCD (ICD-9 300.3).
- Patients were considered "newly diagnosed" if no OCD-related claim was filed in the year preceding an index OCD diagnosis.
- Patient data were de-identified and HIPAA compliant.

DEFINITION OF TERMS

1st line therapy = Before or after index diagnosis, received at least 1 fill for citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, or sertraline.

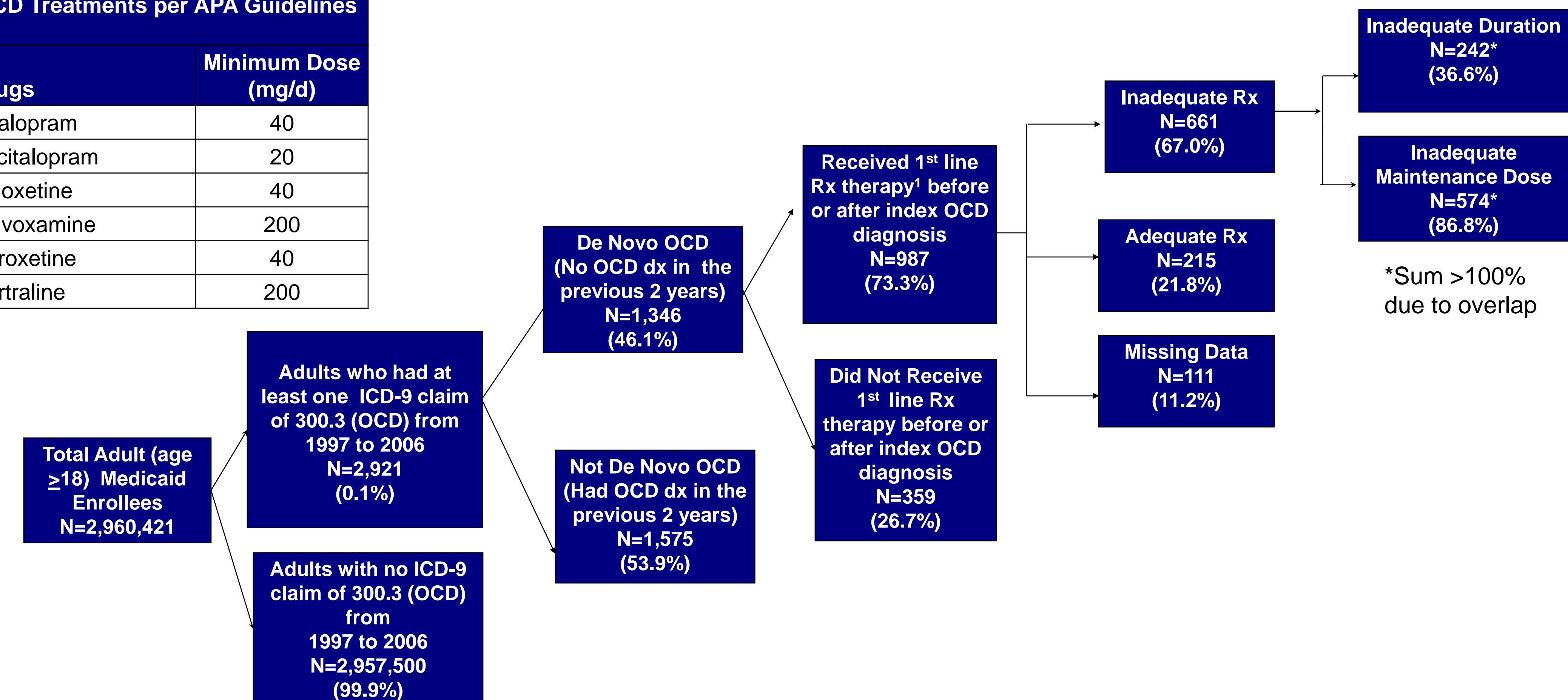
Adequate Pharmacotherapy = Adequate Dose + Adequate Duration

Adequate Duration = Before or after index OCD diagnosis, at least 12 consecutive weeks of treatment with any first-line OCD drug with no more than a 45-day gap between fills.

Adequate Dose = Before or after index OCD diagnosis, during the period in which patients received at least 12 consecutive weeks of first-line therapy, the daily average maintenance dose (excluding first 6 weeks of treatment titration) through termination of treatment was equal to or greater than the minimum target dose specified by the APA (see table in Results).

RESULTS**Minimum Target Doses for 1st-Line OCD Treatments per APA Guidelines**

Drugs	Minimum Dose (mg/d)
Citalopram	40
Escitalopram	20
Fluoxetine	40
Fluvoxamine	200
Paroxetine	40
Sertraline	200



•Among patients receiving SSRIs, only 22% (215/987) received adequate pharmacotherapy during the study period.

•Of those receiving inadequate pharmacotherapy during the study period:

- 37% (242/661) received less than 12 weeks on an SSRI
- 87% (574/661) received average daily SSRI doses below the minimum guideline-recommended target

CONCLUSIONS

- Inadequacy of SSRI pharmacotherapy in this sample of Medicaid-enrolled patients with newly-diagnosed OCD supports findings from an earlier study by Koran and colleagues, who found that less than half (42.8%) of newly-diagnosed HMO members with OCD received adequate OCD pharmacotherapy.²
- Findings suggest that widespread dissemination of APA guidelines and mental healthcare provider education may be critical to addressing pharmacotherapy needs of patients with OCD.

REFERENCES

1. Koran LM, Hanna GL, Hollander E, Nestadt G, Simpson HB. Practice guideline for the treatment of patients with obsessive-compulsive disorder. Am J Psychiatry 2007;164(7 Suppl):5-53.
2. Koran LM, Leventhal JL, Fireman B, Jacobson A. Pharmacotherapy of obsessive-compulsive disorder in a health maintenance organization. Am J Health Syst Pharm 2000;57(21):1972-8.

FOR FURTHER INFORMATION

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