

RACIAL DISPARITIES IN THE INITIATION OF PSYCHOTROPICS AMONG MEDICAID PATIENTS NEWLY-DIAGNOSED WITH OBSESSIVE-COMPULSIVE DISORDER: LARGE-SCALE, RETROSPECTIVE, FLORIDA MEDICAID CLAIMS ANALYSIS

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BACKGROUND

DSM-IV-TR Criteria for Obsessive-Compulsive Disorder (OCD)¹

- Anxiety disorder featuring:
 - Recurrent obsessions (persistent intrusive thoughts, ideas, impulses, or images that cause marked anxiety)
 - And/or
 - Compulsions (repetitive behaviors intended to reduce anxiety or distress).
 - Obsessions and/or compulsions must be
 - Severe enough to be time consuming (>1 hour per day)
 - Cause marked distress, or
 - Significantly interfere with normal routine, occupational functioning, or social relationships and activities.
 - Patients with OCD are aware that their thoughts and ritualized behaviors are not rational but are unable to stop their obsessive thoughts or avoid carrying out compulsive behaviors.
- ### Epidemiology
- Estimated lifetime prevalence 1.6%.²
 - Similar rates found among men and women.³
- ### Treatment
- Serotonin reuptake inhibitors (SRIs) and/or cognitive behavioral therapy (CBT) are 1st line treatment.⁴
 - SRIs alone are recommended for patients who have previously responded well to a given drug or prefer treatment with an SRI alone.⁴

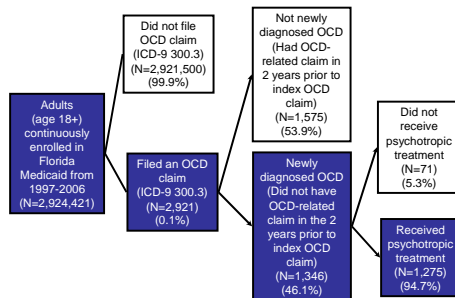
OBJECTIVE

- Although recent research has examined racial/ethnic disparities in access to U.S. healthcare, comparably little is currently known about the quality of psychiatric care received by racial/ethnic minorities.
- Recent studies have shown that minorities diagnosed with depression are less likely to receive antidepressants,⁵⁻⁸ and minorities diagnosed with schizophrenia are less likely to receive atypical antipsychotics,⁷ compared to Caucasians.
- We sought to determine whether patient demographics were similarly associated with the initiation of psychotropics among Medicaid-enrolled patients newly diagnosed with OCD.

METHODS

- We conducted a 9-year (1997-2006) retrospective analysis of Florida Medicaid-enrolled patients newly diagnosed with OCD (ICD-9 300.3).
- Patients were considered "newly diagnosed" if no OCD-related claim was filed in the 2 years preceding an index OCD diagnosis.
- "Psychotropics" were identified by National Drug Code (NDC) for any prescription claim filed for an antidepressant, antipsychotic, amphetamine/CNS stimulant, anxiolytic, sedative, hypnotic, antimanic agent, or mood stabilizer/anticonvulsant.
- Patients were identified as "initiating" psychotropic treatment if they filed no prescription claim for a psychotropic during the year preceding their index OCD diagnosis.
- Patient data were de-identified and HIPAA compliant.
- Chi-square analyses were used to examine differences between groups and logistic regression with backward selection was used to examine the likelihood (odds) of initiating a psychotropic.

SAMPLE IDENTIFICATION



LOGISTIC REGRESSION: SIGNIFICANT EFFECT OF RACE ON RECEIVING PSYCHOTROPICS

Method: Logistic regression with backward selection
 Dependent Variable: Received psychotropics? (Yes versus No)
 Independent Variables:

Sex: Female versus **Male***
 Race/Ethnicity: Black, Hispanic, Other versus **White***
 Age (years) at 1st OCD Diagnosis: 18-29, 30-44, 45-64, versus **65+***

* Denotes referent

	Point Estimate	95% Wald Confidence Interval	p-value
Black (vs White)	0.334	0.182 to 0.613	0.0004
Hispanic (vs White)	0.342	0.154 to 0.762	0.0086
Other (vs White)	1.353	0.566 to 3.235	0.4963

Note that Sex and Age were not significant and were therefore removed from the model during backward selection.

Adjusted for age and sex, Blacks with OCD were 67% less likely, and Hispanics 66% less likely, than Whites to receive psychotropics.

RESULTS

PSYCHOTROPICS IDENTIFIED

Antidepressants	Antipsychotics
• SSRIs	• Atypicals
• Serotonin Modulators	• Butyrophenone
• SNRI/SSRIs	• Phenothiazine
• Miscellaneous	• Miscellaneous
• MAOIs	• Thioxixene
• Tricyclics/NRIs	• Anxiolytics
• Antimanics	• Anxiolytics/Sedative Hypnotics
• Mood Stabilizers	• Benzodiazepines
• Amphetamines and Stimulants	• Barbiturates

CHI SQUARE: SIGNIFICANT EFFECT OF RACE ON RECEIVING PSYCHOTROPICS

		Newly Diagnosed Patients	Received Psychotropic Treatment	Did Not Receive Psychotropic Treatment	P (chi-square)
		N=1346	N=1275	N=71	
Sex	Female	833 (61.9%)	782 (61.3%)	51 (71.8%)	0.0763
	Male	513 (38.1%)	493 (38.7%)	20 (28.2%)	
Race	White	955 (71.0%)	914 (71.7%)	41 (57.7%)	0.0001
	Black	135 (10.0%)	119 (9.3%)	16 (22.5%)	
	Hispanic	69 (5.1%)	61 (4.8%)	8 (11.3%)	
	Other	187 (13.9%)	181 (14.2%)	6 (8.4%)	
Age at 1 st OCD Diagnosis	18-29	470 (34.9%)	435 (34.1%)	35 (49.3%)	0.053
	30-44	484 (36.0%)	463 (36.3%)	21 (29.6%)	
	45-64	329 (24.4%)	315 (24.7%)	14 (19.7%)	
	≥65	63 (4.7%)	62 (4.9%)	1 (1.4%)	

CONCLUSIONS

Among Florida Medicaid-enrolled patients with OCD, Blacks and Hispanics were significantly less likely to receive psychotropics than White patients with OCD.

Given that research does not demonstrate variation in response to treatment by race or ethnicity, our findings suggest that other factors (such as cultural variation in patient willingness to use psychotropics or prescriber bias) may play a role in the disparity of psychotropic treatment among Medicaid enrollees with OCD.

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FOR FURTHER INFORMATION

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DISCLOSURES

Cheryl Hankin, Amy Bronstone, and Zhaohui Wang are consultants to Jazz Pharmaceuticals, Inc. Research supported by Jazz Pharmaceuticals, Inc.