

HEALTHCARE USE AND COSTS OF PATIENTS WITH “PURE OBSESSIVE-COMPULSIVE DISORDER” VERSUS “PURE DEPRESSION”: NINE-YEAR (1997-2006), LARGE-SCALE, RETROSPECTIVE ANALYSIS OF FLORIDA MEDICAID ADULT 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

OBJECTIVE

Compare healthcare use and costs of newly-diagnosed patients with “pure OCD” (P-OCD; OCD in the absence of bipolar disorder, psychoses, or depression) to a matched sample of newly-diagnosed patients with “pure depression” (P-D; depression sans bipolar disorder, psychoses, or OCD).

METHODS

Subjects were identified from Florida Medicaid enrollees who had a paid claim from July 1997 through June 2006. Among patients with >1 OCD diagnosis, we identified their 1st occurring (“index”) OCD claim. Those with ≥2 years of data preceding their index OCD claim who had no diagnoses of depression (ICD-9 296.2, 296.3, 296.9, 300.4, 309.0, 309.1, 311), psychoses (ICD-9 295, 298) or bipolar disorder (ICD-9 296) in the 2 years prior to and 2 years following their index OCD claim were selected. P-D patients were identified similarly, but the index claim was depression and the exclusion diagnoses included OCD rather than depression. Each P-OCD patient was matched to ≥1 P-D patient on sex, race/ethnicity, medical illness severity (Charlson Comorbidity Index), and age/ year at index diagnosis. 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, and mood stabilizers 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. We then compared median per-patient total, medical, and psychiatric healthcare use and costs.

RESULTS

