

Press Release

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BioMedEcon Study Reveals Greater Use of Psychotropics for Treating Obsessive-Compulsive Disorder versus Depression Results point to substantially higher number of psychotropic prescriptions as leading indicator for increased pharmaceutical costs of treating OCD

MOSS BEACH, Calif. (October 15, 2008) – BioMedEcon, a leading provider of health economics and outcomes research, will present findings from a pioneering study that compares medication use and costs of treating adult patients with obsessive-compulsive disorder (OCD) to those of patients with depression. Findings will be presented by Cheryl Hankin, Ph.D., Chief Scientific Officer and Founder of BioMedEcon at the Academy of Managed Care Pharmacy (AMCP) 2008 Educational Conference, held Oct. 15-18 in Kansas City, Mo.

Investigators examined nine years (1997-2006) of health claims data among adults enrolled in the Florida Medicaid program to compare pharmaceutical use and costs among patients with OCD, a relatively rare mental disorder affecting approximately 1-3 percent of the U.S. population, to a matched sample of patients with depression, a highly prevalent mental disorder. Patients were matched on sex, race/ethnicity, age at index diagnosis, year at index diagnosis, and medical illness severity.

Findings show that patients with “pure OCD” (OCD in the absence of concomitant depression, psychosis, bipolar disorder, organic mental disorder, pervasive developmental disorder, nonpsychotic brain damage, development delay, or mental retardation) used significantly more psychotropic medications over two years, at higher costs than patients with “pure depression” (depression in the absence of similar exclusions except that OCD was substituted for depression). Whereas there were no differences between groups in terms of the number or cost of medications filled for treatment of medical illness, patients with OCD had significantly more psychotropic fills (pure OCD 29.0 fills versus pure depression 14.1 fills) at higher costs (pure OCD \$4,307 vs pure depression \$2,317).

In particular, patients with OCD incurred six times higher median costs for antidepressants (pure OCD \$1,355 versus pure depression \$234), four times greater median costs for antipsychotics (pure OCD \$1,514 versus pure depression \$363) and three times greater median costs for anxiolytics/sedatives/hypnotics (pure OCD \$167 versus pure depression \$53) over a two-year period. Investigators note no significant differences between groups with respect to the use of mood stabilizers, antimanics, or amphetamines.

“This research provides additional insight into the challenges of treating OCD and opportunities to improve care,” said Dr. Hankin. “The greater number of psychotropic fills and costs for patients with OCD compared to those with depression may reflect the greater complexity of OCD than previously believed and suggests that patients with OCD may be receiving inappropriate or inadequate treatment. BioMedEcon is currently conducting research designed to evaluate the adequacy and appropriateness of psychotropics for OCD to help provide the data needed to effectively treat these patients.”

Earlier research by BioMedEcon found that patients with pure OCD had triple the healthcare costs of patients with pure depression. This research was supported by Jazz Pharmaceuticals, Inc and was led by Dr. Hankin. Other co-presenters included Jeffrey Dunn, PharmD, Select Health, Inc., Salt Lake City, UT; John Knispel, M.D., Humana, Singer Island, Fla.; Arthur Levin, M.D., Health Plus, Bronx, NY; Zhaohui Wang, M.S., BioMedEcon, Moss Beach, Calif., and Amy Bronstone, Ph.D., BioMedEcon.

About BioMedEcon BioMedEcon applies rigorous scientific methods to create coherent, objective and practical formulary decision models, pharmaceutical and drug delivery market entry strategies, and healthcare policy recommendations to pharmaceutical and biotech companies, managed care organizations and advocacy groups. For more information, call 650.563.9475.