



Press Release

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BioMedEcon Reports 200% Higher Outpatient Medical Costs among Patients with Obsessive-Compulsive Disorder Compared to Matched Patients with Depression

Results show surprisingly higher outpatient costs in OCD group despite patient matching for medical illness comorbidity.

MOSS BEACH, Calif. (June 12, 2008) – BioMedEcon, a leading provider of health economics and outcomes research, presented findings from a landmark nine-year retrospective claims analysis that compared the median per-patient health care costs for patients with obsessive-compulsive disorder (OCD) versus depression. This study, supported by Jazz Pharmaceuticals, Inc., was presented at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) annual meeting on May 3-7, in Toronto.

The purpose of this study was to demonstrate the comparative health care burden associated with OCD, a relatively rare mental disorder affecting approximately one to three percent of Americans, to that of depression, a highly prevalent mental disorder previously known to significantly increase the use of both medical and psychiatric healthcare services.

BioMedEcon examined data from more than 2.9 million Florida Medicaid enrollees from 1997-2006 and compared newly diagnosed patients with OCD who did not have comorbid bipolar disorder, psychoses or depression (“pure OCD”) to newly-diagnosed depressed patients who did not have comorbid bipolar disorder, psychoses or OCD (“pure depression”). Patients in the two groups were matched on sex, race/ethnicity, medical illness severity (Charlson Comorbidity Index), as well as age and year at index diagnosis. Investigators compared the two groups’ overall health care, inpatient, outpatient and pharmacy costs during the two years following patients’ initial OCD or depression diagnosis.

When matched on sex, race/ethnicity and medical illness comorbidity, two-year median per-patient costs for outpatient medical services were approximately 200 percent greater among patients with pure OCD compared to matched patients with pure depression (\$4,820 versus \$2,525, $p < 0.0001$). Patients with pure OCD had 60 percent more outpatient medical visits in the two years following their initial psychiatric diagnosis than did patients with pure depression (32 visits versus 20 visits, $p < 0.0001$).

“We were surprised to find that although the two groups of patients were matched on medical illness comorbidity, those with OCD incurred significantly more outpatient medical services at twice the cost of patients with depression. It is unclear whether physicians who provide outpatient medical care are knowledgeable about the substantial health care burden associated with OCD. We are hopeful that improved OCD identification and referral for psychiatric follow-up may ultimately reduce the burden of OCD that appears to be borne by outpatient medical care services.”

OCD is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). This is the first study, to our knowledge, that has compared healthcare utilization and costs of patients with OCD versus depression.

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.