



## Press Release

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### **More Than Two-Thirds of Newly-Diagnosed Patients Who Are Prescribed Medications for OCD Receive Inadequate Therapy**

*Inadequate dose and duration of drug treatment predominate*

MOSS BEACH, Calif. (June 16, 2008) – The majority of newly diagnosed patients who are prescribed medications for obsessive-compulsive disorder (OCD) receive inadequate dose and/or duration of drug treatment, according to a study conducted by BioMedEcon, a leading provider of health economics and outcomes research.

The study, which was supported by Jazz Pharmaceuticals, Inc., was based on a nine-year retrospective claims analysis that assessed the adequacy of medication treatment among Medicaid-enrolled adults who were newly diagnosed with OCD, a mental disorder that is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Findings were presented at the 161st annual meeting of the American Psychiatric Association (APA) on May 3-7, in Washington, D.C.

The analysis was prompted by recently published APA clinical practice guidelines for OCD that provide specific recommendations for appropriate medication selection, dosing and treatment duration. BioMedEcon applied these recommendations to assess the adequacy of drug therapy among Medicaid-enrolled adults newly diagnosed with OCD.

Among 2,960,421 adult Medicaid enrollees, 987 (0.03 percent) were diagnosed with OCD during the nine-year period and received an appropriate medication. Of these patients, the majority (67 percent) received either medication doses that fell below the minimum guideline-recommended range, or treatment duration that was shorter than the minimum guideline-recommended period.

“The burden of OCD is substantial,” said Dr. Jeffrey Dunn, Formulary and Contract Manager for Select Health and co-investigator of the study. “We previously reported that the health care costs for Medicaid enrollees with OCD were significantly higher than health care costs for patients with depression. We now wonder whether this is a function of quality of care. We are currently investigating whether improved quality of OCD care results in superior patient outcomes and reduced health system burden. I believe that this will be the case.”

Dr. Cheryl Hankin, principal investigator of the study and President and Chief Scientific Officer of BioMedEcon agrees, “Physicians who prescribe drug therapy for OCD must be knowledgeable of guideline-recommended behavioral and drug treatment options, as well as appropriate drug dosing and duration regimens. Improved quality of care for OCD will likely result in enhanced patient functioning and greater patient well-being.”

Along with Hankin and Dunn, research co-investigators are John Knispel, M.D., Medical Director from Humana, Arthur Levin, M.D. from Health Plus, and Amy Bronstone, Ph.D. and Zhaohui Wang, M.S., from 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