



Press Release

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BioMedEcon Reports Six Times Higher Psychiatric Medication Costs among Patients with Obsessive-Compulsive Disorder Compared to Patients with Depression

Results show significantly higher per-patient, median costs for psychiatric medications among newly-diagnosed patients with OCD versus patients with depression

MOSS BEACH, Calif. (September 1, 2008) – BioMedEcon Group, a leading provider of health economics and outcomes research, presented findings of a unique nine-year retrospective claims analysis that compared the per-patient, median health care costs of newly-diagnosed patients with obsessive-compulsive disorder (OCD) to matched patients with depression. The study, supported by Jazz Pharmaceuticals, Inc., was presented at the European College of Neuropsychopharmacology (ECNP) 21st Congress on Sept. 1 in Barcelona, Spain.

Investigators examined nine years (1997-2006) of health claims data among adults enrolled in the Florida Medicaid program to compare the healthcare burden of OCD, a relatively rare mental disorder, affecting approximately 1-3 percent of the U.S. population, to that of depression, a highly prevalent mental disorder that typically requires significant medical and psychiatric healthcare services. In prior research, BioMedEcon reported that patients identified as having “pure OCD” (those without concomitant depression, bipolar disorder or psychoses) had triple the healthcare costs of patients with “pure depression” (those without concomitant OCD, bipolar disorder or psychoses). Given these unprecedented findings, investigators refined their definition of “pure OCD” and “pure depression” to determine whether original results would hold.

In this revised study, the definition of “pure OCD (P-OCD)” was refined to further exclude organic mental disorder, pervasive developmental disorder, nonpsychotic brain damage, developmental delays, and mental retardation. The definition of “pure depression (P-D),” was similarly refined, except that OCD rather than depression was excluded. Patients with P-OCD were matched to those with P-D on sex, race/ethnicity, medical illness severity (Charlson Comorbidity Index), and age and year at their first OCD or depression diagnosis.

BioMedEcon investigators found that two-year, per-patient, median psychiatric medication costs (i.e., costs for amphetamines, antidepressants, antimanics, antipsychotics, anxiolytics, hypnotics, and sedatives, or mood stabilizers) were four times higher among patients with P-OCD than among matched patients with P-D (P-OCD \$2,921 versus P-D \$682, $p < 0.0001$). Specifically, the two-year, median, per-patient costs for antidepressants were approximately six times greater (P-OCD \$1,355 versus P-D \$234, $p < 0.0001$), antipsychotics were approximately four times greater (P-OCD \$1,514 versus P-D \$363, $p = 0.04$), and anxiolytics/ sedatives/ hypnotics were approximately three times greater among patients with P-OCD compared to matched patients with P-D (P-OCD \$167 versus P-D \$53, $p = 0.0002$).

“These results are significant and suggest several possible interpretations,” said Dr. Cheryl Hankin, principal investigator of the study and President and Chief Scientific Officer of BioMedEcon. “Patients with OCD may be more complicated pharmacologically and as a result, they may require higher doses of psychiatric medications or more combinations of these medications. Or, these patients may present as depressed, anxious, or over-active. In this case, they may receive multiple trials of inappropriate psychotropics or combinations of psychotropics. Recent practice guidelines have been published for the treatment of OCD, and we are conducting additional research to determine whether patients are receiving appropriate pharmacologic treatment.”

Not all healthcare costs were higher among patients with OCD, however. BioMedEcon noted that patients with P-D incurred more than five times greater outpatient costs for medical treatment than their matched counterparts with P-OCD in the two-year period (P-OCD \$363 versus P-D \$1,928, $p=0.003$). This finding is consistent with other studies reporting that patients with depression may over-utilize outpatient medical services. Costs for inpatient services, outpatient psychiatric healthcare and drug treatment for medical illness did not significantly differ between groups.

OCD is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Although a few previous studies have suggested that patients with OCD may overutilize certain medical and psychiatric services, to our knowledge, BioMedEcon’s analysis is the first to compare 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 or visit <http://biomedecon.com>.