PATIENTS WITH “PURE OBSESSIVE-COMPULSIVE DISORDER” INCUR HIGHER 2-YEAR PSYCHOTROPIC COSTS THAN PATIENTS WITH “PURE DEPRESSION”

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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 Although the increased healthcare burden (utilization and costs) of various psychiatric disorders, especially major depressive disorder, has been clearly established,4-6 little is known about the healthcare burden of patients with OCD.

OBJECTIVE

Compare healthcare use and costs of newly-diagnosed patients with “pure OCD” (P-OCD; OCD in the absence of certain comorbidities, including depression) to a matched sample of newly-diagnosed patients with “pure depression” (P-D; depression in the absence of certain comorbidities, including OCD).

METHODS

Data were obtained from a large, retrospective claims database of Florida Medicaid enrollees who had ≥1 paid claim from July 1997 through June 2006. Among those with ≥1 OCD diagnosis, we identified their 1st (index) OCD claim. Those with ≥2 years of data preceding their index OCD claim who had no depression, psychoses, bipolar disorder, organic mental disorder, pervasive developmental disorder, nonpsychotic brain damage, developmental delays, or mental retardation in the 2 years before and 2 years after their index OCD claim were identified as “Pure OCD” (P-OCD) patients. “Pure Depression” (P-D) patients were identified similarly, but the index claim was depression and exclusion diagnoses substituted OCD for 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, antianxietics, antipsychotics, anxiolytics, hypnotics, and sedatives, and mood stabilizers were prescribed for psychiatric illness, and all 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 using the Wilcoxon Signed Rank test.

RESULTS

RESULTS SUMMARY

Although patients had similar median healthcare costs, those with P-D had significantly higher medical outpatient costs than those with P-OCD, and P-OCD patients significantly greater psychiatric pharmacy costs compared to their P-D counterparts. The higher psychiatric pharmacy costs in patients with OCD may be attributable to greater treatment resistance in these patients and/or inappropriate prescribing by physicians.

CONCLUSIONS

REFERENCES


DISCLOSURES

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