

NEWS REPORT 02/03/2019 11:00 pm ET

Over Half Of Consumers Stopped Antidepressant Or Psychotherapy For Depression After 5 Months



About 54.7% of those diagnosed with major depressive disorder (MDD) stopped treatment after five months following their diagnosis. For those with MDD, a single treatment method (pharmacological or psychotherapy) of treatment was more common (58.5%) than treatment using both methods combined (36.2%).

These findings were reported in “Rates and Determinants of Use of Pharmacotherapy and Psychotherapy by Patients With Major Depressive Disorder” by Fraser W. Gaspar, Ph.D., M.P.H.; Catherine S. Zaidel, M.E.M.; and Carolyn S. Dewa, Ph.D., M.P.H. Through a data use agreement, researchers analyzed records from the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant IBM MarketScan Commercial Claims and Encounters database. This database contains records for over 260 employers and 40 health plans and is a convenience sample of employees with employer-sponsored health insurance: the data come mostly from large employers. The researchers identified 24,579 anonymous individuals with a diagnosis of major depressive disorder and focused on those individuals with a first diagnosis of “single-episode, major depressive disorder” and categorized as in remission, mild, moderate, or severe depression. The goal was to determine rates and factors of pharmacological and psychotherapy use after a diagnosis of MDD.

MDD is defined as having three phases:

- The acute phase is when the individual is actively experiencing symptoms of depression. Successful treatment of the acute phase is the induction of remission. This phase has a minimum of six to eight weeks of time.
- The continuation phase follows the acute phase, in which remission is preserved and relapse is prevented. This phase usually lasts 16 to 20 weeks.
- The maintenance phase protects susceptible individuals against recurrence or relapse of subsequent major depressive episodes. Duration of this phase varies with the frequency and

severity of previous episodes.

Antidepressant adherence is defined as having a proportion of days covered (PDC) by antidepressants of greater than, or equal to, 0.8 in the first 231 days following a diagnosis of MDD.

Most individuals were not receiving antidepressants or psychotherapy after the first five months following initial diagnosis of MDD, however the percentage of those with depression who received treatment was higher in this study than reported in previous studies. In the 12 months following diagnosis of MDD, 94.7% received either pharmacotherapy or psychotherapy, or both. Additional findings include:

- For the 13,524 individuals prescribed antidepressants, 41.7% were adherent in the acute phase, while 32.0% were adherent during the continuation phase.
- For initial antidepressant dosage prescriptions, 34.5% were outside guideline recommendations: 23.1% were below the recommendation, and 11.4% were above the recommendation.
- When psychotherapy was initiated, the median number of visits in the year after a patient's diagnosis was seven.
- Initiating antidepressant treatment within 30 days of the first diagnosis of MDD was associated with increased odds of adherence. Adherence dropped similarly for all levels of diagnosed MDD as prescription time from the first diagnosis of MDD increased, with rates falling sharply after the first 30 days.

The researchers concluded that a shorter time from diagnosis to treatment, and a lower percentage of treatment costs paid by the health care consumer, were associated with increased antidepressant adherence and intensive psychotherapy use. Treatment guideline recommendations are not followed for a large group of those with MDD.

The full text of "Rates and Determinants of Use of Pharmacotherapy and Psychotherapy by Patients With Major Depressive Disorder" was published January 11, 2019 by *Psychiatric Services*. A free abstract is available online at <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800275> (accessed January 28, 2019).

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