Treatment of Patients with Major Depressive Disorder and Suicidal Thoughts and Behaviors: An Electronic Health Record Database Study

Cheryl Neslusan, PhD[1], Yen-Wen Chen, PhD[1], Mohit Sharma, B. Tech[2] and Jennifer Voelker, PharmD, MS[1]

[1]Janssen Scientific Affairs, LLC, Titusville, NJ, USA, and [2]Mu Sigma Business Solutions Pvt. Ltd., Bengaluru, India

Presenting Author: Jennifer Voelker

Abstract

Study Objective. The population of patients with major depressive disorder (MDD) and suicidal ideation (SI) or behaviors/attempts (SA) is not well characterized. Electronic health records (EHR) may contain useful data elements that are unavailable in other routinely used population-level databases like insurance claims. For example, the Patient Health Questionnaire (PHQ)-9 is a disease severity metric in this population which may influence treatment choices and hence, outcomes. This study sought to describe the treatments, depression severity, and health resource utilization among this population prior to, during, and following a suicide-related event.
Methods. Adult patients enrolled in an integrated delivery network with a diagnosis code indicating MDD and without a diagnosis for bipolar or related disorders, dementia, intellectual disability, schizophrenia or other non-mood psychotic disorders between 10/31/2015 and 9/30/2019 were selected from the Optum de-identified EHR database. Only patients with a diagnosis code for SI or probable SA (SI/SA) between 10/31/2016 and 9/3/2019 and healthcare activity ≥12 months prior to their 1st observed SI/SA diagnosis were included. MDD-related treatments and PHQ-9 scores (obtained from physician notes using natural language processing) were described during 3 periods: the 1st SI/SA health care encounter (index period), 12 months before (pre-period), and 6 months after (follow-up period). For those with multiple PHQ-9 scores during a period, the latest one was used. All-cause and MDD-related healthcare utilization were assessed during follow-up period.
Results. A total of 71,161 patients with MDD and SI/SA were included in the analysis; mean (SD) age was 39 years (16 years); 55% were female. Antidepressants were prescribed for 31.3% during the pre-period and 41.2% during the index period. The use of psychotherapy was 9.5% during the pre-period and 18.7% during the index period. In the subgroup with data at 6 months (N=40,261), 43.4% and 20.5% received an antidepressant prescription and psychotherapy, respectively. During follow-up, the percent with ≥1 all-cause (MDD-related) hospitalization, observation stay and ED visit were: 11.8% (7.0%), 5.0% (2.1%), and 33.1% (11.1%). More than half (61.0) had ≥1 outpatient visit, and about 1/3 (33.4%) had ≥1 MDD-related outpatient visit. Very few patients had PHQ-9 scores recorded: pre-period 4.4% (mean [SD] 13.0 [7.5]); index period 1.3% (mean [SD] 17.0 [7.2]); and follow-up period 7.6% (mean [SD] 12.1 [7.5]).
Conclusions. This study documents a high level of health care resource utilization among those with MDD and suicidal thoughts and behaviors. Only a small proportion had documented PHQ-9 scores. Given that sizable proportions did not receive any antidepressant therapy or psychotherapy, even after suicidality was noted in their medical record, continued efforts in screening and treatment intensification are warranted for this vulnerable population.
Funding. Janssen Scientific Affairs, LLC

Baseline Characteristics and Current Standard of Care (SOC) Among US Veterans with Major Depressive Disorder (MDD)

Swapna Karkare, MS[1], Abigail Nash, MD, PhD[1], Eileen Han, PhD[2], John J. Sheehan, PhD, MBA, RPh[1], Aimee Near, MPH[2], Tania Banerji, MPH[2], Xiaohui Zhao, PhD[2], Maya Aboumrad, MPH[3] and Kruti Joshi, MPH[1]

[1]Janssen Scientific Affairs, LLC, Titusville, NJ, USA, [2]IQVIA, Durham, NC, USA, and [3]Veteran Health Administration, White River Junction, VT, USA

Presenting Author: Swapna Karkare

Abstract

Study Objectives. To describe characteristics of veterans with MDD and the different treatment regimens received during the first observed and treated major depressive episode (MDE).
Methods. A retrospective study was performed using the Veterans Health Administration (VHA) database from 4/1/2015 to 2/28/2019 (study period), supplemented with Medicare Part A/B/D data from 4/1/2015 to 12/31/2017. Adult veterans with ≥1 MDD diagnosis in the VHA database between 10/1/2015 and 2/28/2017 (index date) were included if they received ≥1 line of therapy (LOT) within a complete MDE. An MDE was considered as starting on the date of the first observed MDD diagnosis preceded by ≥6 months depression-free period (i.e. a period without an MDD diagnosis or antidepressant (AD) use); an MDE was considered as ended on the date of the last MDD diagnosis or the end of the medication supply of the last AD/augmentation medication, whichever came last and then followed by ≥6 months depression-free period. An MDE was required to begin and end during the study period. A LOT was defined as ≥1 AD at adequate dose and duration (≥6 weeks of continuous therapy with no gaps longer than 14 days) with or without an augmenting medication. Patients were required to have VA benefit enrollment for ≥6 months before (baseline) and ≥24 months after index (follow-up). Patient baseline demographic and clinical characteristics as well as the number and type of LOTs (up to the first six LOTs) received during the first observed and treated MDE were evaluated.
Results. Overall, 40,240 veterans with MDD were identified (mean ± standard deviation [SD] age: 50.9±16.3 years).The majority were male (83.9%), White (63.4%), and non-Hispanic (88.6%); 60.1% were unemployed or retired at some point during the study period. The most commonly observed baseline comorbidities included hypertension (27.5%), hyperlipidemia (20.8%),

https://doi.org/10.1017/S1092852920002849 Published online by Cambridge University Press