



Tracking antidepressant therapy patterns of an Austrian cohort

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vertragspartner analyse

BACKGROUND / OBJECTIVES

Antidepressants are a widely and increasingly prescribed drug class, the vast majority (78%) of prescriptions in Austria being issued by general practitioners. In the year 2010, almost every tenth insured person of the 13 major health insurance funds in Austria received an antidepressant, summing up to expenditures of €97m (table 1). Discussions not only concern substance choice, but also and with utmost interest the duration of treatment. Aiming at getting a better understanding of antidepressant medication in Austria, the analysis looks at the patient-based length of treatment as well as substance combination and switching.

METHODS

The data comprise all filled antidepressant prescriptions (ATC codes N06A and N06CA) in the years 2008-2010 at the expense of the 13 major Austrian health insurance funds covering more than 98% of the Austrian population. Since the data is provided in a pseudonymous manner using unique patient identifiers, it is possible to observe patients' medication careers in the outpatient sector. In total, the data contain 1.15 m distinct patients, having filled a total of 16.9 m prescriptions (breakdown shown in table 1).

With the aim of excluding interval therapies and those at the edges of the time frame, three inclusion criteria were used for the analysis, all based on a quarterly view:

- a newly initiated therapy (i.e. no medication in the first observed quarter),
- the drug therapy was started before the last quarter of observation,
- a medication possession ratio (MPR) of at least 75% (i.e. there must be a prescription in at least 3 out of 4 quarters).

503,501 patients (44%) were eligible for further analysis according to those criteria (figure 1).

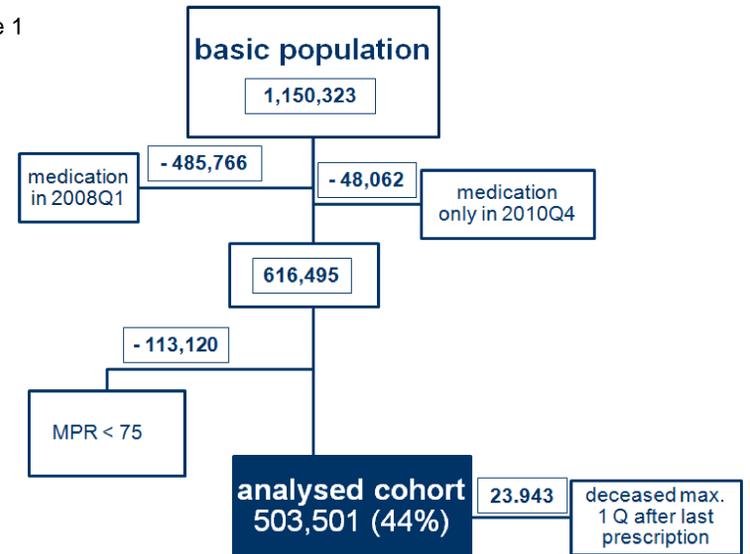
Kaplan-Meier (KM) curves were used to capture patients' drug survival, which is defined as the difference between last and first prescription date plus 30 days, thus assuming monthly packs. The criterion for combination therapy is the simultaneous prescription of at least two different substances (i.e. ATC5 codes) at least once. Switching is realised when at least two different substances are prescribed in non-overlapping time frames.

Table 1

year	patients	percentage of insurees	female patients	prescriptions (million)	expenditures* (million €)
2008	739,834	9.2%	68.8%	5.41	96.5
2009	761,564	9.4%	68.3%	5.74	99.7
2010	771,613	9.5%	67.9%	5.75	96.6

*excl. VAT

Figure 1



RESULTS

39% of the analysed collective received medication for only one month or less (i.e. single prescriptions). The median drug survival is around four months, with significant differences between men and women (105 and 129 days, respectively; table 2 & figure 2). Almost one in five patients (18.9%) had a combination therapy at least temporarily – almost exclusively with two different ATC5 codes and rarely with three (table 3). A switch from a substance to another took place in 13% of all pharmacotherapies, the majority being changes from a certain monotherapy to another (table 4).

Table 3

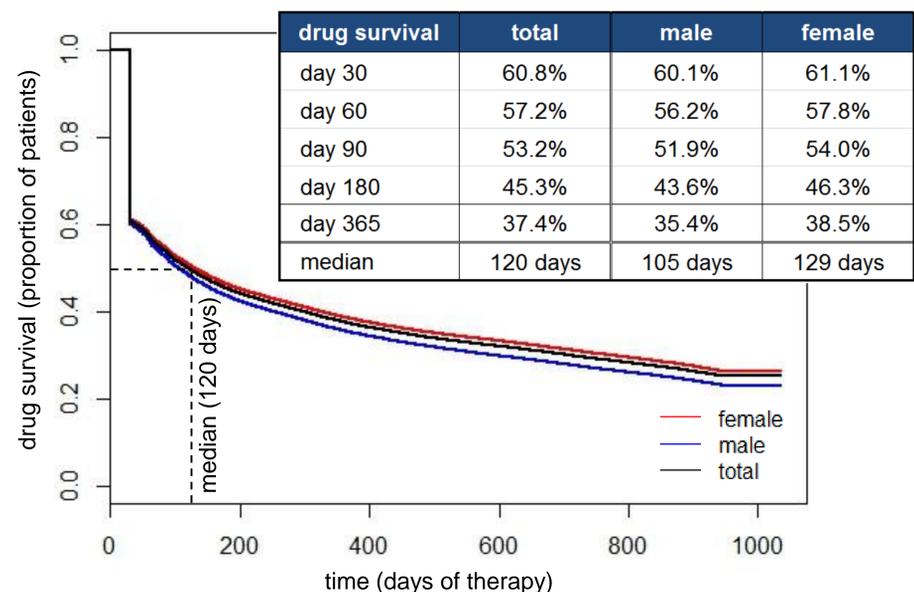
combination therapy			
ATC 5 codes	2	90,358	17.9%
	3	4,351	0.9%
	> 3	201	0.0%
Total		94,910	18.9%

Table 4

switching				
ATC 5 codes involved	2	mono/mono	36,203	7.2%
	3	mono/mono/mono	5,668	1.1%
		mono/comb. and v.v.	21,913	4.4%
	> 3	different variations	2,867	0.6%
Total			66,651	13.2%

Figure 2 and Table 2

Kaplan-Meier estimator for antidepressant drug survival



CONCLUSIONS

Our data show an ambivalent therapy structure, with a high rate of early drop outs, while two thirds of the remaining part were being treated for at least six months. The results illustrate the actual provision of Austria's population with antidepressants and can help in detecting potential suboptimalities. Furthermore, our data confirm the importance of analysing real life data for impact assessment of drug therapy.

Competing interests: None

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