

Current Trends for the Management and Treatment of Depression

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Depression is a common disorder that affects quality of life, productivity, and healthcare outcomes and cost despite the availability of a broad range of treatment options. Lifetime prevalence rates for depression range from 7% to 12% in men and 20% to 25% in women.^{1,2} Mortality rates are increased 6-fold by the presence of depression. Fifteen percent of depression-related mortality is by suicide. Rates of osteoporosis, stroke, alcoholism, and cigarette smoking are increased with depression. Conversely, rate of depression is increased in patients with long-term medical illnesses.³ As much as 15% to 20% of patients with diabetes and long-term heart failure have depression as a comorbid illness. Presence of comorbid depression can deteriorate the course of medical illness and adversely affect rate of mortality and morbidity.

The cost of depression to the economy is approximately \$44 billion.⁴ About half of this cost represents the direct cost of treatment. Indirect costs, including lost productivity, morbidity, and mortality, represent the other 50%. Depression negatively affects patients' perception of health. Perceptions of physical, social, and role functioning in patients with depression are worse than any other long-term medical illness besides cardiovascular disease (CVD).⁵ Employees with depression incur more disability days than those with physical symptoms caused by hypertension, CVD, or diabetes.⁶ Patients who have comorbid depression and long-term medical illness experience higher rates of utilization and increased medical cost. Depression related to medical costs is not often factored into overall medical cost, and it represents the hidden cost of untreated depression. Realizing the gains in indirect cost and this hidden medical offset cost rep-

resent a significant opportunity for improving both quality of life and health outcomes and decreasing medical costs.

Treatment of depression has advanced rapidly in the past 10 years. Antidepressants have become safer and easier to tolerate. Efficacy has approached nearly 75%. Evidence-based psychotherapy for depression as an effective form of treatment is well established. Use of antidepressants has increased dramatically and is frequently the second or third most common prescribed class of medications.⁷

Despite increased treatment efficacy and utilization, relative effectiveness of treatment of depression has remained problematic.⁸ Screening and detection rates for depression have remained low. Although 50% of patients with depression are seen in the primary care physician's office, one third to one half are not diagnosed. Once depression is identified, patients receive antidepressants that are subtherapeutic in dosage and duration. Patients frequently do not continue taking antidepressants for the appropriate duration. Health Employer Data and Information Set measures have not improved dramatically for optimal antidepressant treatment and follow-up. These and other issues have led to a partial realization of full efficacy of the treatment of depression.

Multiple factors contribute to low levels of treatment effectiveness. Stigma remains a potent factor in patients acknowledging that they have depression and need help. Similarly, stigma may lead to reluctance on the physician's part to openly address the issue of depression with his or her patients. The lack of systematic screening for the general population and the population at risk along with stigma contribute to a low detection rate. There is also a perceived lack

of competency and capacity to handle issues, such as suicidality, that a patient with depression may present with. This issue is compounded by lack of discrete demarcation between sadness related to situational stress and sadness related to physiologic depression. Providing education and decision supports that are appropriately timed and relevant, culturally sensitive, and accessible remain a significant challenge. Despite advances in evidence-based care, adherence to treatment guidelines and algorithms remains low. Issues related to side effects are inadequately addressed by both physicians and patients.

In the context of rising health costs and health insurance premiums and the ever-increasing competitive business environment, the impact of depression in the workplace has become an issue for employers. The impact depression has on whether an employee is absent from work or not is well known. It is of equal concern to employers that depression is frequently the second or third leading cost of disability claims. The cost of antidepressants as a class now represents a significant portion of pharmacy spending for employers. Given the increasing awareness of both the direct and indirect costs of depression in the workplace, employers have started to demand more accountability from both health plans and providers. This awareness of rising cost of treating depression in the face of a lack of

progress in effectiveness of treatment will intensify the pressure on providers and health plans to demonstrate the value related to the treatment of depression. Through collaboration between consumers, providers, academia, health plans, and employers, this challenge will be met.

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