

Creating an Optimal Strategy for Improving Outcomes in Depression

Depression, also known as major depressive disorder or major depressive episode, is a debilitating and costly illness that remains largely misunderstood by the general public, primary care physicians, and those who are affected by this illness. Devising an effective means of improving the outcomes of depression while containing costs was the focus of a roundtable discussion held on October 2, 1999, in Dallas, Texas, as well as a subsequent interview with Robert M.A. Hirschfeld, MD, Titus H. Harris Distinguished Professor and Chairman of the Department of Psychiatry and Behavioral Sciences at the University of Texas Medical Branch, Galveston.

The roundtable was comoderated by David Goodman, MD, Assistant Professor of Psychiatry, Johns Hopkins University School of Medicine, Lutherville, Maryland, and J. Raymond DePaulo, MD, Professor of Psychiatry, Johns Hopkins University School of Medicine and Director of the Mood Disorders Clinic of Johns Hopkins Hospital, Baltimore, Maryland. The gathering provided a forum at which mental health practitioners, researchers, and those concerned with the financial aspects of healthcare delivery could share their knowledge and perspectives on this serious public health issue.

In his opening presentation, Dr. Goodman discussed the prevalence of depression in various populations, attitudes toward depression and its etiolo-

gy, and the substantial costs of medical services used by those who are depressed.

Patient compliance with medication regimens to treat depression are integral to containing the cost of the disease for insurers and society as a whole. According to James Jefferson, MD, President of Healthcare Technology Systems and Clinical Professor of Psychiatry at the University of Wisconsin, Madison, effective treatment of depression is a 2-fold process characterized by continuation and maintenance of therapy after an acute episode remits in order to avert the likelihood of relapse.

Prescription medications are key components in the treatment of depression, first as adjuncts to psychotherapy and then as long-term management of the illness. C. Lindsay DeVane, PharmD, Professor of Psychiatry and Behavioral Sciences at the Medical University of South Carolina, Charleston, explained that antidepressant drugs are categorized by their pharmacodynamic and pharmacokinetic characteristics. He focused on the selective serotonin reuptake inhibitors (SSRIs) class.

Managed care cost-containment strategies and their effect on prescribing practices of physicians in the treatment of depression formed the basis for the presentation by Robert K. Schreter, MD, Medical Director of the Sheppard Pratt Health Plan, Lutherville, Maryland. Dr. Schreter noted that pharmacy costs, which account for roughly 20% of all health-

care spending, are one of the key areas where managed care organizations can be expected to take measures to control costs.

Medical economist Michael Schoenbaum, PhD, Associate Economist with the RAND Corporation, presented preliminary findings from a study called the Partners in Care (PIC) program, which examines an innovative team-based approach to the treatment of depressed patients in the primary care setting. Dr. Schoenbaum described how the program relies on a collaborative care model that uses nurses and physician assistants to facilitate coordination between primary care providers and mental health specialists. The PIC program is currently being evaluated in terms of its feasibility as a means of cost effectively providing care to depressed patients.

In a Special Report interview, Dr. Hirschfeld drew on his extensive experience to explain some of the causes of depression and the risk factors related to it as well as to discuss the treatment options available and their economic and societal consequences.

ACRONYM LIST

The following acronyms appear in this Special Report supplement:

AHCPR	Agency for Health Care Policy and Research
CCM	Collaborative care model
DSM	Diagnostic and Statistical Manual of Mental Disorders
ECA	Epidemiologic catchment area
GI	Gastrointestinal
MCO	Managed care organization
MDD	Major depressive disorder
NCQA	National Committee for Quality Assurance
PBMs	Pharmacy benefits managers
PCP	Primary care provider
PIC	Partners in Care
SSRI	Selective serotonin reuptake inhibitor
TCA	Tricyclic antidepressant