

Health Care Utilization and Costs among Medicaid-enrolled Patients with Schizophrenia Experiencing Multiple Psychiatric Relapses

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ABSTRACT

OBJECTIVE: This study compared all-cause and schizophrenia-related health care utilization and costs among patients with schizophrenia using second-generation oral antipsychotics (SGOAs) and experiencing ≥ 2 psychiatric-related relapses with those experiencing < 2 relapses.

STUDY DESIGN: Patients with schizophrenia who initiated SGOA therapy were identified in the MarketScan[®] Medicaid Multi-State database between July 1, 2004 and December 31, 2007. Patients were stratified by < 2 psychiatric-related relapse events and ≥ 2 psychiatric-related relapse events during the 12-month period following SGOA initiation. All-cause and schizophrenia-related health care utilization and costs were estimated for each cohort in various care settings. Univariate and multivariate regression analyses were conducted to assess the differences in all-cause and schizophrenia-related health care utilization and costs between the 2 cohorts. No adjustments were made for multiple inferential statistical tests.

RESULTS: The cohort consisted of 19,813 patients, of whom 3714 (18.75%) had ≥ 2 psychiatric-related relapse events during the follow-up period. On average, patients with ≥ 2 psychiatric-related relapse events were younger than patients with < 2 psychiatric-related relapse events (42.62 years vs. 44.21 years; $P < 0.001$), and the all-cause and schizophrenia-related inpatient costs were approximately 12 and 23 times higher, respectively. The mean covariate-adjusted predicted schizophrenia-related total medical costs per patient were significantly higher among patients with ≥ 2 psychiatric-related relapse events than among patients with < 2 psychiatric-related relapse events (\$17,910 vs. \$10,346; $P < 0.001$).

CONCLUSION: Patients who received an SGOA and experienced ≥ 2 psychiatric-related relapse events within the first year of treatment incurred significantly greater all-cause and schizophrenia-related total medical costs than those with < 2 .

KEYWORDS: Economic burden; Psychiatric relapse; Schizophrenia; Second-generation antipsychotics

Schizophrenia is a complex and severe psychiatric disorder characterized by symptoms including delusions, hallucinations, disorganized thinking and behavior, and social withdrawal. Management of patients with schizophrenia involves acute treatment for psychotic exacerbations and maintenance therapy to prevent exacerbations. According to the National Institute of Mental Health,¹ schizophrenia pharmacotherapy primarily includes the use of antipsychotic medications, which include older, conventional antipsychotics (eg, haloperidol, perphenazine) and newer, atypical antipsychotics (eg, olanzapine, paliperidone). Atypical antipsychotics are the preferred choice in the management of schizophrenia, mainly because of their lower incidence of extrapyramidal side effects (eg, dystonias, akathisia) compared with conventional antipsychotic medications.^{2,3}

Although the use of atypical antipsychotics has helped lower the rate of extrapyramidal side effects, recurring relapse remains a concern in the treatment of patients with schizophrenia.⁴⁻⁶ A study conducted by Weiden and Olfson⁷ reported that annual inpatient admission costs associated with schizophrenia-related relapse events in the US were approximately \$2 billion. However, this study was conducted over 15 years ago, and the rehospitalization and cost estimates used in this study were derived from published prospective studies. A more recent study reported that among schizophrenia patients with ≥ 2 relapse events, health care costs were approximately 5 times compared with patients without a relapse event (mean: \$50,986 vs. \$10,352), with first relapse event (odds ratio = 4.23; 95% confidence interval [CI], 2.41-7.44) being the most significant predictor of the second relapse event. However, the study focused on participants in the US Schizophrenia Care and Assessment Program, which was limited to 6 regional sites in the US; therefore, the results may not be generalizable to other populations.

Finally, in the US, Medicaid is the largest payer of mental health care, with schizophrenia being the primary cost driver.^{8,9} In recent years, Medicaid funding has decreased and the trend is likely to continue in the future. With declining Medicaid funding, states are implementing cost-cutting measures that are likely to lower access to health care among the vulnerable mental health population.¹⁰ Our study serves as an initial step in estimating the cost burden to the Medicaid system of patients with schizophrenia who are not well controlled while on second-generation oral antipsychotic therapy. The selected population is likely not being treated adequately, which results in multiple relapses and consequently, a substantial economic burden to the Medicaid system.

Thus, the objective of this study was to assess all-cause and schizophrenia-related health care utilization and costs among Medicaid-enrolled patients with schizophrenia who used a second-generation oral antipsychotic (SGOA) and experienced ≥ 2 psychiatric-related relapse events compared with those who experienced < 2 psychiatric-related relapse events within the first year of treatment. Psychiatric-related relapse events were defined as an inpatient admission or emergency department (ED) visit with diagnosis for psychiatric conditions (eg, schizophrenia, bipolar disorder, depression). Policymakers can use the cost estimates along with schizophrenia incidence estimates in forecasting future expenditures for the Medicaid system. Moreover, with finite funding resources available to government-sponsored health insurance systems such as Medicaid, health care decision-makers and providers may use these data to help in designing targeted interventions (eg, evidence-based preferred drug lists, medication therapy management services) that may lower the economic burden among patients with multiple relapses while on SGOA therapy.

METHODS

Data Source and Patient Selection

In this retrospective longitudinal cohort study, the MarketScan[®] Medicaid Multi-State database for the years 2004 through 2008 was analyzed. These data contain medical and pharmacy claims, and associated

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