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ORIGINAL ARTICLE

Economic evaluation of desvenlafaxine in the treatment of major depressive disorder in Spain[☆]



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KEYWORDS

Major depressive disorder;
Antidepressive agents;
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Economic evaluation;
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Abstract

Introduction: The objective of this analysis was to evaluate the clinical and economic value of the use of 50 mg-desvenlafaxine compared to the usual care (mix of duloxetine and venlafaxine) in the outpatient treatment of major depressive disorder after first line treatment failure (relapse) in Spain.

Materials and methods: A Markov model was used to follow up a cohort of major depressive disorder patients for 1 year after failure of first-line treatment with a serotonin-specific reuptake inhibitor and estimate outcome measures (percentage remission and depression-free days) and accrued and direct costs incurred during outpatient treatment of major depressive disorder. In order to obtain the efficacy data related to the treatment alternatives, a literature review of clinical trials was performed. A panel of clinical experts validated the use of clinical resources employed in the estimation of economic outcomes together with model assumptions. The analysis was performed in 2014 from the perspective of the National Health System.

Results: Due to fewer discontinuations, initiating second line treatment with desvenlafaxine was associated with more depression-free days and a higher percentage of patients in remission versus usual care: 1.7 days and 0.5%, respectively. This was translated into lower drug and events management costs, and an overall cost reduction of €108 for the National Health System.

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PALABRAS CLAVE

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Conclusions: In patients who have not responded to a first-line serotonin-specific reuptake inhibitor therapy, desvenlafaxine-50 mg was clinically similar in effectiveness, but a less costly option, compared with a weighted average of duloxetine and venlafaxine for the second-line treatment of major depressive disorder patients from a payer (National Health System) perspective in Spain.

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Evaluación económica de la desvenlafaxina en el tratamiento de la depresión mayor en España

Resumen

Introducción: El objetivo del análisis fue evaluar el valor clínico y económico del uso de desvenlafaxina-50 mg comparado con la práctica médica (pool de pacientes tratados con duloxetina o venlafaxina) tras el fracaso del tratamiento de primera línea de la depresión mayor en España.

Materiales y métodos: Modelo Markov que sigue una cohorte de pacientes diagnosticados con depresión mayor, tras el fracaso del tratamiento de primera línea con inhibidores selectivos de la recaptación de serotonina y estima la respuesta al tratamiento (porcentaje de remisión y días libres de depresión) y los costes directos incurridos durante el tratamiento. Los datos de eficacia considerados en el análisis fueron obtenidos de ensayos clínicos a partir de una revisión de la literatura. Los principales supuestos del modelo, así como el uso de recursos, fueron validados por expertos clínicos. El análisis se realizó en el año 2014 desde la perspectiva del Sistema Nacional de Salud.

Resultados: Debido al menor número de discontinuaciones, iniciar el tratamiento de segunda línea con desvenlafaxina se asoció a un mayor número de días libres de depresión (+1,7) y un mayor porcentaje de pacientes en remisión (+0,5%). Esto se tradujo en un menor coste farmacológico y del manejo de los eventos y en un ahorro total para el Sistema Nacional de Salud de 108€.

Conclusiones: En pacientes no respondedores al tratamiento con inhibidores selectivos de la recaptación de serotonina en primera línea de la depresión mayor, desvenlafaxina-50 mg mostró una efectividad clínicamente similar a los otros tratamientos usados en la práctica médica, pero con un menor coste para el Sistema Nacional de Salud.

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Introduction

Depression affects some 350 million people in the world according to the World Health Organization,¹ and it is foreseen that in 2020 it will become the second most common cause of disability, after cardiovascular diseases.² An epidemiological study carried out on a representative sample of the Spanish population revealed a prevalence-life of mental disorders of 19% and a prevalence-year of 8.4%. It also revealed that major depressive disorder (MDD) is the most frequent mental disorder, with a prevalence-life of 10.6% (6.4% in men and 14.5% in women) and a prevalence-year of 4.0%.^{3,4} The variables that increase the risk of depression include personal, cognitive, social, family and genetic factors.⁵ Of the patients that attend primary care visits for any reason, 14.7% present depression; of these, 72% are diagnosed and 34% receive treatment with antidepressants.⁶ However, both the detection rates and treatment rates are higher in the more severe forms of depression.⁷

Depression is one of the main causes of disability and of costs for the healthcare system and for society as a whole. Its high cost is the result of a combination of factors, such as its high prevalence, the increased incidence in the developed nations, its high level of consumption of healthcare resources, its effects on general functioning, the associated loss of productivity and employment, and because its impact on disability is proportionally greater than that derived from other chronic illnesses.⁸ An estimate of the total costs of mental disorders in Spain showed that affective disorders (depression and bipolar disorder) represented costs of 2332 million euros in 2002. Of these, the direct healthcare costs represented 648 million euros (27.8% of the total cost) and the indirect costs, 1685 million euros (72.2% of the total cost). The direct healthcare costs of affective disorders represented 1.8% of the total public healthcare expenses in Spain in 2002.⁹ There are several international estimates as to the burden and cost of depression. In 2004, the total costs in Europe of depression were said to be 117,851 million euros. Of this amount, 35.4% corresponded to direct costs

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