

# Study examines trends in quality of care and health care spending for depression

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Over a 10-year period, spending for Medicaid-enrolled patients with depression increased substantially but only minimal improvements in quality of care were observed, according to a report in the December issue of *Archives of General Psychiatry*.

"During the 1980s and 1990s, the number of adults diagnosed with and treated for depression increased, and the modality of treatment shifted," the authors write as background information in the article. "The percentage of adults with depression who received [antidepressants](#) increased, and the percentage who received [psychotherapy](#) or were hospitalized for depression decreased."

Catherine A. Fullerton, M.D., M.P.H., of Harvard Medical School and Cambridge Health Alliance, Boston, and colleagues examined data from Medicaid claims in Florida to evaluate changes in depression health service utilization, [spending](#), and quality of care from July 1996 through June 2006. Using [Medicaid](#) claims data, the authors identified annual cohorts of adults with depression consisting of enrollees age 18 to 64 years having one or more hospitalizations with a principal diagnosis of depression or having at least two outpatient claims of depression on different days.

The number of enrollees identified annually varied from 8,970 to 13,265 with more persons identified toward the end of the study period. Total number of individuals with depression identified over the study period was 56,805. The authors found that during the study period, [mental](#)

[health care](#) spending increased from a mean (average) \$2,802 per enrollee to \$3,610 per enrollee, reflecting a 29 percent increase. This increase appears to result from a large increase in pharmacotherapy spending (110 percent increase), majority of which was due to spending on antipsychotics (949 percent increase).

During the study period, the percentage of enrollees with depression who received psychotherapy decreased from 56.6 percent to 37.5 percent and the percentage of individuals who were hospitalized decreased from 9.1 percent to 5.1 percent. Conversely, the percentage of individuals who filled prescriptions within any mental health medication classes remained stable or increased, depending on the type of prescription filled. Antidepressant use increased from 80.6 percent to 86.8 percent, anxiety medication use was unchanged at 62.7 percent and 64.4 percent, and antipsychotic use increased from 25.9 percent to 41.9 percent, during the study period. However, the authors also found that changes in quality of care were mixed, with antidepressant use improving slightly, psychotherapy utilization fluctuating, and follow-up visits decreasing.

"In summary, during the 10-year period between 1996 and 2005, we found a substantial increase in spending for patients with depression, with minimal improvements in quality of care," the authors conclude. "Our findings underscore the importance of continued efforts to improve quality of care for individuals with depression, as well as the need to understand the efficacy and cost-effectiveness of using antipsychotics for the treatment of individuals with [depression](#) in the general community."

**More information:** *Arch Gen Psychiatry*. 2011;68[12]:1218-1226.

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