

Medicare coverage gap associated with reductions in antidepressant use in study

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The Medicare Part D coverage gap was associated with reduced use of antidepressants in a study of beneficiaries 65 years or older with depression, according to a report by *Archives of General Psychiatry*.

Depression affects about 13 percent of Medicare beneficiaries age 65 and older, many of whom have chronic physical conditions. Maintenance medication has been shown to prevent recurrent episodes of [major depression](#). However, the structure of the Part D benefit, particularly the coverage gap, "imposes a serious risk for discontinuing maintenance antidepressant pharmacotherapy among senior beneficiaries," the authors write in the study background. Under current provisions in the Affordable Care Act, the coverage gap will not be closed until 2020, the study notes.

Yuting Zhang, Ph.D., and colleagues from the University of Pittsburgh, Pennsylvania, examined how older patients responded to the coverage gap by conducting a study that used a 5 percent random sample of Medicare beneficiaries 65 years or older with depression (n=65,223) who were enrolled in stand-alone Part D plans in 2007.

According to study results, being in the gap was associated with comparable reductions in the use of antidepressants, [heart failure](#) medications and antidiabetics. Relative to a comparison group that had full coverage in the gap because of [Medicare coverage](#) or low-income subsidies, the no-coverage group reduced their monthly antidepressant prescriptions by 12.1 percent and reduced their use of heart failure drugs

by 12.9 percent and oral antidiabetics by 13.4 percent. Beneficiaries with generic drug coverage in the gap reduced their monthly antidepressant prescriptions by 6.9 percent, a reduction attributable to reduced use of brand-name antidepressants, researchers note.

"If patients discontinue their appropriate [medication therapy](#) abruptly, they could be placing themselves at risk for medication withdrawal effects and for relapse or recurrence. If they do not notice any effects, they might decide not to resume taking antidepressants. Thus, a gap in drug coverage could place older adults in harm's way, as a result of disruptions in appropriate maintenance antidepressant pharmacotherapy," the authors conclude.

More information: *Arch Gen Psychiatry*. 2012;69[7]:672-679.

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