

Marked geographic variation in mental health medication use

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To examine local and regional variability in antidepressant, antipsychotic, and stimulant medication use in the United States, Marissa King, Ph.D., from the Yale School of Management, and Connor Essick, from the Yale School of Public Health—both in New Haven, Conn., examined data from a database that covers more than 60 percent of all retail prescriptions in the [United States](#).

The researchers found that, within three-digit postal codes, the use of

[antidepressants](#) ranged from less than 1 percent to more than 40 percent of residents. Similar levels of local geographic variability were seen for [antipsychotics](#) and stimulants. There were very clear geographic clusters of use: based on the Kuldorff Spatial Scan, significant clusters were identified for antidepressants (relative risk [RR], 1.46), antipsychotics (RR, 1.42), and [stimulants](#) (RR, 1.77). Much of the variance could be attributed to access to health care, insurance coverage, and pharmaceutical marketing.

"The geographic patterns we identify are striking and map onto the patterns found for a host of other medical conditions and treatments—from cognitive decline to bypass surgery," King said in a statement. "Our work suggests that access to clinical care and pharmaceutical marketing may be critical for understanding who gets treated and how they get treated."

More information: [Abstract](#)

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