

Depression decreases adherence to COPD maintenance medications

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Adherence to COPD medication in older adults decreases with depression.
Credit: ATS

A recent study in the *Annals of the American Thoracic Society* found that in a nationally representative sample of Medicare beneficiaries who were

newly diagnosed with COPD, adherence to maintenance medications decreased with new episodes of depression.

"With a prevalence of 17 to 44 percent, depression remains one of the most common, yet least recognized and under-treated, co-morbidities among patients with COPD," said researcher Linda Simoni-Wastila, BSPharm, MSPH, PhD, a professor in the Department of Pharmaceutical Health Services Research at the University of Maryland School of Pharmacy in Baltimore. "While depression has been associated with reduced maintenance medication use in other [chronic conditions](#), this is the first study to document the role of causality of concomitant depression on reduced COPD medication adherence in older adults with COPD."

In the study, "Adherence to Maintenance Medications Among Older Adults with Chronic Obstructive Pulmonary Disease: The Role of Depression," researchers obtained Medicare administrative claims data from the Centers for Medicare & Medicaid Services Chronic Condition Data Warehouse and assessed a five percent random sample of Medicare beneficiaries (average age 68 years) from 2006-2012. This included beneficiaries with two years of continuous Medicare Parts A, B and D coverage, and at least two prescription fills for inhaled corticosteroids, long-acting β -agonists and long-acting anticholinergics.

Adherence was based on the number of prescriptions filled. Presence of depression was defined as at least one diagnosis code on at least one inpatient claim, or at least two outpatient claims during the study period.

Of the 31,033 beneficiaries meeting inclusion criteria, 20 percent were diagnosed with depression following COPD diagnosis. Average monthly adherence to COPD maintenance medications was low, peaking at 57 percent in the month following first fill, and decreasing to 25 percent within 6 months.

"We were able to identify depression as a risk factor for not using COPD medications, finding that older adults with respiratory disease have a tendency to not fully utilize the medications prescribed for their disease," said Dr. Simoni-Wastila. The researchers also noted that "clinicians who treat older adults newly-diagnosed with COPD should be aware of the development of depression, especially during the first six months."

"It is our long-term hope that this study will help policymakers, practitioners, and patients and their caregivers think of their health more holistically, and to consider how the presence of one treated or untreated medical condition may influence the progression and management of other medical conditions."

More information: www.thoracic.org/about/newsroom/s-and-depression.pdf

Provided by American Thoracic Society

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