

Treatment Patterns, Healthcare Resource Utilization, and Costs Associated With Use of Atypical Antipsychotics as First vs Subsequent Adjunctive Treatment in Major Depressive Disorder

Major depressive disorder (MDD) is a chronic psychiatric condition that can have a significant impact not only on individuals but also their families and caregivers, their workplaces, and the healthcare system. It can be associated with substantial emotional, social, and economic burdens.¹ Delaying appropriate treatment for patients with MDD may be associated with negative patient outcomes, which can result in work and social impairment and an increased need for medical and psychiatric healthcare resources.²⁻⁴

According to the results of the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trial, approximately 50% of patients do not respond adequately to initial antidepressant therapy and require adjustments to their treatment.⁵ Next-step treatment strategies include switching to a different class of antidepressant, combining with another antidepressant, or augmenting with an atypical antipsychotic.⁶ Although atypical antipsychotics have been systematically studied as an adjunctive pharmacotherapy for patients who experience a non- or partial response, adjunctive atypical antipsychotics are often prescribed much later in the treatment process.^{6,7}

This retrospective study aimed to assess the use of atypical antipsychotics as first add-on treatment vs later add-on treatment in patients with MDD and to evaluate the impact of atypical antipsychotic line of therapy (LOT) on healthcare resource utilization (HCRU).⁸

Study Design⁸

Population:

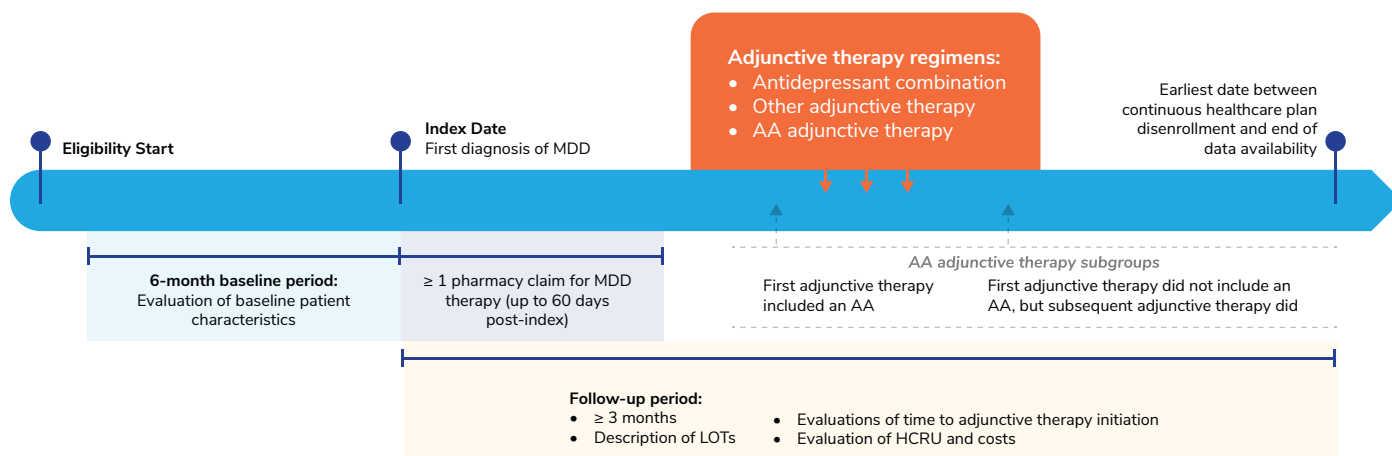
- 508,830 patients with MDD
 - 121,060 patients with MDD who received adjunctive treatment
 - 20,797 patients with MDD who received atypical antipsychotics as adjunctive treatment

Inclusion Criteria:

- Aged 18 years or older, with at least one medical claim with a diagnosis of MDD

Analysis:

- Time from diagnosis date to date of initiation of atypical antipsychotic adjunctive therapy
- LOTs between diagnosis and initiation of atypical antipsychotic adjunctive therapy
- Proportion of patients initiating atypical antipsychotic adjunctive therapy by LOT
- Duration of each LOT
- Proportion of patients with each LOT
- Proportion of patients receiving antidepressant monotherapy, nonantidepressant monotherapy (for LOT2+ only), and adjunctive therapy
- HCRU was evaluated for patients who received adjunctive atypical antipsychotics
 - Hospitalizations, including length of stay
 - Emergency department (ED) visits
 - Outpatient visits
 - Medical and pharmacy costs



Gray text indicates AA adjunctive therapy cohorts analyzed in this study.

AA = atypical antipsychotic, HCRU = healthcare resource utilization, LOT = line of therapy, MDD = major depressive disorder.

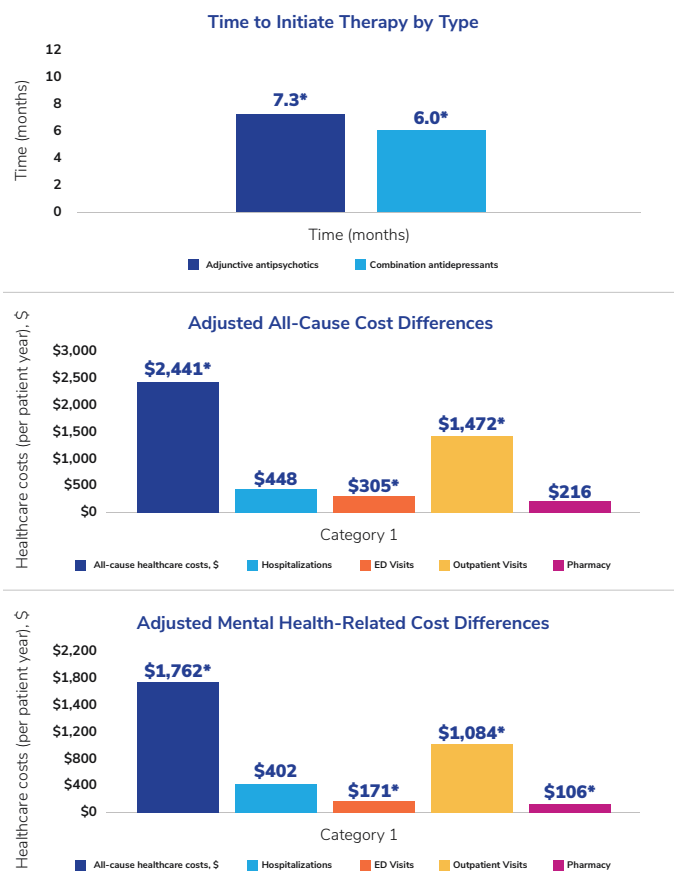
Key Results⁸

Patients who started atypical antipsychotics as the first adjunctive therapy had fewer LOTs and a shorter time between their initial diagnosis and the start of the treatment than patients who started them as subsequent adjunctive therapy (0.9 LOTs over approximately five months vs 3.9 LOTs over approximately one year).

The mean time to adjunctive antipsychotic therapy initiation was significantly longer than the mean time to initiate antidepressant combination therapy ($P<0.05$).

In both all-cause and mental health-related care, patients who received atypical antipsychotics as their first adjunctive therapy had significantly less HCRU and lower total healthcare cost than those who received them as subsequent adjunctive therapy ($P<0.05$).

More than 50% of patients who received atypical antipsychotics as the first adjunctive therapy went on to have four LOTs, which was significantly fewer than the almost 90% of patients who received them as subsequent adjunctive therapy ($P<0.05$).



Key Takeaways⁸

In conjunction with a previous study on the treatment patterns of patients diagnosed with MDD, the results of this study indicate that despite the initial antidepressant monotherapy often not being adequate in addressing the depressive symptoms, only a small proportion of patients receive atypical antipsychotics as adjunctive therapy in later LOTs.

Atypical antipsychotics are underused, with approximately 4% of patients receiving atypical antipsychotics as adjunctive therapy.

The results of this study suggest that a delay in initiating atypical antipsychotic adjunctive therapy in patients with MDD who have had an inadequate response to their initial antidepressant treatment may result in an increased number of treatment lines and associated economic burden.

The research supports the importance of timely implementation of effective treatment strategies in patients with MDD, which may also help reduce the risk of negative patient outcomes and the economic burden related to MDD management.

Limitations⁸

- Because this study used data obtained from Merative MarketScan Research Databases, the data may contain errors and only reflect patients enrolled in certain commercial health plans.
- Because some patients may not have their entire history entered into the database, it is possible that the data did not capture a prior MDD diagnosis.
- Medication treatment patterns were based on filled prescriptions, not whether they were taken.
- HCRU and healthcare costs were evaluated throughout the follow-up period; the timing of HCRU and healthcare costs concerning initiating atypical antipsychotic adjunctive therapy is unknown.

References

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