

POSTER ABSTRACTS

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Predictors of Antidepressant Nonadherence in a Managed Care Population

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Background: Antidepressant management scores are one component of the Health Employer Information Data Set (HEDIS) used by the National Center for Quality Assurance (NCQA) to assess quality of care in managed care organizations (MCOs). Harvard Pilgrim Health Care (HPHC), a New England MCO, was interested in what factors predicted antidepressant adherence to target interventions to improve depression treatment.

Methods: We used logistic regression to examine two antidepressant medication management measures for 5,107 HPHC enrollees age 18+ who initiated antidepressant treatment from May 2002 – November 2002. Patients were included if they had an episode of antidepressant treatment preceded by at least 100 days without antidepressant use. Only the first such episode was included for each patient. Outcomes were based on days of antidepressant dispensed during the episode. Patients were counted as “acute phase failures” if they had gaps in coverage totaling more than 30 days during the first 84 days of treatment, approximating the HEDIS “effective acute phase treatment” measure. “Continuation phase failures” were patients with gaps totaling more than 51 days during the first 180 days of treatment, approximating the HEDIS “effective continuation phase treatment” measure. Predictors included patient age (18-65 and 65+), gender, antidepressant use in the previous six months, and total months’ supply of other medications dispensed during the six months prior to the episode.

Results: 35% of patients failed to adhere to therapy during the first 84 days of treatment, and 58% during the first 180 days. History of prior antidepressant use (OR:0.503, CI:0.407-0.622) and other medications used (OR:1.056, CI:1.004-1.110) were predictors of acute phase treatment failure. Only prior antidepressant use (OR:0.410, CI:0.321-0.523) remained a predictor of adherence failure in the continuation phase. Gender and age were not significant predictors in either model, and other medications used was not a significant predictor of continuation phase treatment failure.

Conclusions: Antidepressant adherence remains a challenging area for MCOs, as demonstrated by low adherence rates in this study. Antidepressant adherence programs should be targeted to patients without a previous history of antidepressant use and patients with comorbid illness.