Major Depressive Disorder Facts and Figures

What is Major Depressive Disorder (MDD)?

- Characterized as one or more major depressive episodes without a history of manic, mixed, or hypomanic episodes[1]
- Associated with high mortality[1]

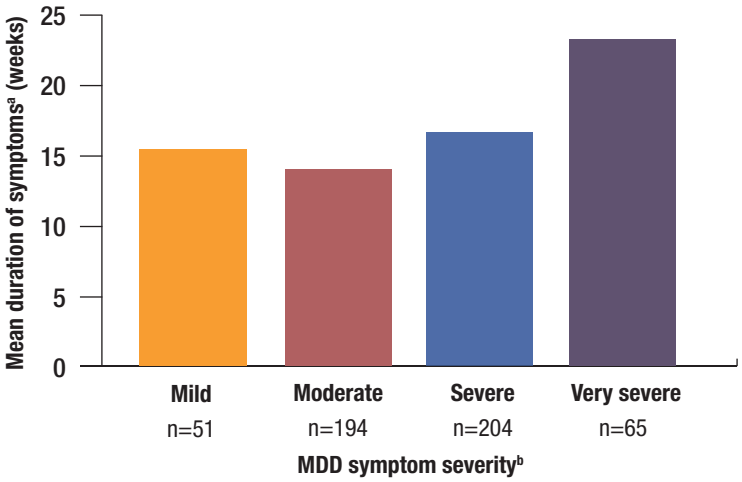
Symptoms of Major Depressive Disorder[1]

- Depressed mood
- Decreased interest or pleasure in most or all activities
- Significant weight loss or gain
- Insomnia or hypersomnia
- Psychomotor retardation or agitation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive inappropriate guilt
- Diminished ability to concentrate or make decisions
- Recurrent thoughts of death, suicidal ideation, suicide attempts, or suicide plan

Prevalence and Impact

- It is estimated that MDD affects up to approximately 14 million US adults[2]
- MDD is also twice as likely to occur in women[1]

Clinical Severity of 12-Month MDD From the National Comorbidity Survey Replication[2]



(N=514)

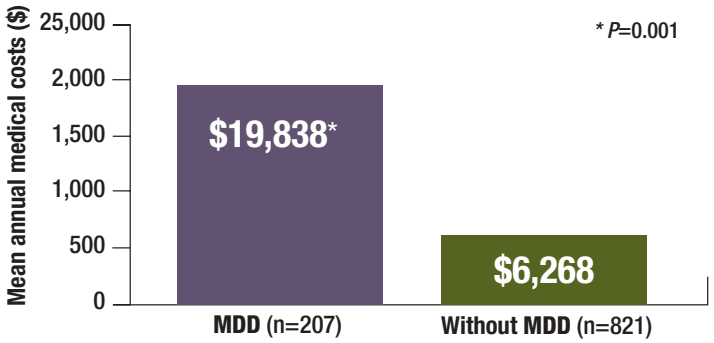
[a] Number of weeks respondent was depressed in the 365 days before the interview.
[b] Symptom severity as measured by the Quick Inventory of Depressive Symptomatology Self-Report (QIDS-SR) for the worst month in the past year.

MDD Health Care Cost Driver

- US depression costs[c] estimated at $83 billion in 2000[3]
  - It is estimated that 62% of cost is attributed to absenteeism and presenteeism in the workplace[3]

[c] Cost estimates include direct treatment costs, suicide-related costs, and workplace costs.

Depression Incurs Higher Health Care Costs[d,e] Than Chronic Somatic Disorders[4]



[d] Data was controlled for age and gender.
[e] For each study patient, the inpatient, emergency department, and outpatient billing records were reviewed for the 6-month periods preceding and following the index visit. Total health care charges were derived by summing across all positive charges and deducting all negative charges in the billing records.

Impact of Role Impairment

- In the National Comorbidity Survey Replication, respondents with 12-month MDD reported the following[2]:
  - 96.9% reported at least some role impairments associated with their depression[f]
  - Impairment was greatest in the social role domain
  - Reported a mean of 35.2 days in the past year when they were totally unable to work or carry out their normal activities because of their depression

[f] Impairment reported in at least 1 of 4 Sheehan Disability Scale (SDS) role domains.

Quality of Health Care Received

- In the National Comorbidity Survey Replication, 51.6% of patients with MDD received some form of health care treatment in the past year either from a primary physician, mental health professional, or received psychotropic medications[2]
- However, only 21.6% of patients with 12-month MDD received adequate[g] treatments in that year[2]

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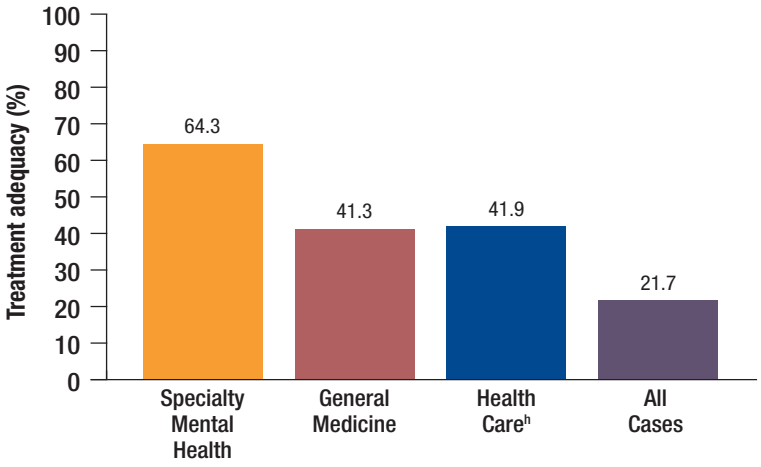
Treatment Adequacy[g] of 12-Month MDD Assessed by the QIDS-SR[2]



(N=514)

[g] Adequate was defined as receiving either (1) at least 4 outpatient visits with any type of physician for pharmacotherapy that included use of an antidepressant or mood stabilizer for a minimum of 30 days, or (2) at least 8 outpatient visits with any professional in the specialty mental health sector for psychotherapy lasting a mean of at least 30 minutes.

[h] Health care treatment is defined as making at least 1 visit for depression treatment in the past 12 months in either the specialty mental health sector or the general medicine sector or using psychotropic medications in the past 12 months.

STAR*D Study Supports Multiple Treatment Approaches[5]

- The Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trial compared acute and longer-term treatment outcomes associated with 4 separate successive steps to treatment for depression
- The study design of STAR*D permitted augmentation after a patient did not achieve remission on initial monotherapy SSRI treatment
- Achieving remission in MDD may be difficult. In the STAR*D trial, nearly 63% of patients did not achieve remission with initial antidepressant treatment

Treatment Descriptions and Remission Rates From STAR*D[5]

Treatment Step[h]	Treatment Description	Remission[i] Rate
Step 1	Patients received citalopram	**36.8%**
Step 2	Provided 7 possible treatments - 4 switch treatments - 3 augmentation options	**30.6%**
Step 3	Provided 4 possible treatments - 2 switch treatments - 2 augmentation options	**13.7%**
Step 4	Provided 2 possible treatments - 1 switch treatment - 1 switch/augmentation treatment	**13.0%**

[h] To progress to higher steps, patients were not in remission or were unable to tolerate their current therapy.

[i] The definition of remission for this study was QIDS-$SR_{16} \leq 5$.

Takeaways

- **It is estimated that MDD affects up to approximately 14 million US adults and is twice as likely to occur in women[1-2]**
- **US depression costs were estimated at $83 billion in 2000[3]**
- **In the National Comorbidity Survey Replication, respondents reported a mean of 35.2 days in the past year when they were totally unable to work or carry out their normal activities because of their depression[2]**
- **In the National Comorbidity Survey Replication, only 21.6% of MDD patients received adequate treatment in 12 months[2]**
- **In the STAR*D trial, nearly 63% of patients did not achieve remission with initial antidepressant treatment[5]**

References

1. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., text revision. Washington: American Psychiatric Publishing Inc. 2000. **2.** Kessler RC, Berglund P, Demler O, et al. The epidemiology of major depressive disorder: Results from the National Comorbidity Survey Replication (NCS-R). *JAMA.* 2003;289(23):3095–3105. **3.** Greenberg PE, Kessler RC, Birnbaum HG. The economic burden of depression in the United States: How did it change between 1990 and 2000? *J Clin Psychiatry.* 2003;64(12):1465–1475. **4.** Gameroff MJ, Olfson M. Major depressive disorder, somatic pain, and health care costs in an urban primacy care practice. *J Clin Psychiatry.* 2006;67:1232–1239. **5.** Rush AJ, Trivedi MH, Wisniewski SR, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: A STAR*D report. *Am J Psychiatry.* 2006;163(11):1905–1917.

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