Vol.9 No.4

Evaluate the economic burden of patients diagnosed with depression in a tertiary care hospital by Using Prospective cross-sectional study - Dawer Femina - Grant Govt. Medical College

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Depression as a disorder has always been attention of attention of researchers in India. Over the last 50-60 years, sizable amount of studies has been published from India addressing various aspects of this commonly prevalent disorder. The various aspects studied included epidemiology, demographic and psychosocial risk factor, neurobiology, symptomatology, comorbidity, assessment and diagnosis, impact of depression, treatment related issues and prevention of depression additionally to the efficacy and tolerability of various antidepressants. Here, we review data on various aspects of depression, originating from India. Statement of the Problem: Depression is a common psychiatric disorder having important medical, social and psychological consequences. It is a disorder associated with enormous burden in terms of reduced quality of life as well as direct and indirect costs. It is a well -known fact that the majority of the economic burden of depression results from non- depression expenditures. Hence, the study was undertaken to evaluate economic burden of depression. The purpose of this study is to evaluate the cost off depression in terms of direct and indirect costs. Methodology & Theoretical Orientation: 150 patients diagnosed with depression attending psychiatry OPD at Sir J.J. Group of Hospitals, Mumbai, fulfilling the inclusion criteria were explained about the study. Written informed consent were taken. Direct and Indirect costs were recorded in Structured Case Record Forms by interviewing the patients Cost driving factors were identified. Findings: Total annual direct cost was 6,378.16 INR while annual Indirect Cost was INR 16,860. Annual cost of Depression was 1NR 23,238.16/331.97 USD per patient. Total cost was 16.30% of per capita GDP 2018 among Depression patients in India. The annual economic burden of depression in India is 1.2% of GNP of India. Conclusion & Significance: The indirect cost was almost thrice the direct costs. Hospitalization cost and loss of working days due to depression was contributed the most to the direct costs and indirect costs respectively. Economic burden of Depression is found out to be 16.30% per capita GDP in year 2018-2019. Recommendation: Multi-centric studies to evaluate pharmacoeconomic burden across the country and analyze the burden of

the disease. Thus, shifting the approach to prevention rather treatment reducing the economic burden of the illness.. Treatment costs

On an average, the total monthly direct cost of treatment was INR 770 per patient (95% confidence interval of 725 to 815). The average monthly medication cost-per-patient was INR 390, out of which 87.9% was borne by the hospital pharmacy. The monthly hospital consultation estimate was calculated to be INR 260 per-patient per-month. The treatment costs for various disorders are depicted in [Table 3]. The hospital pharmacy medication costs differed significantly between the diagnostic groups, leading to difference in costs to the hospital (Kruskal Wallis $\chi 2 = 9.303$, p = 0.026 for both). The cost to the hospital was 29.6%, 24.1% and 1.8% higher for RDD, BPAD and schizophrenia group than patients with psychosis NOS. Health care costs

The charges incurred for relevant services in the UC San Diego Healthcare System were extracted from patients' EMR. Included charges were annual outpatient (ambulatory) office visits, ED visits, hospital visits, and mental health visits.

Depression diagnosis:

Depression diagnosis was extracted from the patients EMR. Consistent with prior studies,6,10,15-17 patients with an EMR ICD-9 diagnostic code of 296.2, 296.3, 300.4, or 311 were coded as "depressed." In addition, because subthreshold symptoms of depression are clinically important indicators of distress, particularly for newly diagnosed cancer patients, we elected to include codes 309.0, 309.1, 309.28. The inclusion of these codes has support in prior studies examining the impact of depression on health care costs.

The cost-of-treatment is an important issue while making informed choices about provision of psychiatric treatment Services. When the resources are limited, it becomes incumbent upon health-care providers to ensure access to care to as many individuals as possible. Hence, there is a need to find the costs associated with various treatment options. However, health care costs can be computed in a variety of ways. The direct costs refer to costs incurred by the patients and other agencies for medications, hospital visits and hospitalization.