In any given one-year period, approximately 18.8 million American adults suffer from a depressive illness. Depression is a disease of both the body and mind with symptoms that include feelings of worthlessness; helplessness; decreased energy; difficulty concentrating, eating, and sleeping; and suicide attempts. It is a major source of economic strain on the public health system in terms of lost work days, worker productivity, and direct medical costs. In the last calendar year, almost 900,000 hospital inpatients had a diagnosis of depression, according to MediMedia’s Hospital Diagnosis & Therapy Audit. The symptoms can last from a few weeks to several years, but appropriate treatment is readily available.

Several classes of drugs are used to treat depressive disorders, ranging from the older tricyclic antidepressants, such as amitriptyline HCl (various manufacturers), to the monoamine oxidase inhibitors (MAOIs), such as tranylcypromine sulfate (Parnate®, GlaxoSmithKline), to the newest class, the selective serotonin reuptake inhibitors (SSRIs) and the selective norepinephrine reuptake inhibitors (SNRIs), such as escitalopram oxalate (Lexapro™, Forest).

In the SSRI/SNRI class, inpatient treatment patterns have been dominated for more than three years by sertraline (Zoloft®, Pfizer), which has retained the largest consistent market share, followed by venlafaxine HCl (Effexor®, Wyeth). Citalopram hydrobromide (Celexa™, Forest), fluoxetine (Prozac, Eli Lilly), paroxetine (Paxil® GlaxoSmithKline), and fluvoxamine maleate (Luvox®, Solvay) have all seen shifts in prescribing patterns toward escitalopram oxalate in the past year (Figure 1).

The newer medications that affect neurotransmitters such as dopamine or norepinephrine generally have fewer side effects than the tricyclics but are more expensive. Figure 2 illustrates the average cost per inpatient stay for both SSRIs and tricyclics. Although the direct costs of the prescriptions for the newer agents are obviously higher, the costs of hospitalizations and relapses attributable to noncompliance in patients taking the less tolerable medications must be factored into the equation.

The data cited in this article are available free of charge to hospitals that participate in the PharmScope Insights program. The program specializes in helping hospital pharmacies target areas for performance improvement by providing benchmarks from a panel of 80 hospitals nationwide. For information about joining PharmScope Insights, a division of MediMedia USA, Inc., please visit the Web site at www.mminfotech.com and click on Hospitals.

REFERENCES