

ECONOMIC BURDEN IN STUDIES PUBLISHED IN 2014:

WHAT TYPE OF MENTAL HEALTH DISORDERS AND OUTCOMES HAVE BEEN MOST COMMONLY ASSESSED?



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Objectives

To determine which economic burden outcomes were assessed in studies on mental health disorders published in 2014.

Methods

An evidence surveillance process was established based on a systematic search of PubMed, incorporating all studies published from 2010 and updated weekly, with a final search on 1 June 2015.

Abstracts of studies published in 2014 and reporting costs or resource use outcomes in mental health disorders were identified.

Articles were included if they reported results from a primary research study or economic model. Economic outcomes were identified, where possible, from the abstract alone.

Search strategy

(cost[tiab] OR "resource use"[tiab] OR "economic burden"[tiab] OR costs[tiab] OR "financial burden"[tiab])

OR

((direct[tiab] OR indirect[tiab] OR informal[tiab] OR production[tiab] OR employment[tiab] OR productivity[tiab] OR hospital[tiab] OR community[tiab] OR "primary care"[tiab] OR "secondary care"[tiab] OR "social care"[tiab] OR "tertiary care"[tiab])

AND

(cost[tiab] OR resource[tiab] OR expenditure[tiab] OR price[tiab] OR dollar[tiab] OR economic[tiab])

Limits

The search was limited to studies indexed in the PubMed database, in humans, with abstract, published in English in the previous 5 years before the search date of 1 June 2015; study methodology limited to clinical trial, comparative study, controlled clinical trial, RCT, observational study or multicentre study.

Results

The economic burden search identified 1,870 articles published in 2014, with 972 meeting the inclusion criteria for any disease. Of these, 76 (8%) were in mental health disorders.

The most commonly researched disorders were drug, tobacco or alcohol abuse (25 abstracts), followed by depression (17 abstracts), dementia (7 abstracts) and schizophrenia (8 abstracts). The USA was the most common setting, based on abstract text or author affiliations (31 abstracts), followed by the UK (13 abstracts), the Netherlands (7 abstracts) and Germany (4 abstracts).

Despite the high societal costs associated with mental illness, this was generally under-reported, with just 26 of the 76 abstracts reporting indirect social, productivity, informal care or criminal justice costs. In comparison, direct costs were evaluated in 48 abstracts and healthcare resource use in 38 abstracts. Indirect costs were reported in 6 of the 7 abstracts from the Netherlands, compared with 4 of the 13 UK abstracts and 6 of the 31 US abstracts. Caregiver burden was assessed in just 3 abstracts, one each on dementia, autism and depression.

Evidence map showing costs and resource use reported in studies on mental health disorders, published in 2014

Numbers refer to number of abstracts citing each type of cost or resource use, each abstract may cite more than one type

	Alcohol abuse	Drug abuse	Smoking addiction	Depression	Schizophrenia, psychosis	Anxiety, panic	Dementia	Other mental disorder
Direct costs: all	5	8	5	12	4	5	1	9
North America	1	6	3	2	3		1	4
Europe (UK)	3 (2)	1 (0)	2 (1)	9 (4)		5 (0)		4 (2)
Asia	1				1			
Other settings		1		1				1
Indirect costs: all	2	2		10	2	4		6
North America		1		1	1			3
Europe (UK)	1 (1)			8 (3)		4 (0)		2 (0)
Asia	1				1			
Other settings		1		1				1
Resource use, treatment patterns: all	5	8	7	4	5		6	10
North America	2	7	4	2	3		3	6

Europe (UK)	3 (2)		2 (1)	2 (1)	2 (1)	3 (1)	3 (1)
Asia							1
Other settings		1	1				

Conclusions

Recent research on economic burden in mental health disorders has focused disproportionately on the management of substance abuse and on direct costs or healthcare resource use. Up-to-date data on indirect costs from other chronic mental disorders remain sparse.

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