# Poster #PHS16

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# IMPACT OF TIME OF DIAGNOSIS ON PREVALENCE OF POSTPARTUM DEPRESSION IN WOMEN WITH COMMERCIAL AND MEDICAID HEALTH INSURANCE – A RETROSPECTIVE STUDY

Vijayveer Bonthapally, PhD¹; Ryan S. Tieu, MS²; Laxmi Gannu³; Samantha Meltzer-Brody, MD, MPH<sup>4</sup>; Eunice Chang, PhD<sup>2</sup>

<sup>1</sup> Sage Therapeutics, Inc., Cambridge, MA, USA; <sup>2</sup>Partnership for Health Analytic Research, LLC, Beverly Hills, CA, USA; <sup>3</sup> Massachusetts College of Pharmacy and Health Sciences, Boston, MA, USA; <sup>4</sup> University of North Carolina School of Medicine, Chapel Hill, NC, USA



## **Introduction and Objectives**

#### **INTRODUCTION**

- Postpartum depression (PPD) affects approximately 10–20% of women following childbirth, corresponding to an estimated annual rate of 500,000-750,000 women.1,2
  - Symptoms may include diminished interest/pleasure, depressed mood, difficulty bonding with the baby, insomnia, and thoughts of suicide.<sup>3,4</sup>
- PPD has multiple definitions. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (5th Edition) characterizes PPD as a major depressive episode with peripartum onset or within 4 weeks of childbirth.<sup>5</sup> In clinical practice, PPD is often recognized as depression that occurs between 4 weeks and up to 1 year after childbirth.<sup>6,7</sup>

#### **OBJECTIVES**

To examine the pattern of PPD diagnosis over 1-year postpartum using different PPD definitions and to use this pattern to approximate PPD rate in a new population.

### Methods

#### STUDY DESIGN AND DATA SOURCE

- Retrospective cohort study using the Truven MarketScan® commercial and Medicaid databases.
- Claims-based algorithm for PPD case identification derived from exploratory analysis.

#### PATIENT POPULATION AND TIME FRAME

- Identified women who gave birth (see full code list in Fig. 1) in index period (1/1/2012-12/31/2014) and who were between 15 and 50 years old (Fig. 1).
  - Date of first delivery in identification period was defined as index date.
  - Subsequent claim with a delivery code was considered new pregnancy if claim was greater than 6 months from previous delivery date.
- Commercial database patients were required to have continuous enrollment for ≥1 year prior to and (for base case) 1 year following the index delivery date and to have both pharmacy and mental health coverage in health plan.
- Since Medicaid for pregnant women has limited coverage, continuous enrollment for 6 months before and 60 days after delivery was required.
- To avoid identifying short term, non-major depression ("baby blues") we did not look for depression in the first 2 weeks after delivery.
- Patients were further identified as having PPD (i.e., cases) based on the presence of certain conditions (e.g., depression or adjustment disorder; see full code list in Fig. 1) and treatment (e.g., psychotherapy, ECT, or pharmacologic treatment) in the inpatient, outpatient, or pharmacy claims (Fig. 1).
  - Patients with bipolar disorder, schizophrenia/schizoaffective disorder, or psychosis coding or use of prescription anti-psychotic medication in the year prior to index delivery were excluded.
  - The base case inclusion criteria were then modified according to conditions, treatment, or observation time to create 4 sensitivity analysis definitions (SA1-SA4, depending on the database) to identify upper and lower bound estimates of PPD rate (Fig. 1).
  - The observation period for Medicaid patients was 14-60 days after delivery. This observation period was applied to the base criteria and all sensitivity analyses.

#### Figure 1. PPD Identification

Women who gave live birth in identification period (1/1/2012 – 12/31/2014) and were between ages 15-50 at index

Had continuous enrollment for 1 year before index (6 months for Medicaid) and had pharmacy and mental health coverage

Skipped depression within 2 weeks after delivery and required continuous enrollment from 3<sup>rd</sup> week to 12 months (6 months for SA4 and 60 days for Medicaid) post-index

Excluded patients with diagnosis of bipolar disorder, schizophrenia/schizoaffective disorder, or psychosis; or any fill for an antipsychotic medication in the 1 year before index

Base Criteria

### At least one of the following:

- 1 inpatient claim for depression/mood or adjustment disorder
- 2 outpatient claims for depression/mood or adjustment disorder
- 1 outpatient claim for depression/mood or adjustment disorder and 2<sup>nd</sup> claim for non-pharmacological treatment (Psychotherapy/ECT/TMS)
- 1 outpatient claim for depression/mood or adjustment disorder and a second claim for anxiety
- 1 outpatient claim for anxiety and 2<sup>nd</sup> claim for non-pharmacological treatment (ECT/TMS)
- 1 outpatient claim for depression/mood or adjustment disorder/anxiety and 2<sup>nd</sup> claim for pharmacological treatment (SSRI/SNRI)
  - Qualifying treatment must be preceded by a diagnosis

### ECT: electroconvulsive therapy; TMS: transcranial magnetic stimulation; SSRI: selective serotonin reuptake inhibitor; SNRI: serotonin-norepinephrine reuptake

Delivery codes: Diagnosis: ICD-9 650, 651.x1, 644.21, 645.11, 645.21, 649.81, 649.82, 669.70, 669.71, V27.0, V27.2, V27.5, V27.9; Procedure codes: CPT 59409, 59410, 59514, 59612, 59614, 59620; ICD-9 72.0, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51-72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.59, 73.6, 74.0-74.2, 74.4, 74.99; DRG 370-375, 765-768, 774, 775; Stillbirth: ICD-9 V27.1, V27.3, V27.4, V27.6, V27.7, 651.31, 651.41, 651.51, 651.61 Diagnosis codes: Depression/mood or adjustment disorder: ICD-9 648.40-648.44, 311, 296.20, 296.22, 296.23, 296.25, 296.26, 296.30-296.33, 296.35, 296.36, 296.36, 296.30, 296.25, 296.26, 296. ICD-10 F32.0, F32.1, F32.2, F32.4, F32.5, F32.8, F32.9, F33.0-F33.2, F33.4, F33.8, F33.9, F34.8, F34.9, F43.2, O90.6, R45.8; Anxiety: ICD-9 300.0, 293.84, 309.24, 309.28, 296.9, 309.0, 309.1; ICD-10 F06.4, F41.0, F41.1, F41.3, F41.8, F41.9, F43.0, F43.8, F43.9; Bipolar: ICD-9 296.0, 296.1, 296.4, 296.5, 296.6, 296.7, 296.8; Schizophrenia: ICD-9 295.x, 290.x; Psychosis: ICD-9 291.x-294.x, 296.24, 293.89, 296.34

\* Only applicable to Commercial claims database population. Required continuous enrollment from 3 weeks to 6 months post-index.

### STUDY MEASURES

- Age at delivery
- Rate of PPD defined as the proportion of women identified with PPD during the observation period among women who gave birth within the entire multi-year study period
- Time to diagnosis was examined by assessing the distribution of PPD diagnosis timing in 2-month increments over the course of 1 year (2 months for Medicaid patients) following the index delivery date.

### STATISTICAL ANALYSIS

- Descriptive statistics were conducted to generated frequencies and proportions of PPD cases.
- Sensitivity analyses were conducted using modified claims-based definitions of PPD (Fig. 1) to assess the impact of variable definitions on estimates of PPD rate.
- To estimate a 1-year rate of PPD for Medicaid patients, we extrapolated the proportion of Commercial PPD cases that were identified in the first 2 months to the Medicaid population.

FOOTNOTE Results reported in the original abstract were generated as part of an exploratory analysis, on which the present base-case and sensitivity analyses are based.

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DISCLOSURES V. Bonthapally is an employee of Sage. R. Tieu and E. Chang are employees of Partnership of Health Analytic Research, LLC, a health services research company hired by Sage to conduct this research. L. Gannu is a Graduate Teaching Assistant at MCPHS university. S. Meltzer-Brody is the PI and receives research grant funding from Sage Therapeutics.

#### Results

- A total of 350,193 and 549,585 deliveries were identified from 2012-2014 in the Commercial and Medicaid databases, respectively (the total number of deliveries for the Commercial population under the SA4 definition was 447,303).
  - In the Commercial population, 25,094 (rate of 7.2%) had a diagnosis of PPD under the base case criteria.
  - In the Medicaid population, 11,040 (rate of 2.0%) had a diagnosis of PPD under the
- base case criteria (Table 1). The age group with the highest rate of PPD was ≤17 years for both databases (Table 1).
- (SA3), and from 2.4% (SA1) to 9.9% (SA3) in Commercial and Medicaid databases, respectively (Fig. 2). For commercially insured patients, the distribution of diagnosis timing varied according to

PPD prevalence estimates in the sensitivity analyses ranged from 4.5% (SA4) to 18.3%

each PPD definition; however, most diagnoses occurred within the first 2 months for all of the definitions (Table 3; Fig. 3). If the same pattern in timing of diagnosis for commercial patients using base criteria was

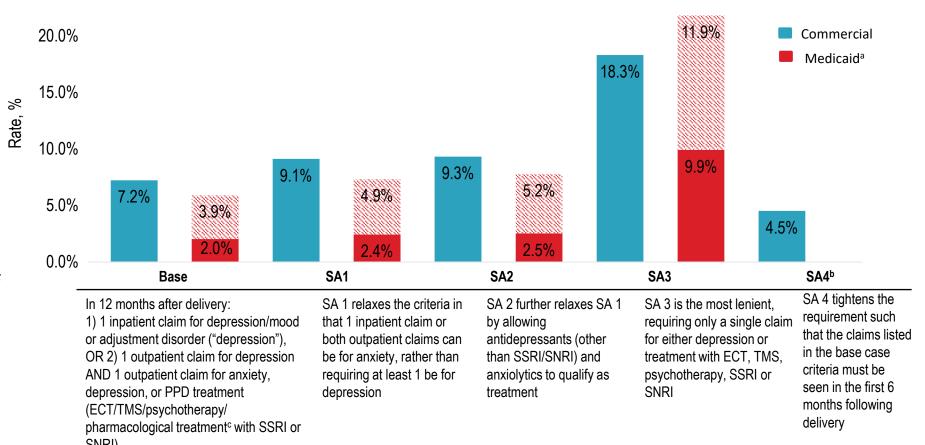
also observed in Medicaid patients, then we could expect the Medicaid PPD rate at 1-

year following delivery to be about 6% (Fig. 2). Using the SA3 inclusion criteria, which was comparable for Commercial and Medicaid populations, the approximate rate of PPD in the Medicaid population would be about 22% using the above method (Table 3).

Table 2. Overall Rate of PPD (2012-2014): Base Case

	All Deliveries						
	PPD, N	Deliveries, N	Prevalence,%				
Commercial Claims	25,094	350,193	7.2%				
All							
Age at delivery							
<=17	197	1,865	10.6%				
18-34	18,161	259,018	7.0%				
>=35	6,736	89,310	7.5%				
Medicaid							
All	11,040	549,585	2.0%				
Age at delivery							
<=17	398	15,588	2.6%				
18-34	9,746	495,316	2.0%				
>=35	896	38.681	2.3%				

Figure 2. Prevalence Rate of PPD: Base Case and SA Criteria 25.0%



a Solid red bars represent PPD rates with 60 days follow-up; patterned bars represent the additional rate of PPD with one year of follow-up, assuming similar pattern of diagnosis accumulation over one year as the commercial population. <sup>b</sup> SA4 only applicable to commercial claims. Required continuous enrollment from 3 weeks to 6 months post-index. <sup>c</sup> Pharmacological treatment must be preceded by diagnosis.

Table 3. Time of Diagnosis of PPD

			First 2 months <sup>a</sup>	3-4 months	5-6 months	7-8 months	9-10 months	11-12 months	
	Prevalence of PPD	No. of PPD patients	% of PPD patients diagnosed						
Commercial Clai	ims								
Base criteria	7.2%	25,094	34.0%	23.1%	15.2%	12.2%	9.6%	5.9%	
SA1	9.1%	31,754	32.8%	22.4%	15.3%	12.7%	10.2%	6.7%	
SA2	9.3%	32,700	32.3%	22.3%	15.4%	12.9%	10.4%	6.9%	
SA3	18.3%	64,225	45.4%	18.8%	11.5%	9.3%	7.7%	7.3%	
SA4	4.5%	19,989	52.4%	33.8%	13.8%	NA	NA	NA	
Medicaid *									
Base criteria	2.0%	11,040	100.0%	NA	NA	NA	NA	NA	
SA1	2.4%	13,340	100.0%	NA	NA	NA	NA	NA	
SA2	2.5%	13,864	100.0%	NA	NA	NA	NA	NA	
SA3	9.9%	54,227	100.0%	NA	NA	NA	NA	NA	

\* Medicaid rates are not directly comparable to Commercial Claims due to differences in inclusion criteria. a The first 2 months excludes the first 2 weeks after delivery.

Figure 3. Accumulation of PPD Diagnoses over 1 Year: Commercial Claims

100.0% 90.0% 80.0% 70.0% Base criteria 60.0% 50.0% SA3 40.0% **SA4** 30.0% 20.0% 10.0% 0.0% 11-12 months 9-10 months First 2 months a 3-4 months 7-8 months 5-6 months <sup>a</sup> The first 2 months excludes the first 2 weeks after delivery

## **Limitations**

- Medicaid rates were not directly comparable to those in the Commercial population due to differences in inclusion criteria, and may not be generalizable to a non-Medicaid population.
- We assumed that the pattern of diagnosis (i.e. accumulation of diagnoses over 1 year) observed in the Commercial population would be similar in the Medicaid population.
- Claims are coded for reimbursement rather than research; thus, the accuracy and completeness of coding cannot be verified.
- The study included only those with adequate follow-up and continuous enrollment, potentially excluding patients who may have disenrolled due to severe depression.
  - Data are representative of US sample only. Other studies report higher rates of PPD in low and middle income countries,<sup>8,9</sup> which we do not address in this study.

### **Conclusions**

- Our study found that only one-third of total PPD cases were identified in the first 60 days, suggesting that a restrictive definition dramatically underestimates the prevalence rate of PPD.
- The approximated 1-year PPD rate among Medicaid patients is 5.9%, less than the rate for commercially-insured patients (7.2%).