

MAJOR DEPRESSIVE DISORDER

AND THE FINANCIAL IMPACT TO PLAN SPONSORS AND EMPLOYERS

Despite the advancements in support and treatment options available for those living with depression, there continues to be people who do not respond or get symptom relief from the antidepressant treatments available on the market today.

The prevalence and impact of MDD

Major depressive disorder (MDD), also known as clinical depression, is characterized by an abnormally low or sad emotional state that lasts more than 2 weeks and impairs the sufferer's performance at work, as well as their ability to maintain social relationships. In a 2012 study, it was estimated that **11.3% of Canadians** (aged 15 years and older) would experience a **major depressive episode** during their lifetime – and an estimated **1.5 million Canadians** (4.7%) experienced a major depressive episode **within the previous year**.

*According to the Global Burden of Disease Study (2010), MDD represents the **second leading cause of disability worldwide**.*

MDD requires an individualized treatment approach

There are several treatment methods for MDD. These include psychotherapy (e.g., cognitive-behavioural therapy), pharmaceutical (i.e., antidepressants) and/or brain intervention therapies (e.g., electroconvulsive therapy [ECT]), which can be used individually or in combination. There is **no one “right” way to treat MDD**, meaning treatment is individualized based on each person's need. As such, finding the “right” treatment plan for each individual can take a lot of time and effort for both the healthcare professional and the patient.

While current treatment approaches have proven successful for many people, **they don't work for everyone**. People with MDD who don't respond to antidepressant therapy may experience further difficulties functioning in social and occupational roles, decline of physical health, suicidal thoughts, and increased health care utilization.

Treatment-resistant depression

Patients with MDD who **do not respond** (i.e., have a noticeable improvement in symptoms) after using **2 or more antidepressant medications** of adequate dose and duration may have what some healthcare professionals call “treatment-resistant depression”.

Impact of MDD on workplace productivity

In Canada, MDD is associated with a **significant loss in productivity** as a result of time away from work (**absenteeism**) and illness-related productivity loss while at work (**presenteeism**). According to a survey by the WHO, Canadian employees with MDD were **twice as likely to stop working** during a 10-year follow-up period compared to those without depression. Moreover, individuals with depression were away from work for an average of 34.4 days per year.

A **2018 Canadian survey** found that people with MDD reported **missing an average of 4 days of work per month** due to their depression. In addition to this, nearly **50%** of those surveyed reported being **hospitalized for one or more nights** as a result of their depression, with those who were admitted to hospital reporting an **average stay of 13 nights** the last time they were admitted.

Finding a connection between treatment failure and LTD claims

In an effort to better understand the cost to treat the full burden of depression, Janssen Inc. sponsored a research initiative that adopted a more holistic view, incorporating claimant level prescription drug, extended health care, and long-term disability (LTD) claims from a number of employer plans across Canada covering over 125,000 lives, over a 3-year period.

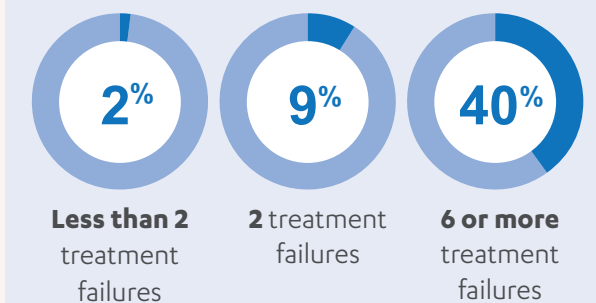
This study was unable to identify MDD patients with an official diagnosis and instead relied on the claims data for medications that are typically prescribed for MDD as a means of identifying the population being treated for depression. This may lead to an overestimated number of employees who actually had MDD since some of the medications in question may also be used for other mental or psychiatric disorders. Treatment failures were determined by a claiming employee's experience with medications over the course of the 3-year reporting period.

Treatment failure

In this study, the **number of treatment failures** was determined by the **number of medications claimed** by an individual during the 3-year period – however, the reason for switching medications was not elucidated and does not necessarily mean they were ineffective in all cases.

The research showed a correlation between the number of treatment failures and the prevalence of LTD claims for depression. Only 2.0% of employees with less than 2 treatment failures had an LTD claim in Year 3 of the study, whereas 9.0% of employees with two failures and 40% of employees with 6 or more failures had an LTD claim. Therefore, employee claimants treated for MDD who tried 2 or more medications had a significantly higher risk of claiming LTD.

Percentage of employees who claimed LTD for depression in Year 3 of the study:



LTD claims for depression and other reasons represent 0.2% of all benefit claims paid, yet they take up half of the overall combined benefit spending each year. Facilitating employees' return-to-work through better management of their disability is necessary for better economic and employee/employer outcomes.

Results of this study show that when considering the combination of drug, long-term disability, and extended healthcare (service or product) claims, an employee treating depression that has had 2 or more treatment failures costs significantly more per year (\$13,845) than an employee with less than two treatment failures (\$4,375).



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