DIRECT AND INDIRECT COSTS OF US EMPLOYEES WITH AND WITHOUT BIPOLAR DISORDER OR SCHIZOPHRENIA: ANNUAL COSTS TRENDS FROM 2001 TO 2011

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ABSTRACT

Background: The National Institute of Mental Health (NIMH) and the National Institute on Aging (NIA) estimate that bipolar disorder (BPD) and schizophrenia (SCZD) result in a significant economic burden. This study quantifies the trend in employee costs of bipolar disorder and schizophrenia over the 2001-2011 time period, and indicates that both diagnoses continue to be costly for employers. Methods: An analysis of administrative claims from the International Society for Pharmacoeconomics and Outcomes Research, May 18-22, 2013, New Orleans, LA Study Cohorts: All enrollees aged 21-64 years with BPD, SCZD, and controls were included in the analysis. Controls were age-, gender-, and geographic-matched. Results: The analysis identified 5299 EMPs with BPD; 391 with SCZD; and 653,707 CTRLs. Compared with CTRLs, the BPD EMPs had significantly higher costs in all categories, and significantly higher costs (all P<0.002) for Medical ($6549), Rx ($2119), and WC ($205). Costs were adjusted to constant 2011 dollars using the U.S. Labor Statistics Consumer Price Index. Conclusion: Overall, bipolar disorder ($45 billion) and schizophrenia ($62.7 billion; Wyatt) result in a significant economic burden. The significantly high indirect costs are primarily related to un/occupational, interpersonal, and self-supportive abilities (McGorry, 2013; Dewa, 2012; Bowden, 2005; Sajatovic, 2005; Slade & Salkever, 2001). This study quantifies the trend in employee costs of bipolar disorder and schizophrenia over the 2001-2011 time period, and indicates that both diagnoses continue to be costly for employers.

METHODS (cont.)

• Limitations include use of retrospective data with lack of information on diagnosis and disease severity.

REFERENCES

• This study quantifies the trend in employee costs of bipolar disorder and schizophrenia over the 2001-2011 time period, and indicates that both diagnoses continue to be costly for employers.

• Conclusions

• A sensitivity analysis of the impact of SCZD on the EMPs included in the analysis was conducted. The annual medical, prescription drug, sick leave, short- and long-term disability, and workers' compensation costs were used to describe the population and to control for any confounding effects.

• Outcomes measured annually were: medical (including inpatient, outpatient, office, emergency department, lab and other), prescription drug, sick leave, short- and long-term disability, and workers' compensation costs.

• Differences in descriptive characteristics between the study cohorts were compared using student t-tests for continuous variables. All P-values were two-tailed. Significance was set at a P-value of less than 0.05. The study results are reported as means (± standard error) for each study cohort by year. The annual costs measured were: medical (including inpatient, outpatient, office, emergency department, lab and other), prescription drug, sick leave, short- and long-term disability, and workers' compensation costs. Costs were adjusted to constant 2011 dollars using the U.S. Labor Statistics Consumer Price Index.

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