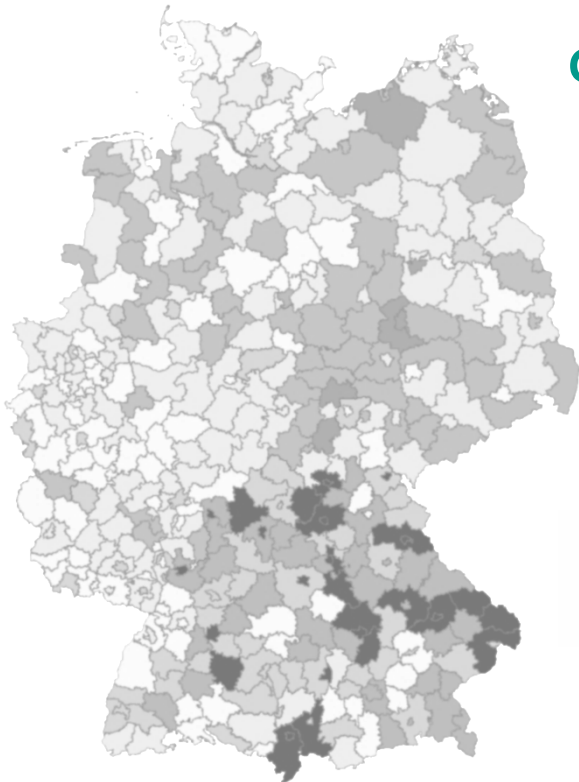


Small-area variation in prevalence and treatment of patients diagnosed with depression in Germany

An analysis of claims data from German statutory health insurance



Dr. Hanne Melchior

Prof. Dr. Holger Schulz

Dr. Jochen Walker

Prof. Dr. Dr. Martin Härter

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Universitätsklinikum
Hamburg-Eppendorf

In Cooperation with:

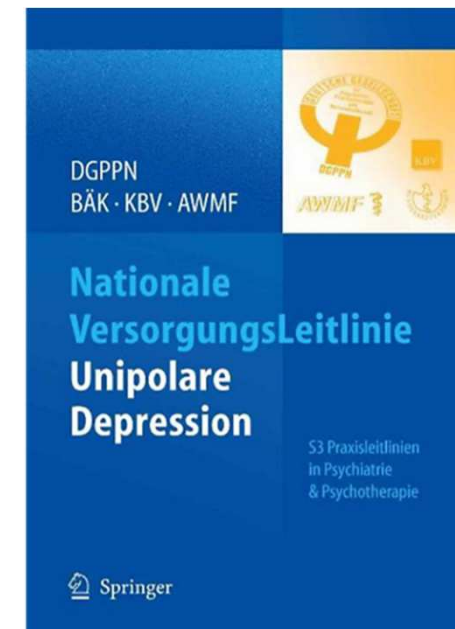
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HEALTH ANALYTICS

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- **Depressive disorders become increasingly important** in industrial countries (12-months-prevalence rate: **7.7% in Germany¹**)
- **Data on prevalence** and its **regional variation** provide knowledge on **spatial inequality in health care** and serves as a basis for **decisions on health service provision**
- Although **treatment guidelines for depressive disorders** provide **evidence-based treatment recommendations²**, we neither know
 - **how many patients** with depression are **receiving appropriate treatment** in clinical practice
 - nor if the rates of patients with **appropriate treatment differ between regions**

¹Jacobi et al. (2014); ²DGPPN et al. (2009) S3-Guideline/National Disease Management Guideline Unipolar Depression. DGPPN, ÄZQ, AWMF - Berlin, Düsseldorf.



Objectives

- (1) The prevalence of different diagnoses of depression in Germany**
- (2) Regional differences in the prevalence of diagnosed depression**
- (3) The rates of appropriate treatment (according to guideline recommendations)**
- (4) Regional differences regarding treatment rates**

- **Data basis:** The data set consists of **6.1 million insured adult-aged persons** in Germany (9% of the adult German population)
- Calculation of **12-months-prevalence rate:** All recorded **inpatient and outpatient sources** within the **four quarters of 2011**
- For **treatment adherence**, the span from **2010 to 2012** was analyzed
- **Regional analyses** are based on the **402 administrative districts in Germany** (age- and gender-standardized)
- In order to deal with small sample sizes, **small-area estimates** were conducted

Operationalization **diagnosis of depression:**

- **ICD-10: F32.x, F33.x, F34.1;** separate analyzes for **specified** and **unspecified diagnoses** (F32.8 / F32.9 / F33.8 / F33.9)

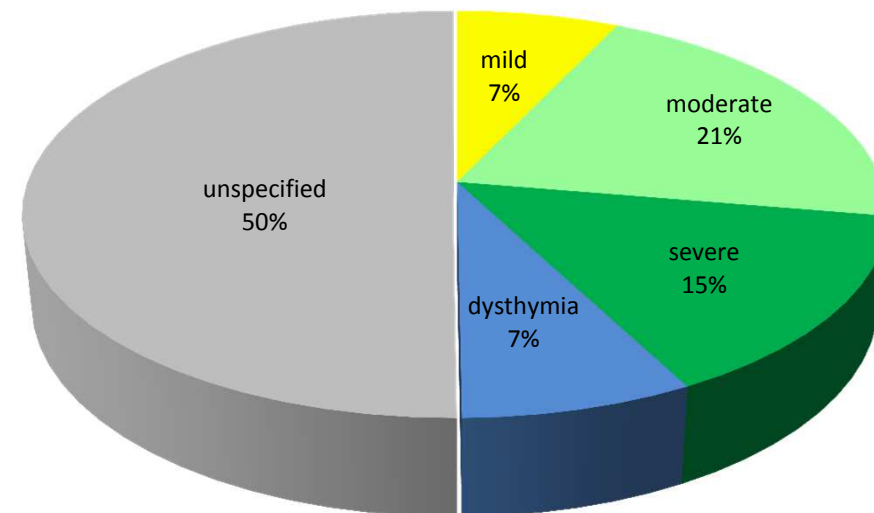
Operationalization of an „**appropriate**“ treatment:

- An **appropriate treatment** was defined according to the **S3/National Clinical Practice Guideline**, considering both **type and dosage of treatment**
- e.g., **severe depressive disorders:** Combination of outpatient psychotherapy (at least over 2 quarters) and antidepressant prescription (at least 273 defined daily doses)

12-months-prevalence of different depression diagnoses?

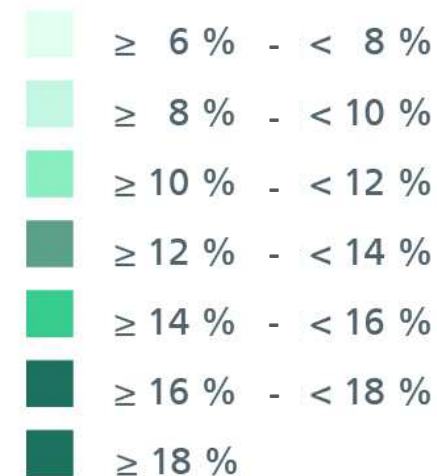
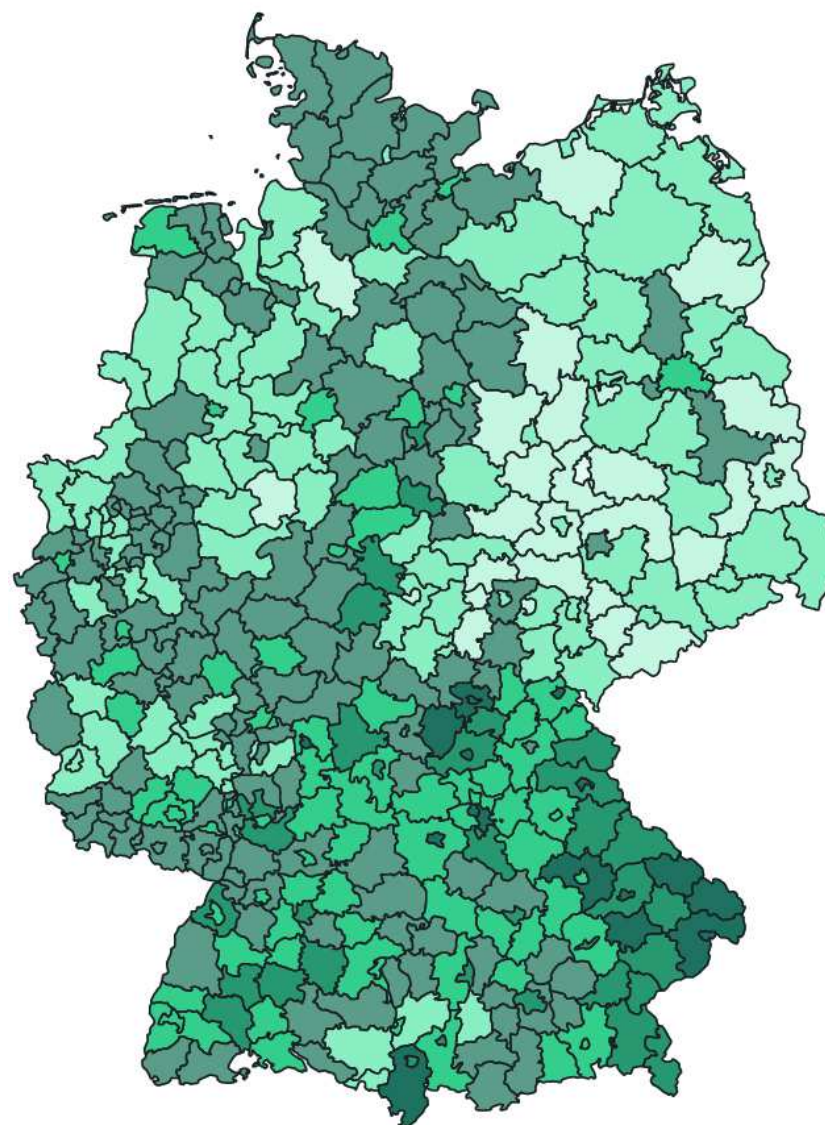
- Of all insurants, **13.4%** held a **diagnosis of depression**
- **Distribution of the severity levels of depression:**

- **Half of the sample** held the diagnosis of an **“unspecified”** or **“other”** depressive disorder (F32.8/.9, F33.8/.9)
- **59% of all depression** diagnoses and more than **75% of the unspecified diagnoses** were made by **primary care physicians**



Results – 2. research question

Prevalence of diagnosed depression and its regional differences



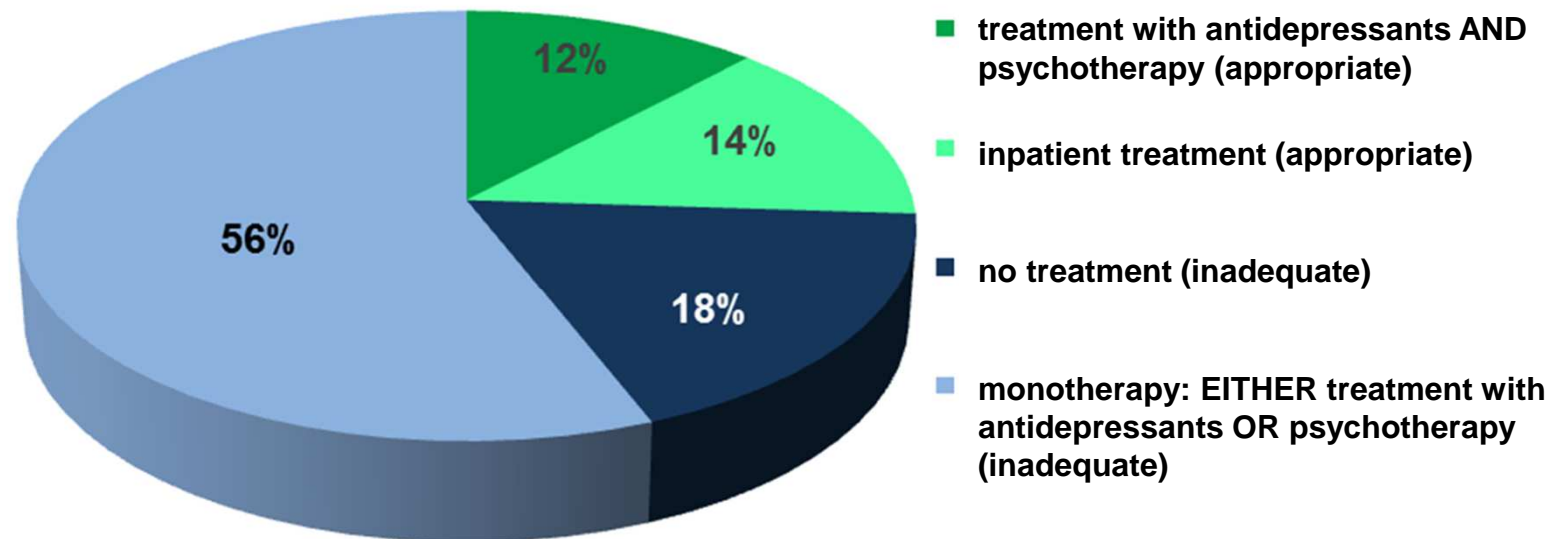
Correlation between the prevalence rates and the density of outpatient medical care providers: only weak positive relationship

Range:
7% - 21%

Results – 3. research question

How many insurants receive what kind of / appropriate treatment?

Here shown: Insurants with a diagnosis of severe depression (ICD-10: F32.2 / F32.3 / F33.2 / F33.3)

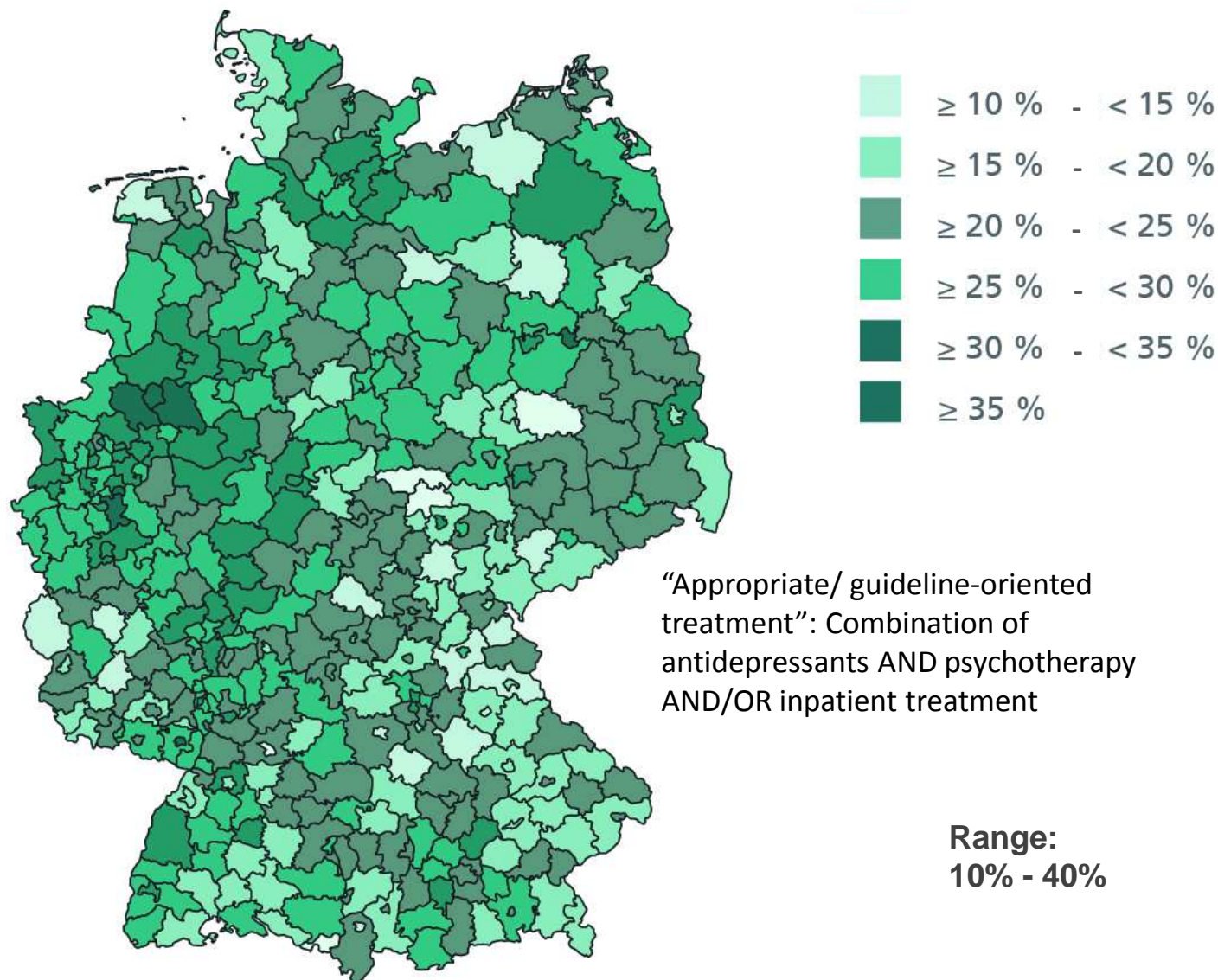


- Of those with a severe depression diagnosis, only 26% received appropriate treatment and 18% received no treatment
- Regarding all depression diagnosis: only half of the insurants obtaining health care received appropriate treatment

Results – 4. research question

Rate of received "appropriate treatment" and its regional differences

Here shown: Insurants with a diagnosis of severe depression (ICD-10: F32.2 / F32.3 / F33.2 / F33.3)



Correlation
 between
treatment rates
 and the **density of**
outpatient
specified medical
care providers
(psychiatrist etc.):
 moderate positive
 relationship

- High proportion of unspecified depression diagnoses and high regional variation of the prevalence rates -> indicating **low quality in diagnostic practice**
- Low rates of appropriate treatments and regional differences indicate **a lack of adherence to the guidelines in the clinical practice**
 - Small-area analyses of claims data reveal **geographical inequalities**, which should be addressed in **public health policies and service provision**
 - **Training for physicians, integrated care models**, but also more **research on the causes of regional variation** may contribute to more **valid detection rates** and thus, **adequate treatment for depression**

Thank you for your attention!

Dr. Hanne Melchior

h.melchior@uke.de

Department of Medical Psychology
University Medical Center Hamburg-Eppendorf

Melchior, H., Schulz, H. & Härter, M. (2014). *Faktencheck Gesundheit: Regionale Unterschiede in der Diagnostik und Behandlung von Depressionen* (unter Mitarbeit von Jochen Walker & Matthias Ganninger). Bertelsmann Stiftung: Gütersloh. www.faktencheck-depression.de

