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Title: Example of a final abstract
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Abstract

Evidence-based treatments for depression include psychotherapy and psychopharmacotherapy, primarily with antidepressants (AD). Despite some indication in Switzerland that depression is often treated with medication, the availability of data for outpatient treatment of depressed patients is fragmentary. Routine data based on insurance claims provide a unique source of information in order to increase our understanding of AD prescription practices.

The present study aims at examining the prevalence of and factors associated with AD prescriptions in order to draw a comprehensive picture of prescribing practices in Switzerland. We conducted a cross-sectional descriptive study using a large Swiss healthcare claims database of the Helsana Group, covering ~13% of the Swiss population. The prevalence was determined by identifying patients (N=105'615) who had filed at least one prescription of an AD medication in 2016. Univariate, bivariate and multivariate analyses were performed. The 1-year prevalence rate of AD-prescription in this sample is 9% with two thirds of AD-recipients being female. The regional distribution of AD prescriptions is similar across the country with highest prescription rates in the cantons Neuchatel, Basel-city, Glarus and Ticino. Selective serotonin reuptake inhibitors (SSRIs; 52.3%) and atypical ADs (51.1%), such as Mirtazapine, are the most commonly prescribed AD classes followed by tricyclic antidepressants (TRZ; 31.3%) and monoamine oxidase inhibitors (MAOs; 0.2%). Logistic regression revealed higher prescription rates among female and an increased probability of AD-prescription by age. Comorbid conditions indicate higher odds for AD-prescription and subscription of managed care insurance plan is associated with lower risk of AD-prescription.

Describing prescription practices based on data reflecting routine care provides important information about potential over-prescription in the treatment of depressive disorders.