Major depression treatment in Germany—descriptive analysis of health insurance fund routine data and assessment of guideline-adherence

Hauke Felix Wiegand a,*, Christoph Sievers b, Matthias Schillinger c, Frank Godemann d

a Department of Psychiatry, Psychotherapy and Psychosomatics, St. Joseph-Krankenhaus Berlin Weißensee, Gartenstr. 1-3, 13088 Berlin, Germany
b BARMER GEK Hauptverwaltung Strategische Analysen/Risikomanagement, Lichtscheider Str. 89, 42285 Wuppertal, Germany
c St. Joseph-Krankenhaus Berlin Weißensee Gartenstr. 1-3, 13088 Berlin, Germany
d Department of Psychiatry and Behavioural Medicine, St. Joseph-Krankenhaus Berlin Weißensee Gartenstr. 1-3, 13088 Berlin, Germany

A R T I C L E   I N F O

Article history:
Received 20 May 2015
Received in revised form 23 August 2015
Accepted 5 September 2015
Available online 5 October 2015

Keywords:
Major depressive disorder
Guideline adherence
Antidepressants
Psychotherapy
Public health

A B S T R A C T

Background: Guideline oriented treatment strategies of Major depressive disorder (MDD) improve treatment outcomes and reduce risks of chronicity and recurrence.

Aims: Description of routine treatment reality and analysis of guideline fidelity in first episode MDD in Germany. Indicators: patients with severe or psychotic depression or severe psychiatric comorbidities' treatment by specialists, adequate antidepressant pharmacotherapy, permanent treatment with more than one antidepressant, long-term benzodiazepine treatment and provision of psychotherapy.

Method: Descriptive analysis of routine data of the German statutory health insurance fund BARMER GEK in the index year 2011 that covers a population of 7,501,110.

Results: 236,843 patients were diagnosed a depressive episode. 53.0% of the patients with severe depression, 34.4% with psychotic depression and 50.9% with severe psychiatric comorbidities were treated by specialists; of the patients treated by a general practitioner 48.1% with severe and 47.3% with psychotic depression received an antidepressant; 9.7% of all patients with MDD got two antidepressants simultaneously; 8.3% received longterm benzodiazepine prescriptions; 26.1% got psychotherapy.

Limitations: the analyses depends on the indicators definitions that cannot cope with the variety of individual treatment path; comparison with guidelines was complicated by a large fraction of patients with recurrent MDD that was wrongly diagnosed with first episode depression; due to the data structure, not all guideline recommendations could be examined

Conclusions: Routine practice was oriented upon the guidelines recommendations. However some aspects could be identified that bear potential for improvements.

© 2015 Elsevier B.V. All rights reserved.

1. Introduction

Major depressive disorder (MDD) as defined in ICD-10 or DSM-IV/V is a worldwide highly prevalent disease with a life time risk of 8–12% (Andrade et al., 2003). It is an increasingly urgent health problem, as it is supposed to ascend to the 2nd rank of the World Health Organization’s disability-adjusted life year (DALY) index until 2030 (Mathers and Loncar, 2006). Due to the risk of developing a recurrent or chronic disease (Patten et al., 2012) it is highly disabling (Whiteford et al., 2013). For the affected patients MDD leads to great subjective suffering and a decline in quality of life (Rubio et al., 2014). MDD is a major cause for a reduced life expectancy and an increased rate of suicide mortality (Chesney et al., 2014). For society MDD is a high economic burden (Kleine-Budde et al., 2013; Luppa et al., 2007; Wittchen et al., 2011).

To face this challenge, besides prevention strategies (Beardslee, 2013), an evidence-based, guideline-oriented treatment approach is indispensable, as it results in significantly better treatment outcomes (Bauer et al., 2009; Smolders et al., 2009; Katon et al., 1996; Lave et al., 1998; Melfi et al., 1998; Unützer et al., 2002). For MDD different national guidelines exist: In Germany the “S3 guideline unipolar depression” from 2009 (DGPPN et al., 2009; english summary Härter et al., 2010), in the USA among others the American Psychiatric Organisation’s (APA) “Practice Guideline for the Treatment of Patients With Major Depressive Disorder” from 2010 (American Psychiatric Association, 2010) and in Great Britain the National Institute for Health and Clinical Excellence’s (NICE) clinical guideline 90 “Depression in Adults” from 2009 (National Institute for Health and Clinical Excellence, 2009).
The first aim of this study was to describe routine treatment reality in Germany by an analysis of health insurance fund routine data (Wobrock et al., 2009). The second aim was to assess guideline adherence following the German S-3-Guideline Unipolar Depression. Five indicators were defined that could be examined using the available routine data and that were covering key elements in acute depression treatment—delivery of treatment, medication and psychotherapy. The indicators were: Firstly, treatment delivery by a general practitioner (GP) or an outpatient psychiatric specialist. The guideline demands that patients with severe or psychotic depression or severe psychiatric comorbidities (schizophrenia, anxiety disorder, obsessive compulsive disorder, somatoform disorder, personality disorder, dementia) should be treated by a specialist (evidence level IV). This recommendation is specific to the German guideline, it cannot be found in the NICE or APA guideline and is not evidence-based. It is an expert opinion that is a tribute to the specific structure of the German health systems out-patient sector with psychiatric specialists working in semi-private offices. Secondly, antidepressant (AD) pharmacotherapy. The German guideline does not consider a mild depressive episode as an indication for pharmacotherapy whereas it demands an antidepressant treatment for patients with moderate, severe and psychotic depression (evidence level I). Thirdly, antidepressant polypharmacy. The German guideline only cautiously recommends a permanent treatment with more than one antidepressant for cases of treatment resistance (evidence level not mentioned in the guideline). This recommendation of the German guideline is stricter than the equivalent parts in the APA and NICE guidelines that consider augmentation with a second AD an adequate strategy. Fourthly, long-term benzodiazepine treatment. The German guideline disapproves long-term treatment with benzodiazepines (expert consensus in the guideline). Fifthly, psychotherapy. The guideline recommends psychotherapy for all patients with MDD (evidence level I) (American Psychiatric Association, 2010; DGPPN et al., 2009; National Institute for Health and Clinical Excellence, 2009).

The routine data used in this study was provided by the statutory health insurance fund Barmer GEK, the second biggest health insurance fund in Germany with over 8.6 million insurants. In Germany health care is mainly funded by a statutory con-
دریافت فوری متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات