Cost-effectiveness considerations for managed care systems: treating depression in primary care

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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Primary care depression management using imipramine or paroxetine.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
Not stated.

Setting
The practice setting was primary care. The economic study was carried out in Oregon, US.

Dates to which data relate
Effectiveness data related to 1991. The dates to which resource data related were not stated.

Source of effectiveness data
Effectiveness data were obtained from a single study.

Link between effectiveness and cost data
Not stated.

Study sample
The sample of patients was taken from a published, double-blind, randomised, placebo controlled trial.

Study design
A simplified protocol model was used to assign individuals to either imipramine treatment, paroxetine treatment or mental health treatment based on effectiveness data from a previous clinical trial. Duration of follow-up was 1 year.

Analysis of effectiveness
Not stated, but presumably based on intention to treat. The primary health outcome was response to treatment,
measured in two ways:

(1) the rate of switching from one antidepressant to the other due to lack of efficacy or side effects of treatment;

(2) the rate of referral from primary care to mental health department if neither therapy were successful.

**Effectiveness results**

(1) 40% of patients who started imipramine treatment switched to paroxetine; 25% of those who started paroxetine treatment switched to imipramine.

(2) 23% of patients who started antidepressive treatment in primary care were referred to a mental health department.

**Measure of benefits used in the economic analysis**

Response to treatment (i.e., rate of switching from one antidepressive drug treatment to another) within primary care.

**Direct costs**

Quantities and costs were not reported separately. The following primary care direct costs were included: drug costs; clinician, pharmacist, and pharmacist technician visit costs. The perspective of a Health Maintenance Organisation was used.

**Currency**

US dollars ($).

**Estimated benefits used in the economic analysis**

40% of patients who started imipramine treatment switched to paroxetine and 25% of patients who started paroxetine treatment switched to imipramine

**Cost results**

The total costs per patient (weighted average between switching and not switching treatment) were $733 in the imipramine group and $804 in the paroxetine group.

**Synthesis of costs and benefits**

Not performed.

**Authors' conclusions**

Both treatment protocols were of similar cost, with higher paroxetine acquisition costs balanced by greater imipramine labour costs.

**CRD Commentary**

The economic analysis was limited and lacked sensitivity analysis. No prices were given, the source of the cost information was unclear, the treatment benefits were not listed and there was a general lack of (socio-economic) study sample information.

**Source of funding**

None indicated