

Impact of Depression on Absenteeism and Bed Days in Patients with Chronic Disorders

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Based on a Presentation titled, "Work Absenteeism and Bed Days in Chronic Medical Disorder Patients with and without Depression in the United States, 2004-2005," presented by Jayashri Sankaranarayanan, PhD, at the International Society for Pharmacoeconomics and Outcomes Research Annual International Meeting, May 2008, in Toronto, Ontario, Canada.

In this study, Jayashri Sankaranarayanan, PhD, and colleagues from the University of Nebraska Medical Center at Omaha, compared results of annual bed days and missed workdays in patients with chronic medical disorders with and without depression. Their findings showed that depression was associated with an increased number of bed days (4 vs 1) and annual missed workdays (10 vs 5) in adult patients with chronic disorders and increased rates of adult chronic disorders patients with 1 or more bed days (35% vs 19%) and 1 or more missed workdays (70% vs 50%). Also, 2.6 million and 1.3 million adult chronic disorders patients reported 1 or more missed workdays and 1 or more bed days, respectively.

In patients with chronic disorders, after controlling for any depression treatment and other characteristics

(age, sex, physical health, race, poverty), depression increased the likelihood of 1 or more missed workdays and 1 or more bed days by about 40% (previous 1999 finds for bed days was 60%; and depression treatment was not controlled for). Future research is needed to study the effect of depression treatment strategies on indirect mental health outcomes to guide providers on the development of treatment guidelines, to guide payors on the development of pharmacy benefit design and disease management programs to encourage the use of cost-effective treatments, and to identify and quantify other losses in productivity from depression-like diminished work performance and caregiver time in cost-effective evaluations of treatments. (Sankaranarayanan J, et al. *Value Health*. 2008;11:A7. Abstract MH3). ■