

Adherence To Antipsychotics Associated With Lower Psychiatric Hospitalization Rates & Expenditures (<https://www.openminds.com/market-intelligence/news/adherence-antipsychotics-lower-psychiatric-hospitalization-psychiatric-hospital-expenditures/>)

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Adherence to antipsychotic therapy among Medicare Part D enrollees with schizophrenia is associated with a lower probability of psychiatric hospitalization and lower psychiatric hospital expenditures. The greater the adherence measured as proportion of days covered (PDC), the lower the probability of hospitalization and the lower the costs. Relative to a proportion of days covered less than .70, a PDC of between .80 and .90 was associated with lower psychiatric hospital spending of \$723 and a PDC greater than .90 had lower spending of \$888.

This was reported in "Adherence to Antipsychotic Therapy: Association With Hospitalization and Medicare Spending Among Part D Enrollees With Schizophrenia", by Pamela Roberto, Ph.D., M.P.P., Nicole Brandt, Pharm.D., M.B.A., Eberechukwu Onukwugha, Ph.D., M.S., Eleanor Peretto, Ph.D., M.S., Christopher Powers, Pharm.D., Bruce Stuart, Ph.D. The authors report that the PDC was calculated by dividing the number of days a beneficiary had any antipsychotic therapy on hand, by the number of days in the year. This categorizing was done in four mutually exclusive groups, including less than .70, less than .80, less than .90, and greater than or equal to .90.

Anti-psychotic use was measured by using the Part D prescription drug event files, which include National Drug Code identifiers, service dates, and days of supply. The study also found that the association between antipsychotic adherence and non-psychiatric hospitalization or non-psychiatric hospital expenditures showed no connection.

The full text of "Adherence to Antipsychotic Therapy: Association With Hospitalization and Medicare Spending Among Part D Enrollees With Schizophrenia" was published May 31, 2017 by *Psychiatric Services*, A Journal of the American Psychiatric Association. A free abstract is available online at <http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201600434> (<http://ps.psychiatryonline.org/doi/10.1176/appi.ps.201600434>) (accessed August 22, 2017).

Nicole Brandt, Pharm.D., M.B.A., B.C.P.P., C.G.P., F.A.S.C.P., Professor of Pharmacy Practice and Science Executive Director of Peter Lamy Center on Drug Therapy and Aging, University of Maryland School of Pharmacy, 220 Arch Street, SGO 01-125, Baltimore, Maryland 21201; 410-706-1491 (tel:4107061491); Fax: 410-706-1488 (tel:4107061488); Email: nbrandt@rx.umaryland.edu; Website: <http://www.pharmacy.umaryland.edu/> (<http://www.pharmacy.umaryland.edu/>)

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