

Depressive Disorders 03

EPP0427

Healthcare costs and productivity losses in treatment-resistant depression in Finland

S. Rannanpää¹, H. Taipale², A. Tanskanen², M. Lähteenvuo^{2*}, S. Huoponen¹ and J. Tiihonen²

¹Janssen-Cilag, Medical Affairs, Neuroscience, Espoo, Finland and ²University of Eastern Finland, Department Of Forensic Psychiatry, Kuopio, Finland

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.686

Introduction: Due to its relatively high prevalence and recurrent nature, depression causes a major burden on healthcare systems and societies.

Objectives: To investigate healthcare resource utilization and costs associated with treatment-resistant depression (TRD) compared with non-TRD depression in Finland.

Methods: Of all patients aged 16-65 years and diagnosed with depression in Finland during 2004-2016, persons with TRD (N=15 405) were identified from nationwide registers and matched 1:1 with comparison persons with depression but no TRD. TRD was defined as initiation of a third treatment trial after having failed two pharmacological treatment trials. Follow-up period covered five years after TRD or corresponding matching data (until end of 2018). Healthcare resource utilization was studied with negative binomial regression and average excess costs of TRD with generalized estimating equations, by adjusting for baseline costs, comorbidity and baseline severity of depression.

Results: Persons with TRD (mean age 38.7, SD 13.1, 60.0% women) had more healthcare utilization and work disability (sick leaves and disability pensions), adjusted incidence rate ratio for work disability days was 1.72 (95% CI 1.64-1.80). This resulted in higher total costs for persons with TRD, adjusted mean difference 7572 (95% CI 7215-7929) EUR per patient per year, higher productivity losses (due to sick leaves and disability pensions, mean difference 5296, 95% CI 5042-5550) and direct healthcare costs (2002, 95% CI 1853-2151) compared with non-TRD patients. Mean difference was highest during the first year after TRD (total costs difference 11760, 95% CI 11314-12206).

Conclusions: Treatment-resistant depression is associated with a significant cost burden.

Disclosure: This study was funded by Janssen-Cilag Finland and the Finnish Ministry of Social Affairs and Health through the developmental fund for Niuvanniemi Hospital. ML was partly funded by personal grants from the Finnish Medical Foundation and Emil Aaltonen fou **Keywords:** treatment resistant depression; healthcare utilization; cost; Depression

EPP0430

The identification of treatment-resistant depression patients in electronic health records, a retrospective cohort study in China

S. Dong^{1*}, T. Wu², W. Dong³ and T. Si³

¹Janssen Research and Development, Epidemiology, Shanghai, China;

²Janssen Research and Development, Epidemiology, Beijing, China and

³Peking University Sixth Hospital, Institute Of Mental Health, Beijing, China

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.687

Introduction: Previous Electronic Health Records (EHR) based studies adopted various definitions in identifying Treatment-Resistant Depression (TRD) patients. There is a lack of similar attempts among Chinese population which limits the understanding of TRD in China.

Objectives: Assess TRD identification using EHR from a major psychiatric hospital in China.

Methods: This study utilized a retrospective Major Depressive Disorder (MDD) cohort of patients who newly initiated pharmaceutical treatment (2010-2018); follow-up was ended upon 1-year or treatment discontinuation (≥ 120 d without treatment). TRD was first identified based on common clinical definition of two prior regimen failures (change of regimen) with 4-week as regimen adequacy threshold (Def1). Alternative adequacy thresholds of 2-week and 6-week were applied. Based on Def1 (4-week), at least 3 distinctive regimens were additionally required in TRD identification (Def2). Further, a data-driven definition (Def3) based on drug count as having ≥ 3 antidepressants or ≥ 1 antipsychotic within 1 year was considered (Cepeda et al., 2018).

Results: From 12257 MDD patients included in the cohort, Def1 identified 633 (5.2%) TRD cases, whereas regimen adequacy thresholds of 2-week and 6-week identified 1772 (14.5%) and 61 (0.5%) cases, respectively. Further, Def2 identified 261 (2.4%) TRD cases. Finally, Def3 yielded 2449 (20.0%) TRD cases, including 1966 exclusive cases that were not identified by Def1.

Conclusions: This study showed different definitions for TRD identification had considerable impact on the number of patients identified among Chinese population, obscuring the comparability among EHR-based TRD studies. As first step, we found the criteria of regimen adequacy as major contributor to the observed variability in China.

Disclosure: No significant relationships.

Keywords: Treatment-resistant depression; Electronic Health Records (EHR); Epidemiology; psychiatry

EPP0431

Prediction of post-partum depression and anxiety based on clinical interviews and symptom self-reports of depression and anxiety during pregnancy.

E. Wilkie^{1*}, V. Gillet¹, A. Talati², J. Posner³ and L. Takser¹

¹Sherbrooke University, Pediatrics, Sherbrooke, Canada; ²Columbia University Medical Center and New York Psychiatric Institute, Psychiatry, New York, United States of America and ³Duke University, Department Of Psychiatry, Durham, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.688

Introduction: The tools used to evaluate mental health during pregnancy matter. Their efficacy in identifying symptom severity enables better predictions of postpartum mental health. The Mother & Youth: Research on Neurodevelopment & behaviour (MYRNA) cohort is an NIH funded longitudinal cohort from