

## News Release

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### **New Real-World Analysis Published in *The Journal of Clinical Psychiatry* Illuminates the Significant Economic Toll of Treatment-Resistant Depression on Individuals, Employers and Payers**

Results Underscore the Urgent Need for Innovation to Help the  
Approximately Five Million People Living with Treatment-Resistant Depression<sup>1,2</sup>

**TITUSVILLE, NJ – (February 21, 2018)** – New real-world findings [published in \*The Journal of Clinical Psychiatry\*](#) expand on the growing evidence that people with treatment-resistant depression (TRD) bear a substantial economic burden tied to the disease. A person living with major depressive disorder (depression) who has not responded to two or more medications is considered to have TRD, which affects approximately five million people in the United States.<sup>1,2</sup> This new evidence highlights the significant impact of TRD on an individual's personal and professional life, an impact that increases with each additional line of therapy.

"In addition to its impact on the individual, TRD poses a substantial burden to healthcare payers and employers, costing an estimated \$29 billion to \$48 billion annually in the U.S.<sup>3</sup>," said Paul Greenberg, health economics research expert and Director of Analysis Group's Health Care Practice. "These findings underscore the urgent need for novel treatments that will help alleviate the individual burden for those living with TRD, while also providing tremendous societal benefits."

**[Click to Tweet:](#) New analysis highlights economic toll of treatment-resistant #depression and the urgent need for more research to support the ~5 million people living with this illness. <http://po.st/LK3iIr>**

Based on a review of two years of data from a U.S. claims database of privately-insured employees and their dependents, healthcare costs and resource utilization were determined by evaluating the direct costs on the healthcare system, such as inpatient or outpatient services, and indirect costs including work productivity and employment.

#### *Direct Impact:*

- Driven predominantly by higher inpatient and outpatient costs, direct healthcare resource utilization and costs were roughly double (\$17,261) for people living with TRD compared to those with non-TRD depression (\$9,790) and quadruple compared to people without depression (\$4,782).
- Healthcare costs for people with TRD increased with each treatment failure, from \$12,047 per year after two failures to \$18,667 after six or more lines of therapy over the two-year study observation period.

#### *Indirect Impact:*

- People with TRD lost approximately 35.8 work days per person per year, which was nearly twice as many days as those with non-TRD depression and six times as many days as those without depression.
- People with TRD were 1.3- to 1.4-times more likely than people with and without depression, respectively, to have employment status changes, such as moving to part time work or taking medical leave. Some of these changes prompted the purchase of COBRA coverage, resulting in additional healthcare costs and greater personal and professional impact on these individuals.

"These insights stress that more work needs to be done to develop resources and treatments that can address this burden and help these individuals lead healthier, more fulfilling lives," said Larry Alphs, Therapeutic Area Lead, Mood, Janssen Pharmaceuticals, Inc. "At Janssen, we are committed to researching innovative therapies for people living with depression who do not respond to current treatment options."

To learn more, see the full study here:

<http://www.psychiatrist.com/JCP/article/Pages/2018/v79n02/17m11725.aspx>

#### **About the Study**

The matched-cohort analysis, which was sponsored by Janssen, used a claims-based algorithm to identify adults with TRD from the OptumHealth Care Solutions, Inc. database of more than 19.1 million privately-insured employees and their dependents. People with TRD were matched on demographics to people with major depressive disorder without TRD and people without depression. Among 39,479 treated people with major depressive disorder, 6,411 (16 percent) people met the criteria for TRD with a median time-to-TRD of nine months, while the remaining 33,068 (84 percent) comprised the non-TRD cohort (prior to matching). People with depression were required to meet the following criteria: (a) have at least one diagnosis, (b) have at least one claim for an antidepressant starting from the index date without antidepressant claims six months

before, (c) have at least one diagnosis for at least six months prior or after the index date, and (d) have claims for at least one antidepressant with an adequate dose and duration after the index date. Costs, healthcare resource utilization and employment status change were compared over two years following the first antidepressant, or a randomly imputed date for people without depression, adjusting for baseline comorbidity index and costs. People with TRD were mostly female (64 percent) with a mean age of 40.5 years. Study limitations include: potential underreported claims due to social stigma of depression, lack of full range of presenteeism (working while impaired) outcomes in employment data, possible inaccuracies in healthcare and disability claims, and the potential for results to not reflect the general population, as the claims database only included those who were privately insured.

### **About Major Depressive Disorder (Depression)**

Each year, approximately 16 million adults in the U.S. have at least one major depressive episode.<sup>1</sup> Depression is the leading cause of disability in the U.S. for people aged 15-44 and the second leading cause of disability worldwide.<sup>4,5</sup> Individuals with depression experience continuous suffering from a serious, biologically based disease which has a significant negative impact on all aspects of life, including quality of life and function.<sup>6</sup>

### **About the Janssen Pharmaceutical Companies of Johnson & Johnson**

At the Janssen Pharmaceutical Companies of Johnson & Johnson, we are working to create a world without disease. Transforming lives by finding new and better ways to prevent, intercept, treat and cure disease inspires us. We bring together the best minds and pursue the most promising science.

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