ECONOMIC BURDEN OF BIPOLAR DISORDER TYPE I (BD-I) IN THE US: A SYSTEMATIC REVIEW OF THE LITERATURE
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BACKGROUND

- Bipolar disorder (BD) is one of the leading causes of disability secondary to mental health-related disorders worldwide, especially because of its early age of onset, elevated relapse rates and high rate of comorbid conditions.
- Bipolar disorder type I (BD-I) is a chronic and severe mental illness characterized by at least one manic episode with the possibility of other major depressive or hypomanic episodes.

OBJECTIVES

- The goals of this systematic (SR) review of the literature were to evaluate the following aspects of BD in the United States (US):
  - Health care resource utilization
  - Direct costs of BD versus other chronic conditions

METHODS

- A comprehensive search was performed in Medline and Embase (2006 to 2016) for studies addressing the aspects described above.
- Inclusion criteria:
  - studies enrolled US patients
  - studies were published after year 2000 so the results could more closely mirror current standards of care
- Exclusion criteria:
  - studies focused on patients enrolled after a depressive episode

RESULTS

Employability & Work Productivity

- 15 studies were included.1-14,39-49
- Main reasons for exclusion:
  - lack of US patients, lack of specific data on BD, older data (collected before year 2000), study design and analysis only for patients with BD-specific features (e.g., depression).

- Annual societal costs per patient with BD were higher for patients with BD than for those without the disease (21,894 vs. 8,140 per patient per year).


- There is a double burden of aging and disease in patients with BD. Weiskrantz 2014.

CONCLUSIONS

- When compared with other populations, patients with BD imposed higher medical costs for payers.
- However, treatment adherence was associated with reduced health expenditures.
- Both employability and work productivity were negatively affected by the disease, as was HRQOL.

LIMITATIONS

- Regarding cost of illness analysis, impact on employment and work productivity and quality of life, due to lack of direct cost data specific for patients with BD (most studies include patients with BD as a group).
- Quality-of-life impact resulting from treatment has been addressed mainly in short-duration studies (up to 12 weeks of follow-up). There is also a need for long-term studies addressing the evolution of HRQOL in BD patients.