

Adherence to neuroleptic treatment in psychiatric practices: A retrospective study of 55 practices with more than 5000 bipolar and schizophrenic patients in Germany

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Background

The aim of this study was to investigate the effect that treating physicians have on the compliance of their psychiatric (schizophrenia (SP) and bipolar disorder (BP)) patients.

Methods

This retrospective study was based on data from the Disease Analyzer database (IQVIA). It included 2870 SP and 2327 BD patients who had received at least two neuroleptic prescriptions from 55 psychiatric practices between January 2016 and December 2018. The average proportion of days covered (PDC) per patient was calculated. Patients were considered adherent if their PDC was greater than or equal to 80%. Practice adherence was considered high if at least 70% of patients in the practice of interest were adherent.

Results

The mean PDC was 59.8% (SD: 13.9%) in SP and 65.0% (SD: 11.5%) in BD patients. The share of patients with an optimal PDC value ($\geq 80\%$) differed considerably between practices (between 28% and 92% for SP and between 33% and 92% for BP). The prevalence of practices with high adherence was lower for schizophrenia than for bipolar disorder (21.9% versus 45.5%).

Conclusion

Psychiatrists play an important role in the compliance of SP and BP patients treated with neuroleptics.

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If you would like to read any of the studies in its entirety, please, contact us to obtain the full version of a publication. Also, our research director is at your disposal if you have any further questions. Thank you for your interest!

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Incidence of and factors associated with manic episodes and bipolar disorder in the decade following depression onset in Germany

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Aims

The goal of this retrospective cohort study was to analyze the incidence of and factors associated with manic episodes and bipolar disorder in the decade following a depression diagnosis in patients from Germany.

Methods

This study included adults who were diagnosed with depression for the first time in one of 199 neuropsychiatric practices in Germany between 2007 and 2017 (index date). The cumulative incidence of a manic episode or bipolar disorder was estimated for up to 10 years after the index date using Kaplan-Meier curves. Multivariate Cox regression models were further used to investigate the association between demographic, clinical, and pharmaceutical variables and the incidence of manic episodes and bipolar disorder.

Results

This study included 162,689 patients [mean (standard deviation) age 51.6 (14.9) years; 63.2% women]. Ten years after a depression diagnosis, the incidence of manic episodes and bipolar disorder ranged from 2.9% to 5.1%. Young age, severe depression, and the prescription of venlafaxine were identified as variables positively associated with manic episodes and bipolar disorder, while several clinical (e.g., somatoform disorders, extrapyramidal and movement disorders)

and pharmaceutical variables (e.g., hypericum perforatum, amitriptyline) were negatively associated with bipolarity.

Conclusion

The incidence of manic episodes and bipolar disorder was relatively low in the decade following a depression diagnosis in Germany. Young age, depression severity, and several clinical and pharmaceutical variables were significantly associated with bipolarity in patients with depression.

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Drug treatment for patients with bipolar disorders in psychiatric practices in Germany in 2009 and 2018

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Aims

The aim of this study was to describe the treatment of bipolar disorder patients in psychiatric private practices in Germany in 2009 and 2018.

Methods

This retrospective study included patients with bipolar disorder who had received at least one prescription for antidepressants, antipsychotics, antiepileptic drugs or benzodiazepines in 93 neuropsychiatric private practices in Germany between January 2009 and December 2018. Outcomes of this study were the prevalence of prescriptions for defined mood stabilizers, antipsychotics, antidepressants, and benzodiazepines, and the prevalence of mono and combination therapy in 2009 and 2018.

Results

1,815 and 2,322 patients with bipolar disorder were examined in 2009 and 2018, respectively. Compared to 2009, there was a decrease in the proportion of prescriptions for mood stabilizers by 2018 (58.6% to 49.5%) especially for lithium (from 31.4% to 26.2%) and an increase in the prescription of antipsychotics (38.4% in 2009 and 53.1% in 2018) and antidepressants (32.6% in 2009 and 45.1% in 2018). The share of combination therapy increased moderately from 39.3% to 41%.

Conclusion

Quetiapine has displaced lithium from the number one medication of the most commonly prescribed drugs in patients with bipolar disorders. The rate of patients in this study receiving monotherapy was surprisingly high.

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