

A PRIMER ON DEPRESSIVE, BIPOLAR AND ANXIETY ILLNESSES: FACTS FOR POLICYMAKERS

MENTAL DISORDERS IN AMERICA

Mental disorders are common illnesses in the United States. An estimated 22 percent of Americans ages 18 and older—about one in five adults—suffer from a diagnosable mental illness in a given year. Mental illness is second only to hypertension in prevalence in the U.S. When applied to the 2000 U.S. Census population estimate, this figure translates to 45 million people.

Leading Causes of Disability in the U.S.

- Three of the ten leading causes of disabilities in the U.S. are mental illnesses -- major depression, bipolar disorder, and obsessive-compulsive disorder.
- Schizophrenia, a serious mental illness, is another major cause of disability in the U.S.

The U.S. Surgeon General reported that fewer than one-third of adults and half of children with a diagnosable

mental disorder receive any level of treatment.

The good news is that mental illness is much more treatable now than it was even 20 years ago. Medications and therapies developed in past two decades have moved mental illness from a shameful problem that was not discussed to a routine chronic condition with ready treatments.

Unfortunately, treatments are dramatically under utilized to the detriment of individuals who suffer pain and anguish. Undertreatment ultimately leads to higher costs for state governments because patients receive care in more expensive settings like emergency departments and are hospitalized or end up in jails and prisons.

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DEPRESSIVE, BIPOLAR AND ANXIETY DISORDERS: TREATABLE CAUSES OF DISABILITY

DEPRESSION

Depressive disorders encompass major depression, dysthymic disorder (dysthymia may be described as a chronic milder depression), and bipolar disorder. Bipolar disorder is included because people with this illness have depressive episodes as well as manic episodes.

Mood Disorders Affect Basic Functions

Mood disorders such as depression and bipolar disorder can affect the ability of 19 million Americans to work, parent, learn and fully participate in the community.

- These disorders impact people across the lifespan – children, adults and the elderly.
- Approximately 19 million American adults, or about 9.5 percent of the U.S. adult population have a depressive disorder in a given year.

- Nearly twice as many women (12.0 percent) as men (6.6 percent) are affected by a depressive disorder each year.
- Depressive disorders may be appearing earlier in life in people born in recent decades compared to the past.
- Depressive disorders often co-occur with anxiety disorders and substance abuse.
- Since depression often strikes in the teens and mid-20's, the disease limits educational attainment and reduces people's ability to work.
- Diagnoses of mood disorders using specific criteria are as reliable as those for general medical illnesses, according to a landmark U.S. Surgeon General's report.

Diagnoses are Reliable

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Major Depression

- **Unlike normal emotional experiences of sadness, major depression is persistent and can significantly interfere with an individual's thoughts, behavior, mood, activity, job productivity and physical health.**
- There is no single cause of major depression and scientific research has firmly established that major depression is a biological brain disorder.
- Depression is a biological disorder that results in a syndrome of sleeping, eating and energy disturbance that impairs functioning and may lead to suicide. Depression is not just a bad day, the blues or being moody.
- Among all major medical illnesses, major depression is the leading cause of disability in the U.S.
- Major depression affects approximately 10 million American adults, or about 5.0 percent of the U.S. population age 18 and older in a given year.
- Depression affects all ethnic, racial and socioeconomic groups.
- If untreated, episodes of depression commonly last anywhere from six months to a year. **(Figure 1)**
- If untreated, 50 percent of people suffering from a first episode will have a recurrence.
- Left untreated, depression can lead to suicide. Lack of treatment or undertreatment of depression, and suicide are frequently linked; it is estimated that 90 percent or more of completed suicides are by people who have a psychiatric illness – such as depression.

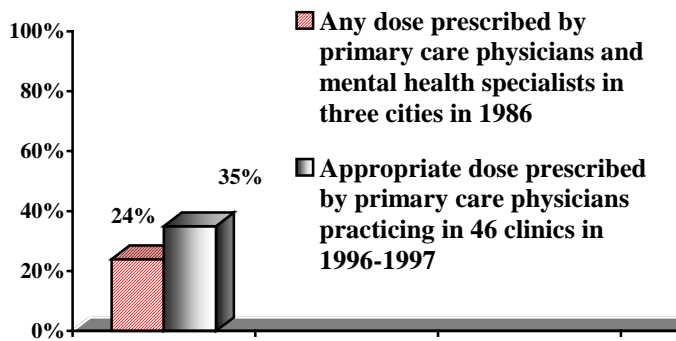
Treating Depression is Good Economics

It is estimated that the economic benefits of expanded diagnosis and treatment of depression is \$7,100 annually or a return of \$7 for every \$1 invested.

Public Perception of Depression

Newer medications for treating depression have led to a fundamental change in the public's perception of mental illness. When describing a typical person with depression, 75 percent of people in one survey attributed the person's problems to a chemical imbalance in the brain and suggested that medications would help.

Figure 1: Percent of Adults with Major Depression Receiving Antidepressants: A Long Way To Go



- There is agreement in the mental health field about which anti-depressant medications are effective in treating depression and how medications should be prescribed and used for maximum benefit.
- Because of different presentations of depression (agitation, melancholy, in concert with another medical condition) physicians need to be able to individually recommend treatment – medications and psychotherapy – and monitor adherence to medications. (Figure 2)

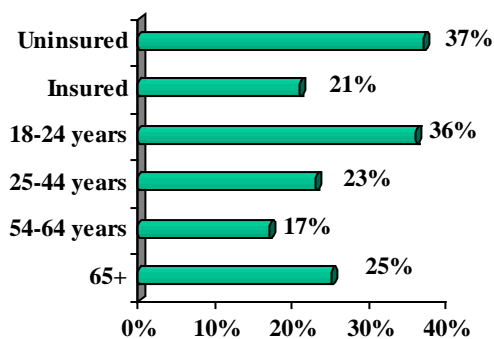
- In addition to the health benefits, there are economic benefits for society. Newer medications are helping more people with depression enter the workforce.
- The Institute of Medicine of the National Academy of Sciences recently identified screening and treatment of major depression as a national health care priority.
- In 2002, the U.S. Preventive Services Task Force formally recommended that doctors screen for depression.
- Although major depression can be a devastating illness, it is highly treatable. Between 80 and 90 percent of those suffering from serious depression can be effectively treated and return to their normal daily activities and obtain emotional stability.
- Treating depression is good economics -- It is estimated that the economic benefits of expanded diagnosis and treatment of depression is \$7,100 annually or a return of \$7 for every \$1 invested.

- Many types of treatment are available, and the type chosen depends on the individual and the severity and patterns of his or her illness.
- Newer medications, called SSRIs, have been more effective in treating depression than older medications because there are fewer side effects, making them easier for patients to sustain. Furthermore, the reduced need for physician visits and rehospitalization keeps costs down.

Depression Can be Treated

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Figure 2: Percent of Depression Sufferers Not Taking Prescribed Medications



Depression Affects Children on Many Levels

When children are in a depressive episode they do less well at school, have impaired relationships with their friends and family, suffer emotionally, and have an increased risk for attempted and completed

- Episodes of depression in children appear to last six to nine months on average but in some children they last for years at a time.
- When children are in a depressive episode they do less well at school, have impaired relationships with their friends and family, suffer emotionally, and have an increased risk for attempted and completed suicide.
- There are two main groups of treatments for the depressed child with demonstrated evidence of efficacy: psychotherapy and medications.
- Despite a number of studies, there is essentially no evidence to suggest that older-generation antidepressants work for depression in children or adolescents. There are, however, published studies finding efficacy for newer medications, known as SSRIs, in child and adolescent depression.
- In the middle of 2003 there were FDA and pharmaceutical company reports of low but increased rates of impulsive/suicidal behaviors in depressed children who are taking anti-depressants.
- While there were no completed suicides in these studies in any group, these findings are worrisome and demand attention to the question of whether or not some anti-depressants may increase the hazard of suicide.
- Many children with depression may present suicidal tendencies prior to taking medications. Any warning about the increased risk of suicidal tendencies in children could be very dangerous, because it potentially confuses symptoms of severe mental illness with the effects of medication.

Depression in Children and Adolescents

- About 2 percent of school-age children (i.e. children 6-12 years of age) appear to have a major depression at any one time. With puberty, the rate of depression increases to about 4 percent of this population experiencing major depression overall.
- Overall, approximately 20 percent of youth will have one or more episodes of major depression by the time they become adults.

Consequences of Untreated Mental Illnesses in Children

- Suicide – 3rd leading cause of death in youth.
- Imprisonment – 80 percent of youth entering the juvenile justice system have a diagnosable mental illness.
- Foster care - It is estimated that 85 percent of children in foster care have an emotional disorder or substance abuse disorder.
- School failure and drop-out at dramatically high rates.
- Custody relinquishment - Families are often forced to give up custody of their child to the state to secure services.
- Substance use as self-medication.
- Social isolation from their peers.

Depression in Older Persons

Depression Screening is a Priority

- The Institute of Medicine in 2002 recently identified screening and treatment of major depression as a major national health care priority.
- The U.S. Preventive Services Task Force in 2002 formally recommended that doctors screen for depression.

- **Depression in its many forms affects more than 6.5 million of the 35 million Americans who are 65 years old or older. Most older people with depression have been suffering from episodes of the illness during much of their lives.**

- Older persons with depression rarely seek treatment for the illness.
- The highest rate of suicide in the U.S. is among older white men. Depression is the single most significant risk factor for suicide in that population. Tragically, many of those people who go on to commit suicide have sought help -- 20 percent see a doctor the day they die.
- Once diagnosed, 80 percent of clinically depressed individuals, including older persons, can be effectively treated by medication and psychotherapy.

Pregnancy and Depression

- **Although it once was thought that women experienced low rates of mental illness during pregnancy, recent research reveals that over 10 percent of pregnant women and approximately 15 percent of postpartum women experience depression.**
- As many as 80 percent of women experience the "postpartum blues," a brief period of mood symptoms that is considered normal following childbirth. However, the related hormonal and biological changes associated with pregnancy or giving birth may initiate a clinical depression.
- Also, the changes in lifestyle associated with caring for a young infant may constitute a set of stressors that have mental health consequences for the mother.
- There is a three-fold increase in risk for depression during or following a pregnancy among women with a history of depressive and bipolar disorders.
- Once a woman has experienced a postpartum depression, her risk of having another depressive episode reaches 70 percent.

Potential Recurrence

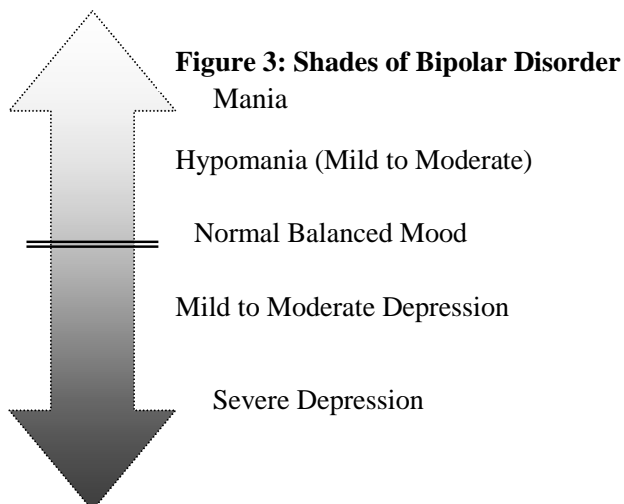
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Dysthymic Disorder

- Symptoms of dysthymic disorder (chronic, mild depression) must persist for at least two years in adults (1 year in children) to meet criteria for the diagnosis. Dysthymic disorder affects approximately 5.4 percent of the U.S. population age 18 and older during their lifetime. This figure translates to about 11 million American adults.
- Dysthymic disorder often begins in childhood, adolescence, or early adulthood.

BIPOLAR DISORDER

- **Bipolar disorder, or manic depressive illness, is a serious brain disorder that causes extreme shifts in mood, energy, and functioning. It affects 2.3 million adult Americans, which is about 1.2 percent of the population, and can run in families.**



- Bipolar disorder is characterized by episodes of mania and depression that can last from days to months. **(Figure 3)**
- Bipolar disorder is a chronic and generally life-long condition with recurring episodes that often begin in adolescence or early adulthood, and occasionally even in children. It generally requires lifelong treatment.
- While the exact cause of bipolar disorder is not known, most

researchers believe it is the result of a chemical imbalance in certain parts of the brain.

- While there is no cure for bipolar disorder, it is a treatable and manageable illness once it is correctly diagnosed.

Medications are Effective

Medication is an essential part of successful treatment for people with bipolar disorder. Maintenance treatment with mood stabilizer medications substantially reduces the number and severity of episodes for most people.

- Substance abuse is a common and destructive "self medication" for people with bipolar disorder who do not have access to or do not use quality psychiatric care.
- Changes in medications or doses may be necessary, as well as changes in treatment plans during different stages of the illness.

Child and Adolescent Bipolar Disorder

- **The emergence of an understanding that bipolar disorder can impact teens and children has helped to increase treatment to severely mood disordered children, who are frequent users of intensive school resources and juvenile justice resources.**
- Although once thought rare, caseloads of patients examined for federally funded the studies have shown that approximately 7 percent of children seen at psychiatric facilities fit the bipolar disorder criteria using research standards.
- At this time there are several ongoing studies of how to best treat children with bipolar disorder, but until more scientific data is available, clinicians are left using their best judgment on how to manage medications that have been effective in adults.
- Is suicide a risk? Yes. Children talking about wanting to die, or asking why they were born or wishing they were never born must be taken very seriously as even quite young children can hang themselves in the shower, shoot themselves or complete suicide by other means.
- Children with bipolar disorder are the group of children least likely to graduate from high school among all disability groups in a recent survey.

Childhood Bipolar Disorder Affects Futures

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ANXIETY DISORDERS

- **Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia).**

Anxiety Disorders Affect Millions

Approximately 19.1 million American adults ages 18 to 54, or about 13.3 percent of people in this age group in a given year, have an anxiety disorder.

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- Many people have more than one anxiety disorder and these disorders commonly co-occur with substance abuse and depression.
- Women are more likely than men to have an anxiety disorder. Approximately twice as many women as men suffer from panic disorder, post-traumatic stress disorder, generalized anxiety disorder, agoraphobia, and specific phobia.

Panic Disorder

- **Approximately 2.4 million American adults ages 18 to 54, or about 1.7 percent of people in this age group in a given year, have a panic disorder. Panic disorders typically develop in late adolescence or early adulthood.**
- A person who experiences recurrent panic attacks, at least one of which leads to at least a month of increased anxiety or avoidant behavior, is said to have a panic disorder.
- Doctors often try to rule out every other possible alternative before diagnosing a panic disorder. To be diagnosed as having a panic disorder, a person must experience at least four of the following symptoms during a panic attack: sweating; hot or cold flashes; choking or smothering sensations; racing heart; labored breathing; trembling; chest pains; faintness; numbness; nausea; disorientation; or feelings of dying, losing control, or losing one's mind.
- People who have phobias can experience panic attacks when confronted with the situation or object about which they feel phobic.
- Phobias are the leading psychiatric disorders among women of all ages. One survey showed that 4.9 percent of women and 1.8 percent of men have a panic disorder, agoraphobia, or any other phobias.
- Recovery from a panic disorder can be best achieved by both medications and cognitive behavioral therapy.

Recovery is Possible

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Obsessive Compulsive Disorders (OCD)

- **Approximately 3.3 million American adults ages 18 to 54, or about 2.3 percent of people in this age group in a given year, have OCD.**
- The first symptoms of OCD often begin during childhood or adolescence.
- The National Institute of Mental Health estimates that more than 2 percent of the U.S. population, or nearly one out of every 40 people, will suffer from OCD at some point in their lives. The disorder is two to three times more common than schizophrenia and bipolar disorder.
- Obsessions are intrusive, irrational thoughts -- unwanted ideas or impulses that repeatedly occur in a person's mind.
- A large body of scientific evidence suggests that OCD results from a chemical imbalance in the brain.
- OCD will not go away by itself, so it is important to seek treatment. OCD is a chronic disease that needs intervention to achieve the best outcomes, which includes working full time. Fortunately, effective treatments and medications are available that make life with OCD much easier to manage, but it is not being treated often enough.

Post-Traumatic Stress Disorder (PTSD)

- **Post-traumatic stress disorder (PTSD) is an anxiety disorder that can occur after someone experiences a traumatic event that caused intense fear, helplessness, or horror. PTSD can result from personally experienced traumas (e.g., rape, war) or from the witnessing of or learning of a violent or tragic event.**
- Approximately 5.2 million

Veterans are at a High Risk for PTSD

About 30 percent of Vietnam veterans experienced PTSD at some point after the war.

American adults ages 18 to 54, or about 3.6 percent of people in this age group in a given year, have PTSD.

- PTSD can develop at any age, including childhood.
- People with PTSD often use alcohol or other drugs in an attempt to self-medicate.
- About 30 percent of Vietnam veterans experienced PTSD at some point after the war.

Agoraphobia and Specific Phobia

- Agoraphobia involves intense fear and avoidance of any place or situation where escape might be difficult or help unavailable in the event of developing sudden panic-like symptoms. Approximately 3.2 million American adults ages 18 to 54, or about 2.2 percent of people in this age group in a given year, have agoraphobia.
- Specific phobia involves marked and persistent fear and avoidance of a specific object or situation. Approximately 6.3 million American adults ages 18 to 54, or about 4.4 percent of people in this age group in a given year, have some type of specific phobia.

TREATMENT ISSUES FOR PEOPLE WITH DEPRESSIVE, BIPOLAR AND ANXIETY DISORDERS – ACCESS TO MEDICATIONS IS CRITICALLY IMPORTANT

- **Unlike many medications that treat other illnesses, medications that treat mood disorders cannot be used interchangeably.**

Changing Medications is Not Easy

Changing medications for people with these disorders is very difficult. It can take up to 6-12 weeks to determine if a medication works, and if not, additional weeks with no medication are required before a new one is tried.

- Each medication has a very different mechanism of action. Because the brain is such a complex organ and mood disorders are so complex, medications affect each person's brain in a very different way.
- The side effects of these medications can be extremely serious, and vary with each patient.
- Each failed trial results in suffering and possible worsening of a patient's condition.

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DENYING NEEDED MEDICATIONS DOES NOT SAVE MONEY FOR THE STATE

- **Little or no real cost savings, even in the short run, will result from Medicaid cuts that limit medication choice and services for people with mental illness, or reduce eligibility.**

Prior Authorization Poses a Threat to Patients

Because patients are less likely to adhere to treatment on medications that are not best for them, they are more likely to suffer a serious episode. This is a primary reason that the Kaiser Family Foundation report on prior authorization programs recommended that medications for mental illness be exempted for restrictive formularies.

- Depressive, bipolar and anxiety disorders are not all alike, and cannot be approached with a "one-size fits all" mentality.
- Each severe episode results in immediate, short-term additional costs to the Medicaid budget through emergency room treatment, in-patient hospitalization and crisis services.
- Policy decisions that cut medicines often push costs into more

expensive venues, such as emergency departments and jails. Early intervention is less costly than late or no treatment.

- **Prior Authorization Poses a Threat to Patients** --Because patients are less likely to adhere to treatment on medications that are not best for them, they are more likely to suffer a serious episode.

CONCLUSION

Given the budget crisis in many states, some policymakers may be tempted to limit access to medications for people with depressive, bipolar and anxiety disorders to save money. However, this is not the way to create an effective, efficient mental health system for those on Medicaid.

States should use tested, proven treatment models for depressive, bipolar and anxiety disorders that allow physicians to make final treatment decisions for individual patients. Increasingly, individuals with these disorders can focus on recovery and their well being and quality of life can be significantly improved with open access to medications.

References

American Society of Clinical Psychopharmacology: Antidepressant Basics: Part 2. Treatment Considerations, *ASCP Model Psychopharmacology Curriculum*, New York: ASCP, 2001.

Boland, RJ, and Keller, MB. *Treatment of Depression. In the American Psychiatric Publishing Textbook of Psychopharmacology, 3rd edition*, Edited by Schatzberg, AF and Nemeroff, CB. Washington, DC: American Psychiatric Press, 850, 2003.

Klein, DF, Thase ME, Endicott, J., et al. Improving Clinical Trials: American Society of Clinical Psychopharmacology Recommendations. *Arch Gen Psychiatry* 59, 2002, pp. 272-278.

Managing Mental Illness: The Hidden Costs of Restricting Access to Medications, *Drug Benefit Trends*, 15, Supplement 1, 2003.

NAMI *Fact Sheets on Serious Mental Illness*, 2004.

National Institute of Mental Health. *Bipolar Disorder*, 2004.

National Institute of Mental Health. *The Numbers Count*, 2004.

The Robert Wood Johnson Foundation. *Portrait of the Chronically Ill in America*, 2001.

U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.