

STATISTICAL BRIEF #386

September 2012

Use and Expenses for Prescribed Psychotherapeutics, by Subclass, 2009: Estimates for the U.S. Civilian Noninstitutionalized Population

Karen E. Davis, MA

Introduction

The continued increase in expenditures for prescribed medicines persists as a concern for both consumers of health care and policymakers. Prescribed drugs are commonly used to treat mental health disorders; and the Affordable Care Act will expand mental health insurance coverage.

This Statistical Brief presents estimates based on the 2009 Household Component of the Medical Expenditure Panel Survey (MEPS-HC) on use and expenses for the therapeutic class of prescribed psychotherapeutic agents and its subclasses: antidepressants and antipsychotics. The Brief provides estimates on the number of persons with at least one prescription drug purchase by age and gender, the number of prescriptions, total and out-of-pocket expenses, as well as average expenditures per person.

Estimates in this Brief are based on reports of prescribed medicines purchased or received during the year. Medications administered only as part of ambulatory visits or inpatient stays are not included. Two prior Statistical Briefs, #357 and #358, present estimates of expenditures for prescribed medicines to treat mental health disorders in children (5–17 years old) and young adults (18–26 years old). All differences between estimates noted in the text are statistically significant at the 0.05 level or better.

Findings

In 2009, an estimated 29.4 million people in the U.S. civilian noninstitutionalized population purchased prescribed psychotherapeutics, with 27.3 million purchasing antidepressants and 5 million purchasing antipsychotic medications (figure 1). Nearly 3 million persons had purchases of both antidepressants and antipsychotics. The total number of prescriptions obtained for all psychotherapeutics was 225.2 million (average of about 7 per person), with 188.5 million for antidepressants and 36.7 million for antipsychotics (figure 2).

While the proportion of females with purchases for antidepressants was about twice that for males (12.0 versus 5.7 percent), the proportion of persons with purchases for antipsychotics did not vary by gender (1.6 percent for both males and females) (figure 3). The percentage of persons who had purchases for antidepressants was similar for persons ages 45–64 (14.6 percent) and those age 65 and older (13.9 percent) but was notably lower for the younger age groups (figure 4). The percentage of persons who purchased antipsychotics was slightly higher for persons ages 18–64 years than for those in the younger and older age groups.

Total prescribed medicine expenditures across all persons in 2009 were \$22.3 billion for psychotherapeutic drugs, with \$12.7 billion of these expenditures for antidepressants and \$9.6 billion for antipsychotics (figure 5). The overall average expenses among those with expenses for prescription psychotherapeutics was \$759 of which an average of \$159 was paid out-of-pocket (figure 6). Although a much smaller proportion of persons had purchases of antipsychotics than antidepressants, the average expense per person for antipsychotics was substantially higher than for antidepressants (\$1,924 versus \$467).

Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS 2009 Full Year Consolidated Data File (HC-129) and 2009 Prescribed Medicines File (HC-126A).

Highlights

- In 2009, about 29.4 million people in the U.S. civilian noninstitutionalized population had purchases for at least one prescribed psychotherapeutic (27.3 million for antidepressants and 5 million for antipsychotics).
- The proportion of females with purchases of antidepressants in 2009 was about twice that for males, but the proportion of persons with purchases for antipsychotics did not vary by gender.
- In 2009, the average expenditures per person with expenses were much higher for antipsychotics than antidepressants (\$1,924 versus \$467).

Definitions

Purchases and expenditures

Utilization was defined as purchasing or obtaining psychotherapeutics, antidepressants, or antipsychotics prescribed in the year of interest. Refills as well as original prescriptions are included in expenditure and utilization estimates. Expenditures in the MEPS-HC include the total direct payments from all sources to pharmacies for prescriptions reported by respondents. Payments for over-the-counter drugs are not included in MEPS total expenditures.

Therapeutic classifications

Therapeutic class and subclass were assigned to prescribed medicines using Multum Lexicon variables from Cerner Multum, Inc. MEPS prescribed medicines files were linked to the Multum Lexicon database to obtain therapeutic class and subclass variables. All psychotherapeutic agents in MEPS were defined as those events assigned the therapeutic class (TC1=242) in the Multum Lexicon database. In the Multum Lexicon database, all prescribed medicines assigned the psychotherapeutic class were further assigned into two subclasses: antidepressants (TC1S1=249) and antipsychotics (TC1S1=251).

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

MEPS expenditure data are derived from both the Medical Provider Component (MPC) and Household Component (HC). MPC data are generally used for hospital-based events (e.g., inpatient stays, emergency room visits, and outpatient department visits), prescribed medicine purchases, and home health agency care. Office-based physician care estimates use a mix of HC and MPC data while estimates for non-physician office visits, dental and vision services, other medical equipment and services, and independent provider home health care services are based on HC provided data. Details on the estimation process can be found in Machlin, S.R. and Dougherty, D.D. *Overview of Methodology for Imputing Missing Expenditure Data in the Medical Expenditure Panel Survey*. Methodology Report No. 19. March 2007. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr19/mr19.pdf

For more information about MEPS, call the MEPS information coordinator at AHRQ (301-427-1406) or visit the MEPS Web site at <http://www.meps.ahrq.gov/>.

References

For a detailed description of the MEPS survey design, sample design, and methods used to minimize sources of nonsampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPH Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf.

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPH Pub. No. 97-0027. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41 (7) Supplement: III-5-III-12.

Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998-2007*. Methodology Report No. 22. March 2009. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf.

Suggested Citation

Davis, K. *Use and Expenses for Prescribed Psychotherapeutics, by Subclass, 2009: Estimates for the U.S. Civilian Noninstitutionalized Population*. Statistical Brief #386. September 2012. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st386/stat386.pdf

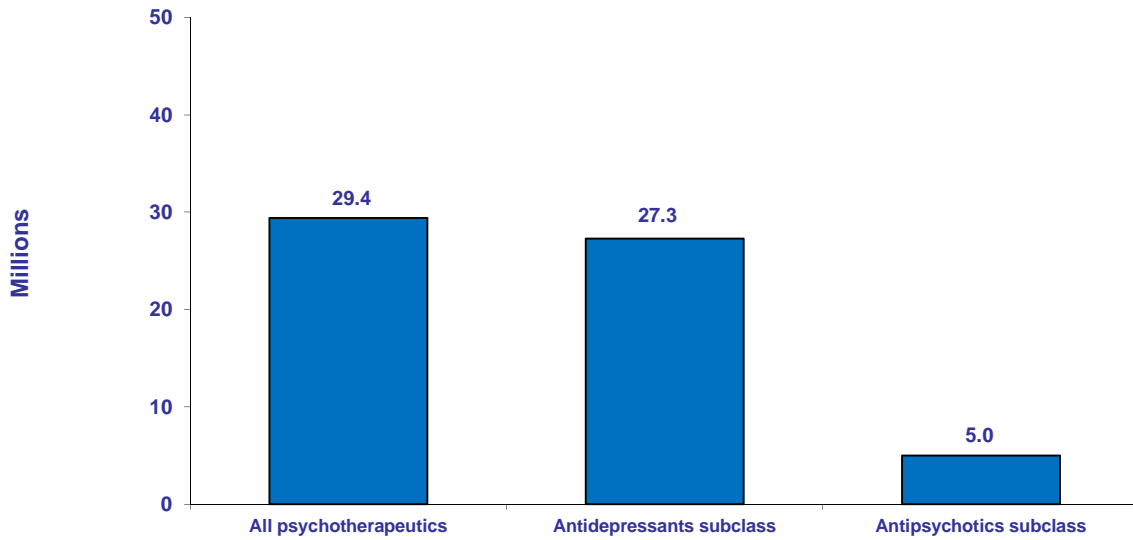
* * *

AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at MEPSProjectDirector@ahrq.hhs.gov or send a letter to the address below:

Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850



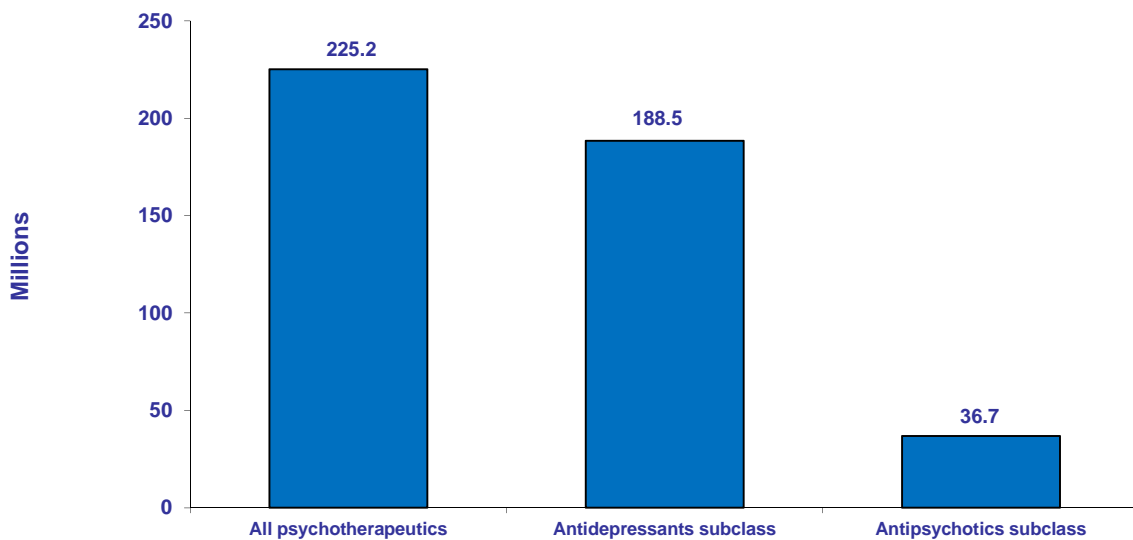
Figure 1. Total number of persons purchasing one or more prescribed psychotherapeutics, by subclass, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



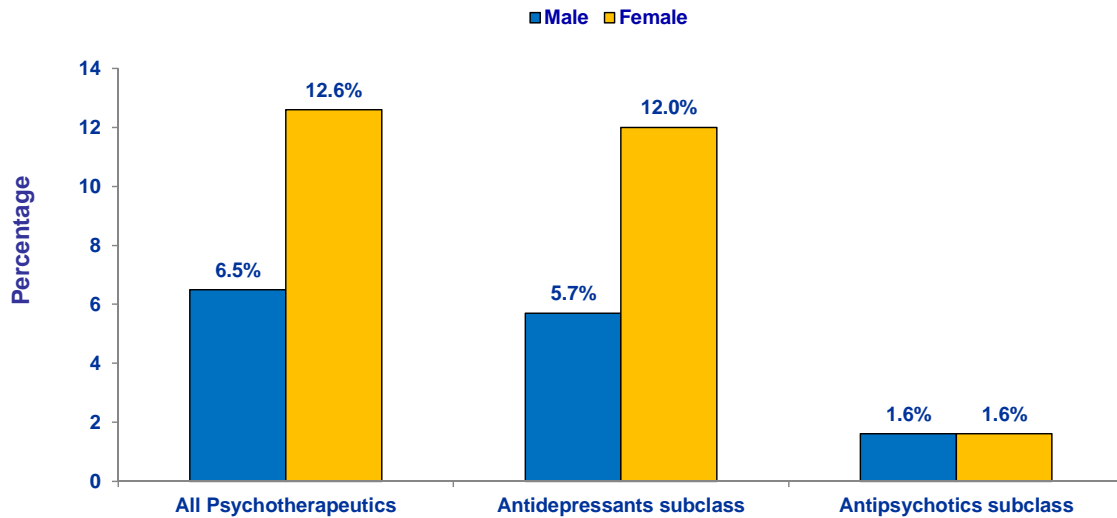
Figure 2. Total number of prescriptions for psychotherapeutics, by subclass, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



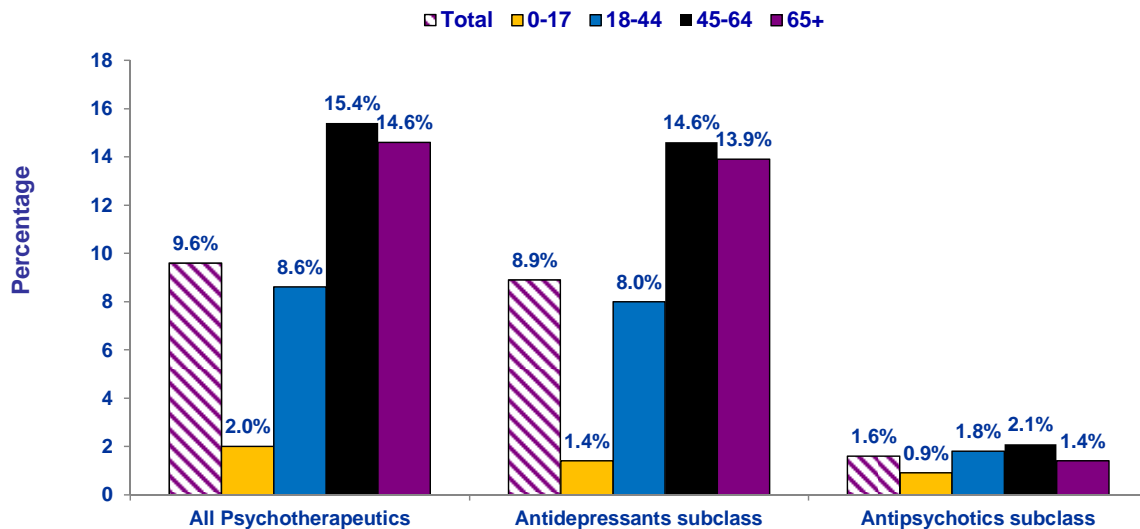
Figure 3. Percentage of persons purchasing at least one prescribed psychotherapeutic, by subclass and gender, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



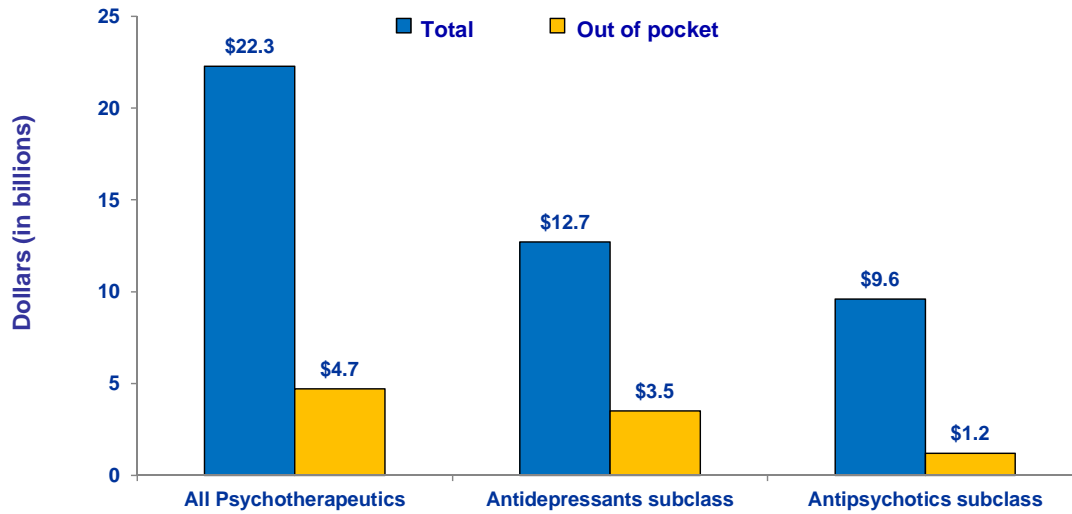
Figure 4. Percentage of persons purchasing one or more prescribed psychotherapeutics, by subclass and age, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



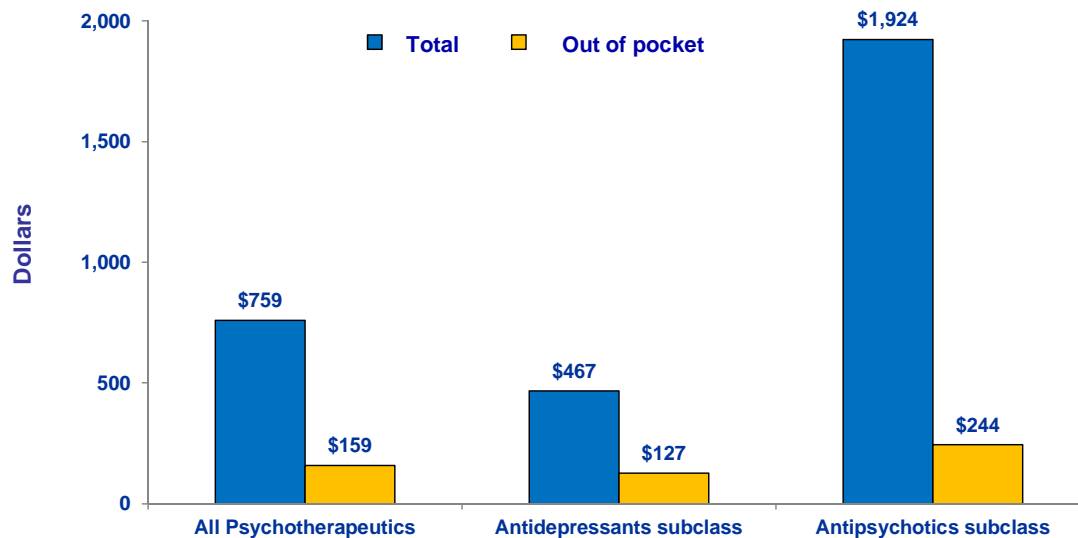
Figure 5. Total and out-of-pocket expenditures for prescribed psychotherapeutics, by subclass, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009



Figure 6. Mean expense per person for persons with purchases of psychotherapeutics, by subclass, 2009



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2009