



Hospitalizations for Depression in Pennsylvania

In 2004, nearly 50,000 hospital admissions with a primary diagnosis of depression incurred \$552 million in hospital charges. Most patients (44%) were of prime working age from 30 to 49 years old. Eighteen percent of hospitalizations for depression in 2003 resulted in at least one readmission within 30 days.*

What is Depression?

Depression is a biologically-based brain disease that consists of a depressed mood, a loss of interest in activities, and a reduced capacity to function normally. It is not the same as a “blue mood” that eventually passes. In the United States, depression affects as many as 18.8 million American adults in a given year¹. Depression can aggravate other medical conditions, and can lead to a loss of productivity at work and even to suicide. In fact, a recent report by PHC4 and the Pennsylvania Department of Health noted that the majority of deaths from firearms in 2004 were suicides.

Like many illnesses, different levels and classifications of depression exist. Major depression is manifested by a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy activities. Such a disabling episode of depression may occur only once, but more commonly occurs several times throughout a lifetime. Nearly 10 million American adults have a major depressive disorder in a given year². A less severe type of depression, dysthymia, involves long-term chronic symptoms that do not disable, but keep a person from functioning well or from feeling good.

Although the exact causes are unknown, many factors may contribute to a diagnosis of depression,

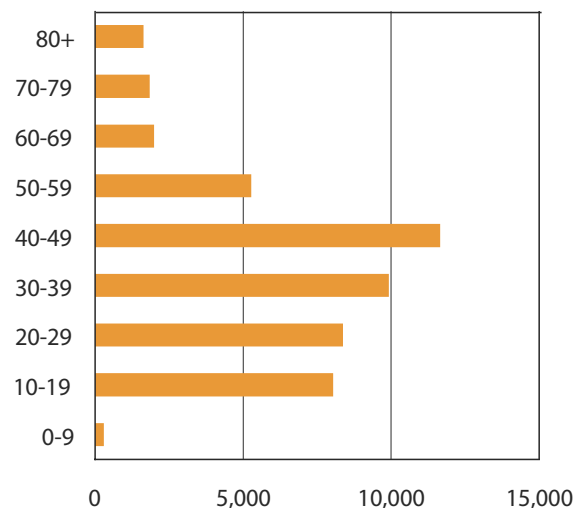
including psychological, biological, environmental and genetic factors.

Who Does Depression Affect?

In 2004, a total of 48,590 hospital admissions for depression occurred in Pennsylvania.

- The average age of patients was 38 years old. The age category with the most patients (44%) was 30-49 years old. As a result, depression has a serious impact on workplace productivity due to disability and absenteeism.

Age Distribution of 2004 Hospital Admissions with a Primary Diagnosis of Depression



* 2003 data was used to analyze readmissions within 30 days in order to have access to a full year of data.

The data presented in this research brief are those depression cases that resulted in an inpatient stay at a hospital in Pennsylvania.

- In 2004, the average length of stay was 7.4 days with an average charge of \$11,369. A total of 361,017 hospital days incurred over \$552 million in hospital charges.

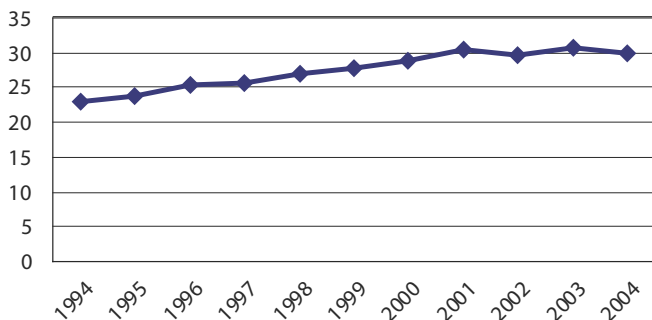
While depression can develop in anyone at any age, women experience depression twice as often as men. Each year, nearly 12.4 million women and 6.4 million men in the U.S. suffer from a depressive disorder¹. Though the prevalence of depression generally is greater in women than men, the rates of hospitalization in Pennsylvania do not reflect that fact.

- In 2004, 53% of all hospital admissions for depression in Pennsylvania were females.

Depression in Pennsylvania

The rate of Pennsylvania residents hospitalized at least once for a primary diagnosis of depression has increased from 22.9 per 10,000 in 1994 to 29.9 per 10,000 in 2004. Admission rates in 2004 varied substantially across Pennsylvania counties ranging from 10.7 to 50.8 per 10,000. Between 1994 and 2004, 290,166 people were hospitalized with a primary diagnosis of depression, incurring over \$5.2 billion in charges.

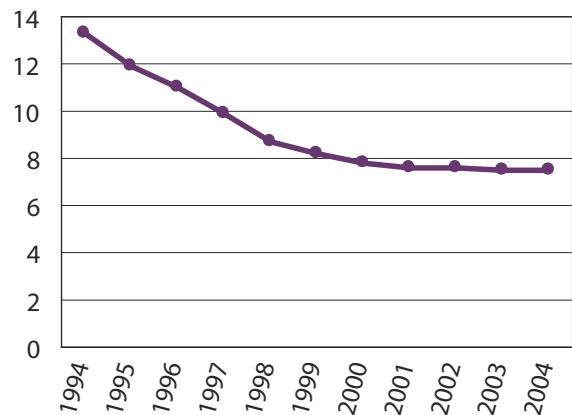
1994 - 2004 Hospitalization Rates for Pennsylvanians with a Primary Diagnosis of Depression (per 10,000)



Across Pennsylvania, out of all inpatient hospitalizations for depression in 2004, nearly 60% were in general acute care hospitals. However, this percentage also varied, ranging from 11.7% to 98.3%, depending upon the county of residence and the availability of a nearby psychiatric hospital.

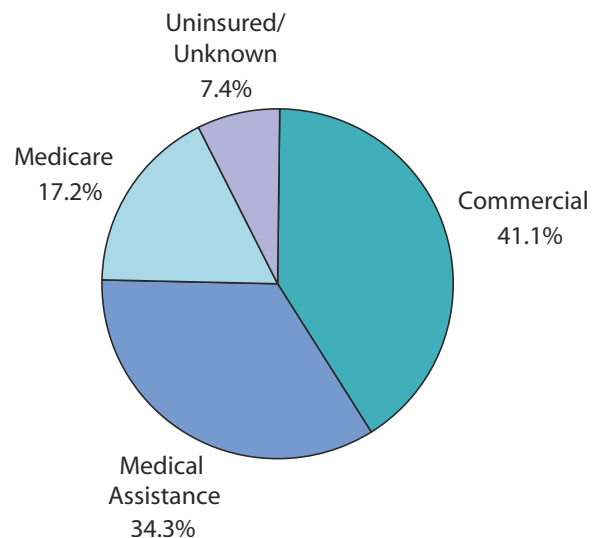
The average length of stay for depression has remained steady at approximately 7.5 days from 2000 to 2004.

1994-2004 Average Length of Stay in Days



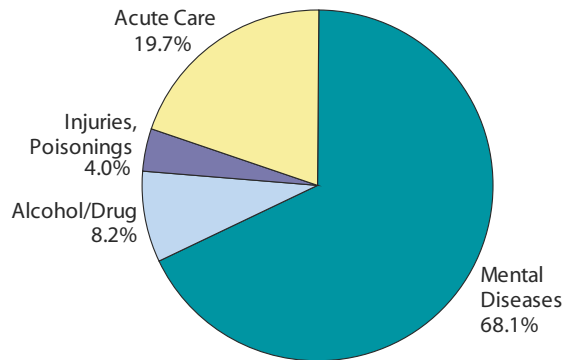
Most Pennsylvania hospitalizations for depression in 2004 (75%) were billed to commercial insurance or Medical Assistance.

Number of Hospital Admissions with a Primary Diagnosis of Depression by Payor



Eighteen percent of all hospitalizations with a primary diagnosis of depression in 2003 resulted in at least one readmission within 30 days. Of those readmitted, 26% returned more than once within 30 days, which could raise important questions about treatment in the initial hospitalization or possibly the disease process itself. The most common reason for the readmission was categorized as mental health disorder.

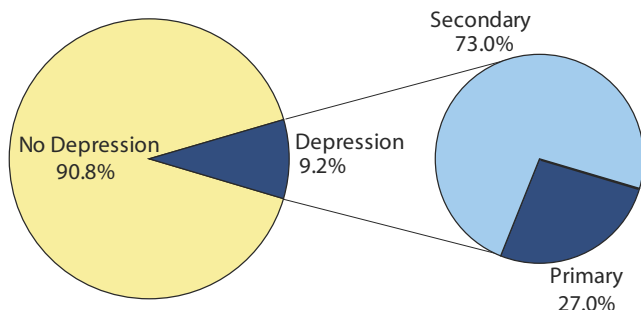
Percent of Readmissions by Diagnostic Category



This analysis focuses on hospital admissions in which depression was the main reason (primary diagnosis) for the hospitalization; however, many more patients experience depression as can be seen by examining the number of admissions in which depression was a secondary diagnosis.

- The total number of inpatient records in Pennsylvania hospitals for 2004 was over 1.9 million; 9.2% had a primary or secondary diagnosis of depression.

Percent of All Inpatient Records with a Diagnosis of Depression in 2004



Treatment

Without treatment, symptoms of depression can last for weeks, months or even years. Appropriate treatment, however, can help most people who suffer from depression, and a variety of treatments are available, including medication, psychotherapy and electroconvulsive therapy (ECT). Many times, treatment takes place outside of a hospital setting. Inpatient treatment is typically for cases that are more severe.

- Slightly over 2% of all hospital admissions with a primary diagnosis of depression in Pennsylvania received ECT in 2004. Of these, a disproportionately high number were age 65 years and over.

Several barriers to accessing high quality mental health care exist. Many people simply feel that depression will go away by itself or that getting help is a sign of weakness. Research suggests that up to 50% of all primary care patients with depression do not receive the appropriate diagnosis and care³.

Many direct and indirect medical costs are associated with depression treatment. Therefore, several private advocacy organizations have banded together to make improving the treatment of mental health disorders, including depression, a national health policy goal⁴. Understanding depression and how inpatient services are currently provided are important steps in determining how stakeholders can improve access and provide quality care for depression.

The data in this Research Brief represents inpatient discharges from all facility types in Pennsylvania with a primary diagnosis of depression. Depression was defined using the following ICD-9-CM codes: 296.2x, 296.3x, 298.0, 300.4, 309.1, and 311.

References

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The Pennsylvania Health Care Cost Containment Council (PHC4) periodically releases *Research Briefs* on health care topics relevant to public policy interest.

PHC4 is an independent state agency created to collect, analyze, and disseminate information designed to improve the quality and restrain the cost of health care.