Real World Impact of Patients with Bipolar Disorder or Schizophrenia who Experience High Frequency (HF) of Agitation Episodes

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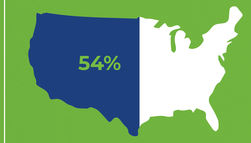
12% of agitation patients are HF



54% of episodes are from HF patients

Median episodes per year

5x more agitation episodes for HF patients

Mortality Risk

5x larger correlation between agitation episodes and mortality risk for HF patients

Payer

44% of HF patients are government insured

Hospital Revisits

2x more hospital revisits for HF patients

INTRODUCTION

Agitation is common among patients with bipolar disorder (BPD) or schizophrenia (SCZ), but there is little real-world data to characterize.

OBJECTIVE

This study aimed to identify and characterize the impact of high frequency agitation on healthcare resource utilization.

METHODS

650,539 patients with acute agitation episodes and evidence of BPD or SCZ were identified using ICD codes from medical and pharmacy claims data using Clarivate Real World Data between 09/2015 and 04/2022.

Cohorts of high frequency (HF) (≥7 episodes) and non-high frequency (NHF) agitation patients were identified and analyzed.

Data collected included demographics, clinical characteristics, and medication use.

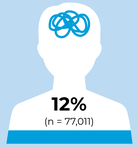
Healthcare resource utilization in the hospital emergency department, inpatient, outpatient, and community settings were assessed by cohort using descriptive statistics and Pearson correlation.

CONCLUSION

Identification and implementation of new clinical techniques and protocols to manage agitated patients, especially the high frequency population may significantly reduce healthcare resource utilization and costs, while also potentially reducing mortality and poor patient outcomes.

RESULTS

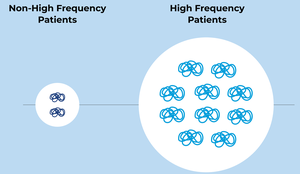
Patient and Episode Distribution



High frequency BPD/SCZ agitation patients make up 12% (n = 77,011) of the BPD/SCZ agitation patient population and account for 54% of BPD/SCZ agitation episodes

Median Agitation Episodes

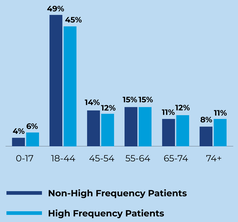
High frequency BPD/SCZ agitation patients have 5x more agitation episodes over the 5-year investigation period compared to non-high frequency agitation patients



Age and Payer Distribution and Mortality Risk

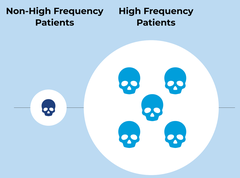
Patient Age Distribution

The high frequency BPD/SCZ agitation cohort has a larger 65+ population (23%) compared to the non-high frequency agitation cohort (19%)



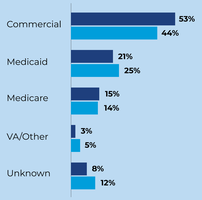
Mortality risk

There is a higher correlation between agitation episodes and mortality risk for high frequency BPD/SCZ agitation patients (0.2 vs 0.04).



Patients Payer Distribution

A larger proportion of high frequency BPD/SCZ agitation patients (44%) use Medicare, Medicaid, or VA insurance compared to non-high frequency patients (39%)

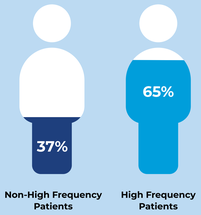


Treatments and Hospital Revisits

Hospital Revisits

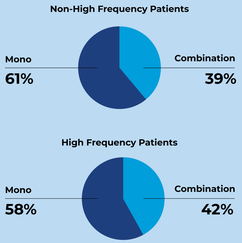
Patients with 30-day All Cause Hospital Revisits:

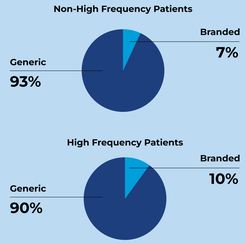
Nearly twice as many high frequency agitation patients (65% vs 37%) have a revisit to a hospital within a 30-day period



Mono vs Combination Treatment

High frequency BPD/SCZ agitation patients receive more combination treatment (42%) compared to non-high frequency agitation patients (39%)



Branded vs Generic Days of Supply

There is higher branded use for the high frequency BPD/SCZ agitation patients (10%) compared to non-high frequency agitation patients (7%) in terms of days supply