Cohort study: Identifying depression in patients with diabetes using physiologic, social, and disease severity measures

PATIENTS WITH DIABETES USING PHYSIOLOGIC, SOCIAL, AND DISEASE SEVERITY MEASURES

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A total of 12,754 individuals aged 0–60 years with a new diagnosis of schizophrenia between 1998 to 2000 were on data from the RAMQ and Med-Echo databases, which were linked. All individuals state—HDS; 4) Stable; 5) Well; and 6) Death. Patients’ movements between these model: 1): first episode—FE; 2) low dependency state—LDS; 3) high dependency—HDS; 4) Stable; 5) Well; and 6) Death. Patients’ movements between these 6 years. Using this data, Cox proportional hazard models for competing risks were used to evaluate the 17 probability transitions to be estimated. The model was based on data from the RAMQ and Med-Echo databases, which were linked. All individuals aged 0–60 years with a new diagnosis of schizophrenia between 1998 to 2000 were first identified by ICD-9 codes. Each individual was followed for a maximum of 8 years. Using this data, Cox proportional hazard models for competing risks were used to estimate the 17 probabilities of transition. RESULTS: A total of 12,754 individuals were identified as newly diagnosed patients with schizophrenia. After the FE of schizophrenia, 69.8% of patients passed in LDS, 11.2% in HDS, 1% in death state—HDS; 4) Stable; 5) Well; and 6) Death. Patients’ movements between these

MC8 COMPARISON OF METHODS: FOR IDENTIFYING DEPRESSION IN PATIENTS WITH DIABETES USING PHYSIOLOGIC, SOCIAL, AND DISEASE SEVERITY MEASURES

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The 9-item depression scale from the Patient Health Questionnaire(PHQ-9) was used to assess current depression symptoms; history of depression was determined by participant self-report of prior physician diagnosis; and current use of antidepressant medications based on review of medications. Overlap between the three assessments was examined using cross-tabs, and associations with covariates were assessed using univariate logistic regression.

RESULTS: Among the 1939 study participants with complete data, 701 (36.2%) participants had at least one classification of depression, including 537 (27.7%) reporting either history (24.6%) or current anti-depressant use (13.9%) and 374 (19.5%) a PHQ score higher than 9. Among the latter, 214 (16.6%) reported no history of physician-diagnosed depression or use of antidepressant medications. Participants with younger age, female gender, larger BMI, larger waist circumference, higher cholesterol, or insulin use had significantly (p < 0.05) increased odds of all classifications of depression. Race/ethnicity, smoking status, HbA1c, serum creatinine, living alone, alcohol use, blood pressure, amputations, QALYs, and other mediations use were related to some, but not all definitions of depression. Prior CVD, duration of diabetes, education, GFR, LDL, HDL did not have significant relationships with any definition. CONCLUSIONS: Characterization of depression in research settings needs to have the same granularity in order to marry the risk factor specific rates to comparative statistics such as the Standardized Incidence Ratio. However, in order to adequately estimate the occurrence of events the probabilities of the events have to be available according to the main risk factors for the event. Also the patient population needs to have the same granularity in order to marry the risk factor specific rates to the event characteristics. Through the use of safety outcomes for glaucoma therapy, we describe an approach to create appropriate background occurrences for the outcomes of heart failure (HF), asthma/COPD exacerbation and death.

METHODS: When estimating expected occurrences of events in patient populations, background rates from published literature are often applied thereby creating conservative statistics such as the Standardized Incidence Ratio. In ACCORD, we find different covariate relationships for definitions based on history versus current symptoms. These examinations may enhance our understanding of depression’s impact on disease management and cardiovascular risk.