

AMERICA'S STATE OF MIND

U.S. trends in medication use for depression, anxiety and insomnia



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RISING MENTAL HEALTH CONDITIONS TAKE A TOLL ON FAMILIES AND EMPLOYERS



As we publish this report, Americans are coping with the psychological, physical and financial toll of the COVID-19 pandemic. Using available data, we are tracking how this unprecedented event is impacting the mental health of the people we serve. **See p3 for preliminary observations.**

Mental health conditions disrupt thinking, mood and behavior. From mild stress to psychiatric illness such as depression, anxiety and insomnia, these disorders can be a great source of distress for people experiencing symptoms, and for those close to them.

Just as physical health conditions can degrade our mental health, mental health conditions can worsen our physical health. In fact, the World Health Organization has identified **depression as the leading cause of poor health and disability worldwide.**¹

The rising prevalence of mental health conditions is having a negative impact on your plan members and their families. These conditions cause more days of lost work and work impairment than many other common chronic conditions, including diabetes, asthma and arthritis. **They also cost the U.S. health care system more than \$200 billion annually, tops among all chronic conditions.**^{2,3}

While the mind and body connection is clear, social stigma and inadequate access to care create barriers to effective treatment of mental health conditions. At Express Scripts, we are chipping away at the stigma by starting conversations that lead to proper treatment and support, but there is more work to be done.

This report is an important step in that direction. It shares critical insights on America's state of mind by taking a close look at trends in the use of medication for three of the most common mental health conditions: depression, anxiety and insomnia.

[Express Scripts is taking on the growing mental health challenge by improving the care we provide to members living with mental health conditions.](#)

- Through our Neuroscience Therapeutic Resource Center®, **members have access to health coaches, pharmacists, nurses and social workers** who focus on caring for members with complicated and costly mental health conditions, including depression, anxiety and insomnia.
- Using our award-winning RationalMed® medication safety program, **we warn prescribers and pharmacists, when appropriate, about the use of more than 200 medications** that may cause or exacerbate depression or the risk of suicide.
- The Express Scripts Digital Health Formulary® **enables easy and affordable access to digital health solutions for patients and plans**, including solutions for people with depression, anxiety and insomnia.

Through this work, we are supporting patients on their personal mental health journeys and helping providers and payers better recognize, treat and care for people with mental health needs.

Glen Stettin, MD
Senior Vice President & Chief Innovation Officer

Click  to see tables

Prescriptions for anti-anxiety medications increased **34.1%** from mid-February to mid-March

COVID-19 AND MENTAL HEALTH MEDICATION USE

As COVID-19 began to significantly impact the U.S., we observed an increase in the use of prescription drugs that treat mental health conditions, particularly commonly used anti-anxiety medications known as benzodiazepines.

An early analysis by Express Scripts shows that the number of [prescriptions filled per week for antidepressant, anti-anxiety and anti-insomnia medications increased 21.0% between February 16 and March 15](#), peaking during the week ending March 15. That same week, the World Health Organization declared COVID-19 a pandemic and the U.S. declared a national emergency in response to the crisis.

Over that same mid-February to mid-March timeframe, [prescriptions for anti-anxiety medications rose 34.1%](#), and also increased for [antidepressants \(18.6%\)](#) and [anti-insomnia drugs \(14.8%\)](#). During the week ending March 15, the use of anti-anxiety medications spiked nearly 18%.

What's more, the increase in anti-anxiety medication use was much higher for women (39.6%) than men (22.7%) between February 16 and March 15.

PERCENT CHANGE IN PRESCRIPTIONS FILLED PER WEEK FOR MENTAL HEALTH MEDICATIONS

By select weeks from January 19, 2020 to March 15, 2020

| Week ending | Depression | Anxiety | Insomnia | Total |
|-------------|------------|---------|----------|--------------|
| Jan. 19 | – | – | – | – |
| Feb. 16 | 4.0% | 2.3% | 2.8% | 3.5% |
| Mar. 15 | 18.6% | 34.1% | 14.8% | 21.0% |

The recent increase in use of medications for anxiety is in sharp contrast to the 12.1% decline in the use of benzodiazepines over the past five years.

KEY FINDINGS 2015-2019

15% RISE
in antidepressant use
since 2015

Used for depression, anxiety, chronic pain, obsessive-compulsive disorder, post-traumatic stress disorder and other indications

38% RISE
in antidepressant use by
adolescents since 2015

Often prescribed for depression, anxiety and eating disorders

12.1% DECLINE
in use of benzodiazepine drugs for
anxiety since 2015

11.3% DECLINE
in use of sedative hypnotic drugs for
insomnia since 2015



Medication use for depression, anxiety and insomnia is **most prevalent among women ages 45-64**

COVID-19

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BACKGROUND

America is in the grip of a mental health crisis. Nearly 1 in 5 U.S. adults experienced a mental health condition in 2018⁴, and the rate of psychological disorders has risen dramatically among younger people in the past decade.⁵ From 2008-2018, the overall prevalence of mental illness increased 8%, from 177 to 191 per 1,000, and potentially disabling mental illness by 24%, from 37 to 46 per 1,000.⁶

Mental health conditions are the costliest health conditions in the U.S., costing the health care system more than \$200 billion annually, and more than \$193 billion in lost earnings per year.⁷ They're the most common cause of hospitalizations for people ages 45 and younger, and 13% of mental health discharges are readmitted to the hospital within a month.⁸

Not only do mental health conditions affect a person psychologically, they also negatively impact their physical health. People with mental health conditions are at higher risk for a wide range of diseases, including heart disease, diabetes and Alzheimer's disease.⁹ People who have both a mental health condition and a chronic disease have two to three times higher health care costs than those with only a chronic disease.¹⁰ Mental illness is also highly associated with substance abuse disorders, with almost 1 in 5 Americans impacted by both¹¹.

In this report, we examine medication usage for three of the most common mental health conditions in the nation – depression, anxiety and insomnia – as many people suffer from a combination of all three.

DEPRESSION

Depression is common, with approximately 17.3 million American adults having experienced major depressive disorder (MDD) in 2017.¹² Depression differs from the typical fluctuations in mood or the short-lived emotional responses we all have to the challenges of everyday life. People with depression can experience serious negative effects on their performance at work, at school and their social interactions. Depression is also a leading cause of suicide.¹³

Depression costs employers an estimated \$44 billion each year in lost productivity¹⁴ due to absenteeism (missing work) and presenteeism (being at work but unable to perform to expectations). Those workplace costs account for 50% of the total economic impact. Direct medical costs represent 45% and 5% are related to suicide.¹⁵

Nearly 17.3 million
American adults
experienced a
major depressive
disorder in 2017

Anxiety disorders
affect **40 million**
Americans every year

Clinical guidelines for managing depression involve a broad array of non-drug and pharmaceutical interventions. The American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder recommends use of antidepressant medications or psychotherapy as an initial treatment for patients with mild-to-moderate depression.

More than 80% of people with clinical depression can be treated successfully with either non-drug or drug therapies, or a combination of both.¹⁶ Outcomes improve when patients receive early diagnosis, intervention and support. Conversely, suboptimal treatment of depression can lead people to self-medicate with harmful and addictive substances, such as alcohol, opioids and illicit drugs.

ANXIETY

Anxiety is the most prevalent mental health condition in the U.S., affecting 40 million American adults, many of who also suffer from other mental health conditions.¹⁷

Most people feel anxious from time to time. However, for people with an anxiety disorder, a group of psychiatric disorders characterized by extreme feelings of worry or fear, that anxious feeling does not go away and can worsen over time. Anxiety disorders often interfere with the ability to function in daily activities, such as work and school, and to disengage in social relationships.¹⁸ People with anxiety disorders are also more prone to depression.¹⁹

Although anxiety may cause sleep problems or exacerbate existing insomnia, new research suggests that sleep deprivation can also lead to developing an anxiety disorder.²⁰

People with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than those without an anxiety disorder.²¹

Treatment options for anxiety disorders include psychological therapy such as cognitive behavioral therapy (CBT), drug therapy or both. Most people who obtain treatment experience significant improvement in their mental health and quality of life.

50 to 70 million
people in the U.S.
suffer from a sleep
disorder

INSOMNIA

Sleep disorders are abnormal sleep patterns that interfere with physical, mental and emotional functioning. The Centers for Disease Control and Prevention (CDC) report that sleep disorders are so pervasive in the U.S. that they constitute a public health epidemic.²² Insomnia is the clinical term for people who have trouble falling asleep, difficulty staying asleep, waking too soon or waking up feeling unrefreshed.

The National Institutes of Health (NIH) estimates that 50 to 70 million Americans suffer from a sleep disorder.²³ Experts agree lack of sleep is associated with injuries, chronic diseases and mental health conditions, which can increase health care costs and decrease productivity.

According to the most recent CDC data, when compared to adults who slept more than 7 hours per night, those who did not get enough sleep were more likely to report one or more of ten chronic health conditions, including arthritis (28.8%), depression (22.9%), asthma (16.5%), diabetes (11.1%) and cancer (10.2%).²⁴

More than 23% of Americans (almost 50 million people) reported problems concentrating during the day due to the lack of sleep.²⁵ More than 8% (18 million) reported that sleep deficiency affected their job performance.²⁶ And those numbers are on the rise; the prevalence of adults experiencing inadequate sleep rose from 30.9% in 2010 to 35.6% in 2018.²⁷

The primary treatment for insomnia is sleep hygiene. Medication may be prescribed for 10 to 14 days or less, if at all.

76% of Americans
believe mental
health is just
as important as
physical health

DRIVERS AND BARRIERS TO PROPER, EFFECTIVE CARE

The demand for mental health services is greater than ever, with 56% of Americans seeking or wanting to seek mental health services for either themselves or a loved one.²⁸ This rise in interest may be attributable, at least in part, to current shifts in attitudes and acceptance regarding mental health, with 76% of Americans believing mental health is just as important as physical health.²⁹

Public awareness campaigns may also be helping to destigmatize mental health conditions and change negative perceptions that have been obstacles to diagnosis and treatment. Despite anti-stigma campaigns, multiple studies have found that the stigma associated with mental illness often prevents people from accessing treatment. Nearly one-third of Americans (31%) have worried about being judged when they told others they were seeking mental health services and more than a fifth of the population (21%) have lied to avoid telling people they were seeking services.³⁰

Given rising demand, current mental health services are not adequate, with many Americans being unable to find or afford quality mental health care. More than 42% of Americans cite cost and poor insurance coverage as the top barriers for accessing mental health care.³¹

Adding to the financial barrier is a lack of access to mental health professionals due to a shortage of mental health counselors and social workers, psychiatrists and psychologists. According to the U.S. Department of Health and Human Services, approximately 111 million Americans live in areas with a shortage of mental health professionals.³² A study by the University of Michigan's Behavioral Health Workforce Research Center found that a majority of the 3,135 counties in the U.S. have no psychiatrists. The shortage is especially severe in rural areas where inpatient and community service centers are rapidly closing.³³

Primary care providers (PCPs) may be able to help fill that void as many are well-equipped to provide mental health services and manage the care of patients with mental health conditions.³⁴ However, PCPs have ever-increasing patient loads and may find it challenging to carve out the time needed to offer comprehensive mental health care to their patients.³⁵

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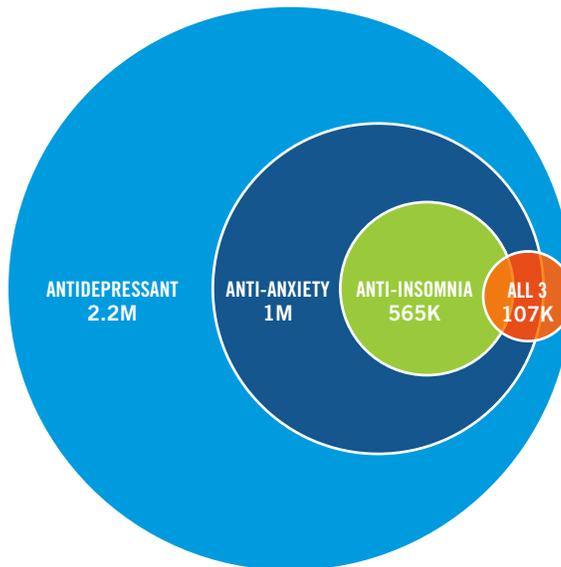
METHODOLOGY/REFERENCES

MENTAL HEALTH DRUG UTILIZATION TRENDS

Effective treatment of mental health conditions often requires a combination of medication and non-drug approaches, such as psychotherapy. The proper use of drug therapies is a key factor for managing these conditions.

Our research examined de-identified pharmacy claims of more than 3.4 million patients who filled at least one prescription for an antidepressant, anti-anxiety or anti-insomnia medication in 2019. More than 100,000 patients filled prescriptions for all three types of medications.

NUMBER OF PATIENTS TAKING AT LEAST ONE MENTAL HEALTH MEDICATION



ANTIDEPRESSANT MEDICATION

Antidepressants are typically the first line of therapy for patients experiencing depression, and several antidepressants are also used as first-line treatment for anxiety disorders.

The most commonly used antidepressants include serotonin reuptake inhibitors (SSRIs), best known by the brand names Prozac® (fluoxetine), Zoloft® (sertraline) and Paxil® (paroxetine); serotonin-norepinephrine reuptake inhibitors (SNRIs) such as Effexor® (venlafaxine) and Cymbalta® (duloxetine); and the heterocyclic or unclassifiable antidepressants, including Wellbutrin® (bupropion), Remeron (mirtazapine) and Trintellix® (vortioxetine).

In 2019, 11.1% of the population was taking an antidepressant, a 15% increase from 2015. Women's use of antidepressants (15.1%) was more than twice that of men's (7.0%). Women 45-64 years old had the highest prevalence of antidepressant use (21.6%).

PERCENT OF PATIENTS TAKING ANTIDEPRESSANTS

By age group and gender, 2019

Antidepressant use
increased 15%
from 2015-2019

Nearly **twice as** many teenage girls take antidepressants vs. teenage boys

Steep rise among adolescents

While the prevalence of antidepressant use is higher among people ages 20 years and older, teens (ages 13-19) experienced the greatest increase in antidepressant use from 2015 through 2019, up a significant 38.3%, from 5.7% to 7.9%. The prevalence of use was higher for teenage girls (10.2%) than boys the same age (5.7%).

PERCENT OF TEENAGERS TAKING ANTIDEPRESSANTS

By gender, 2015-2019

| Gender | Age group | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|-----------|------|------|------|------|-------|
| Girls | 13-19 | 7.3% | 8.0% | 8.8% | 9.5% | 10.2% |
| Boys | 13-19 | 4.2% | 4.5% | 4.9% | 5.3% | 5.3% |

The mental health of young people has been particularly concerning in recent years. In 2017, the National Institute of Mental Health reported that about 3.2 million 12-17 year-olds had at least one major depressive episode over a 12-month period;³⁶ and according to another study, the number of youth with major depression rose 52% between 2005 and 2017.³⁷ Even more young people have anxiety, which is now the leading mental health condition among American youth, affecting 1 in 8 adolescents.³⁸

Poor medication adherence

Medication adherence is estimated based on the percent of days that patients had antidepressant medications in their possession within a defined period using pharmacy claims data. Nonadherence to medications is a significant burden on the U.S. health care system. Research has shown that nonadherence to antidepressants is associated with worsening clinical outcomes, increased emergency department visits and hospitalizations and greater economic costs.³⁹

Adolescents struggle more with antidepressant medication adherence than other age groups

While nonadherence is a problem related to most treatments of chronic conditions, drug therapies for depression present particular challenges. Antidepressants can take up to eight weeks to be fully effective. Over that time, patients can lose faith that the medication is working and terminate use prematurely. A mental health condition itself is another obstacle to adherence because it can undermine a person's understanding of the need for medication and reduce the motivation to stick with treatment. Some people can experience unpleasant side effects from antidepressants; and many newly treated patients may require a period of titrating doses and switching or adding medication before the right medications and dosing for an individual are determined.

This analysis found that [adolescents had the lowest antidepressant medication adherence rate \(57.6%\) compared to 68.0% for all age groups in 2019.](#)

PERCENT OF PATIENTS ADHERENT TO ANTIDEPRESSANTS

By age group, 2019

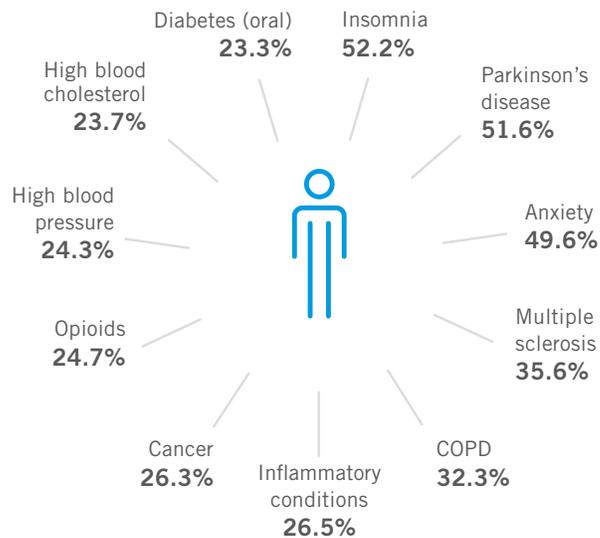
| Age group | Adherence rate |
|-----------------|----------------|
| 0-12 | 66.1% |
| 13-19 | 57.6% |
| 20-44 | 60.5% |
| 45-64 | 73.3% |
| 65+ | 78.9% |
| All ages | 68.0% |

Adherence and comorbidities

Adherence to antidepressants is also important for the overall health of those with depression. People with depression often have a number of mental and physical comorbidities. They have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population.⁴⁰ Research has shown that when an individual is adherent to their antidepressants, they are more likely to also be adherent to their other disease treatments.⁴¹

PERCENT OF PATIENTS TAKING MEDICATION FOR THEIR CONDITION AND AN ANTIDEPRESSANT

By condition, 2019



About 50% of patients who use a medication for anxiety or insomnia also use an antidepressant

Benzodiazepine drugs for anxiety are prescribed for their sedative properties but can be **dangerous or fatal if misused or abused**

Antidepressant use by U.S. state

Mental health conditions span the nation, but our analysis shows antidepressant use is most prevalent in West Virginia (16.4%), Kentucky (15.3%), Vermont (14.7%) and New Hampshire (14.5%). Prevalence is lowest in Hawaii (3.4%).

PERCENT OF PATIENTS TAKING ANTIDEPRESSANTS

By U.S. state, 2019

ANTI-ANXIETY MEDICATION

For the treatment of anxiety disorders, physicians prescribe antidepressants or anti-anxiety medications, or both in combination, especially for people who suffer anxiety and depression. In our data, nearly 50% of people who take anti-anxiety medication also take an antidepressant. Among those taking an antidepressant, 21.7% are also taking an anti-anxiety drug. What's more, 16.1% of people taking an anti-anxiety medication also filled a prescription for an anti-insomnia drug.

The best known benzodiazepine anti-anxiety medications are Xanax® (alprazolam), Klonopin® (clonazepam), Ativan® (lorazepam) and Valium® (diazepam). These medications are sometimes used for their sedating properties.

Prescribing of controlled substances like anti-anxiety medications is regulated by the Drug Enforcement Agency (DEA), reflecting their addictive nature and the potential for misuse, abuse or diversion by patients. With their sedating effects, using anti-anxiety drugs with alcohol, opioids, tricyclic antidepressants and barbiturates can be extremely dangerous and even fatal.

Use of anti-anxiety medication declined 12.1% over the past five years

According to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA), benzodiazepine abuse treatment admissions tripled from 1998 to 2008.⁴²

This analysis shows that recent efforts to better control the use of these medications, along with increased awareness of the potential dangers of using these medications inappropriately, have had some success. The prevalence of anti-anxiety medication use dropped to 4.9% in 2019, a 12.1% decrease from 2015. Women had higher rates of use than men. The highest prevalence of use was seen among women ages 45-64, with 10.4% filling at least one prescription for an anti-anxiety medication in 2019, twice the rate seen in men in the same age group (5.2%).

PERCENT OF PATIENTS TAKING ANTI-ANXIETY MEDICATION

By age group and gender, 2019

| Age group | Male | Female |
|-----------------|-------------|-------------|
| 0-12 | 0.2% | 0.2% |
| 13-19 | 1.1% | 1.9% |
| 20-44 | 3.0% | 6.3% |
| 45-64 | 5.2% | 10.4% |
| 65+ | 5.7% | 9.9% |
| All ages | 3.2% | 3.4% |

The prevalence of anti-anxiety medication use declined in every age group, with the steepest drop (-20.1%) among those age 65 and older over the five-year period. The elderly are particularly prone to adverse drug reactions (ADRs) and are at greater risk of falls when using these medications.

PERCENT OF SENIORS TAKING ANTI-ANXIETY MEDICATION

By gender, 2015-2019

| Gender | Age group | 2015 | 2016 | 2017 | 2018 | 2019 |
|--------|-----------|-------|-------|-------|-------|-------------|
| Women | 65+ | 12.3% | 11.7% | 11.2% | 10.4% | 9.9% |
| Men | 65+ | 7.2% | 6.8% | 6.6% | 6.1% | 5.7% |

Anti-anxiety medication use by U.S. state

Our analysis shows anti-anxiety medication use is most prevalent in Louisiana (7.0%), New Hampshire (6.9%), Massachusetts (6.3%) and West Virginia (6.3%). Prevalence is lowest in Hawaii (2.4%).

PERCENT OF PATIENTS TAKING ANTI-ANXIETY MEDICATION

By U.S. state, 2019

Sedative-hypnotic drugs for insomnia are controlled substances **intended for short-term use only**

ANTI-INSOMNIA MEDICATION

The most commonly prescribed anti-insomnia medications include Lunesta® (eszopiclone), Ambien® (zolpidem) and Sonata® (zaleplon). Prescription anti-insomnia drugs, also called sedative-hypnotics, are controlled substances intended for short-term use of 10 to 14 days or less. Longer-term usage should warrant re-evaluation.

Taking an anti-insomnia drug at night can impair a person's ability to be alert and even drive safely the following day. Side effects from anti-insomnia medications can be more pronounced in the elderly, people with sleep apnea and when used in combination with alcohol. Taking anti-insomnia medications in combination with other medications that affect the central nervous system could result in serious adverse drug reactions.

Use of anti-insomnia medication declined 11.3% over the past five years

With prescribers being more judicious about prescriptions for all controlled substances, the use of insomnia medication declined 11.3% from 2015 through 2019. The highest prevalence was among women ages 45-64 (6.2%), 60% higher than men in the same age range.

PERCENT OF PATIENTS TAKING ANTI-INSOMNIA MEDICATION

By age group and gender, 2019

| Age group | Male | Female |
|-----------------|-------------|-------------|
| 0-12 | 0.1% | 0.1% |
| 13-19 | 0.5% | 0.9% |
| 20-44 | 1.5% | 2.6% |
| 45-64 | 3.9% | 6.2% |
| 65+ | 4.5% | 6.0% |
| All ages | 2.1% | 3.4% |

Anti-insomnia medication use by U.S. state

Our analysis shows anti-insomnia medication use is most prevalent in Arkansas (4.4%), Alabama (4.2%), Utah (4.0%) and Louisiana (4.0%). Prevalence is lowest in Hawaii (1.8%).

PERCENT OF PATIENTS TAKING ANTI-INSOMNIA MEDICATION

By U.S. state, 2019

| State | Prevalence | State | Prevalence | State | Prevalence |
|-------|------------|-------|------------|-------|------------|
| HI | 1.7% | AK | 2.8% | MO | 3.3% |
| NY | 1.8% | RI | 2.9% | NH | 3.3% |
| NJ | 2.2% | VA | 2.9% | WA | 3.3% |
| PA | 2.4% | AZ | 2.9% | OR | 3.4% |
| WI | 2.4% | FL | 2.9% | MT | 3.4% |
| IL | 2.4% | MA | 2.9% | MS | 3.4% |
| DE | 2.6% | MN | 3.0% | ID | 3.4% |
| CT | 2.7% | SD | 3.0% | DC | 3.5% |
| MD | 2.7% | GA | 3.1% | NC | 3.6% |
| OH | 2.7% | VT | 3.1% | WY | 3.6% |
| NE | 2.7% | ND | 3.1% | TN | 3.6% |
| NV | 2.7% | TX | 3.1% | SC | 3.6% |
| NM | 2.7% | WV | 3.2% | OK | 3.7% |
| CA | 2.7% | KS | 3.2% | LA | 4.0% |
| MI | 2.8% | KY | 3.2% | UT | 4.0% |
| ME | 2.8% | IA | 3.2% | AL | 4.2% |
| IN | 2.8% | CO | 3.3% | AR | 4.4% |

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WHAT'S NEXT IN TREATMENT

Drug therapies continue to play a critical role in treating mental health conditions, making it possible for many with these diseases to lead productive and fulfilling lives. But substantial gaps in care exist. Patients are undiagnosed and undertreated; many do not have access to mental health practitioners; and a lack of education about their disease and treatments compromise outcomes.

BREAKING DOWN THE BARRIERS

The keys to opening the door to better mental health care are education, awareness and reducing stigma. If someone is unaware that something is wrong or feels ashamed to speak up, that person is less likely to seek treatment.

Unlike physical injuries or illnesses, mental health conditions can be harder to recognize. Often symptoms are subtle and may be dismissed as personality or attitude issues. Clinical anxiety may be masked as worrying too much, depression could be disguised as fatigue, and even serious conditions may not be obvious to the person suffering or to those around them.

Both education and access are critical for diagnosing and providing appropriate interventions for patients with mental health conditions. Some technological solutions are helping to address both.

Telehealth programs for the treatment of mental health have been on the rise and offer several advantages. They provide access to health care practitioners for mental health assessments, counseling, patient education and monitoring that might otherwise not be feasible. This is especially true in rural areas where few primary care practitioners, let alone mental health services professionals, are available. Telehealth programs also offer flexibility to patients who may find it difficult to fit in-person sessions into their schedule. And they can be far less costly than traditional psychiatric care.

Mental health conditions can be **more difficult to recognize** than physical illnesses

New technology is a **critical component** to treating mental health conditions

Digital behavioral health tools are also quickly expanding access to treatment and providing complementary care. These online programs and apps are particularly well-suited for cognitive behavioral therapy (CBT) approaches, which have become one of the first-line treatments for a variety of mental health conditions. Evidence shows that these programs can be extremely effective in the treatment of anxiety, depression and insomnia, as well as suicide prevention.⁴³

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METHODOLOGY: COVID-19 DATA

COVID-19 data is based on an analysis of prescription claims for antidepressant, anti-anxiety and anti-insomnia medications filled between January 19, 2020 and March 15, 2020, among a sample of more than 31.5 million commercially insured individuals.

METHODOLOGY: 2015-2019 DATA

From a sample size of more than 21 million commercially insured individuals, including retirees with private health insurance, this research examined de-identified pharmacy claims of more than 3.4 million individuals who filled at least one prescription for management of depression, anxiety or insomnia in 2019. Beneficiaries of a government-sponsored benefit, such as Medicare, Medicaid or public health insurance exchange, were excluded.

Measures estimated during a five-year period were calculated for the period from Jan. 1, 2015 to Dec. 31, 2019. Measures for 2019 were calculated for the period from Jan. 1, 2019 to Dec. 31, 2019. Our analysis only included commercially insured plans and privately insured retiree plans that were continuously enrolled in the Express Scripts book of business for all five years. Prevalence of use was calculated by dividing the sum of people with pharmacotherapy by the sum of all people in the population. Geographic prevalence rates were age- and gender-adjusted to the U.S. population using the direct method.

People with depression were defined as members having one or more prescription claims for an antidepressant, including SSRIs, SSNIs, MAOIs, and atypical antidepressants. People with anxiety were defined as members having one or more prescription claims for benzodiazepines. Patients with insomnia were defined as members having one or more prescription claims for a sedative hypnotic.

Adherence was calculated using the medication possession ratio (MPR), which is the sum of the days' supply for all fills of an antidepressant in a particular period, divided by the number of days in the period for a patient having two or more fills of the antidepressant during the period. Patients with an MPR of more than 0.8 or 80% were considered adherent.

Data examined in this report was limited to Express Scripts commercially insured plan sponsors with no contractual limitations for data use.

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