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Comparison of managed care charges among patients treated with selective serotonin reuptake inhibitors for premenstrual dysphoric disorder.

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OBJECTIVE: To determine the impact on managed care charges of selecting citalopram, fluoxetine, paroxetine, or sertraline as first-line pharmacotherapy for newly diagnosed premenstrual dysphoric disorder (PMDD). **METHOD:** This retrospective study analyzed administrative claims data from 14 managed care plans in the United States. The study population was identified from an integrated outcomes database for the period Jan. 1, 1998, to Dec. 31, 1999. Patients aged 18 years or older, newly diagnosed with PMDD, and initiating therapy with a selective serotonin reuptake inhibitor (SSRI) within 30 days of the diagnosis were eligible for analysis. To date, there is no specific ICD-9 diagnosis code for PMDD; thus, patients were required to have an ICD-9 diagnosis of premenstrual tension syndrome (ICD-9 625.4). Patients with documented previous psychiatric disorders/treatment were excluded. All inpatient, outpatient, and pharmacy claims incurred by each patient during the study period were included in the analysis. PMDD-related treatment charges for the 6-month period following treatment initiation were compared using multivariate regression. **RESULTS:** A total of 1413 patients met the study criteria. Fluoxetine and sertraline were the most common agents selected as first-line therapy. After differences in age, managed care plan, pretreatment resource utilization, physician specialty, index prescription year, treatment charges, presence of mental health and nonmental health comorbid conditions, and changes in medication were controlled for, patients taking paroxetine and citalopram had significantly higher PMDD-related treatment charges than sertraline patients (paroxetine, $p = .0430$; citalopram, $p = .0226$). Fluoxetine patients also had higher treatment charges than sertraline patients, though statistical significance was not reached. **CONCLUSIONS:** Sertraline, as first-line therapy for PMDD, was associated with lower PMDD-related treatment charges compared with other SSRIs during the first 6 months after treatment initiation