Capsule commentary on Agarwal et al., Healthcare Expenditures Associated with Depression among Individuals with Osteoarthritis: Post-Regression Linear Decomposition Approach

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Agarwal et al. estimate excess total healthcare expenditures associated with depression among adults with osteoarthritis,¹ and use post-regression linear decomposition to examine which individual-level factors contribute to these costs, based on data from the 2010 Medical Expenditure Panel Survey. The authors found that patients with comorbid osteoarthritis and depression had 38.8 % greater total healthcare costs compared to those without depression. These excess costs were attributable to comorbid anxiety, chronic conditions, and poor health status. Depression is common in primary care, and when present, exacerbates any symptom-based problems the patient may have. Numerous articles have shown that patients with depression have lower quality of life, lower functional status, more pain, and a greater number of physical symptoms. While antidepressant therapy can improve depressive symptoms, the evidence of benefit for pain and other physical symptoms is less robust; in general, depressed patients have improvement in functioning and comorbid symptoms when their depression is successfully treated. Whether treatment of depression in patients with comorbid osteoarthritis would reduce costs or improve osteoarthritis symptoms is uncertain, and is worthy of further research. Observational data are always subject to bias. For example, diabetics with depression have shown worse outcomes than patients without depression, but randomized trials investigating depression among diabetics showed disappointing results regarding the impact on diabetic outcomes.²

The most successful healthcare delivery systems for managing depression are collaborative. For example, the Depression Improvement Across Minnesota, Offering a NewDirection (DIAMOND) model used in Minnesota was found to be beneficial for improving treatment outcomes in patients with major depressive disorders.³ A similar model, the Massachusetts General Physicians Organization, reduced costs and improved care in high-utilizing patients with multiple chronic conditions, though depression was not specifically targeted in this population.⁴ Whether collaborative care models that target both depression and physical symptoms would do better than those focused solely on depression is worthy of future research.

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