

Examining real-world evidence of clinical outcomes, healthcare resource utilisation and treatment patterns of patients with post-traumatic stress disorder

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INTRODUCTION

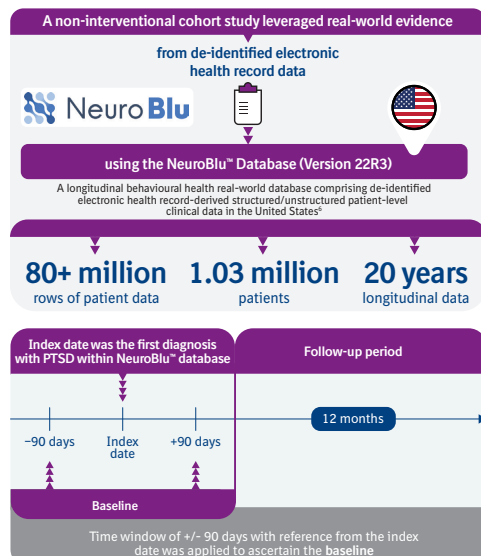
- CONTEXT**
 - Post-traumatic stress disorder (PTSD) is highly heterogeneous, with substantial variation in symptomatology and response to standard-of-care treatments between patients^{1,2}
- UNMET NEED**
 - The total excess economic burden of PTSD in the US was estimated to be >\$200 billion in 2018³
 - Despite the substantial burden of PTSD,^{3,4} no new pharmacotherapeutics have been approved by the FDA since sertraline and paroxetine 2 decades ago⁵
 - Prescribing patterns may suggest that patients receive prescription medications to address comorbid psychiatric conditions, but not specifically to address PTSD
- STUDY AIM**
 - To understand the differences in clinical outcomes, healthcare resource utilisation (HCRU) and treatment patterns across the treatment trajectory for patients with PTSD

AIM

To assess clinical outcomes, HCRU and treatment patterns for patients with PTSD at the time of first PTSD diagnosis and 12 months post-diagnosis

METHODS

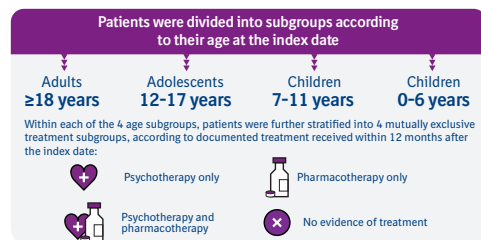
STUDY DESIGN



KEY INCLUSION CRITERIA

- Patients who received ≥2 PTSD diagnoses within 30 days between 2001–2020
- Patients from care sites with both inpatient and outpatient units

TREATMENT SUBGROUPS



DATA ANALYSES PERFORMED

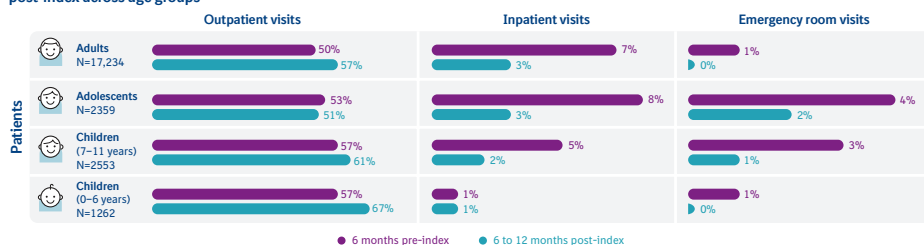
Descriptive statistics were used to examine the following measures overall and for each subgroup:

- Patient demographics at baseline
- Disease severity using the Clinical Global Impression–Severity scale (CGI-S) at baseline and 12 months post-index
- HCRU at 6 months pre-index, 6 months post-index and 6 to 12 months post-index
- Number of unique psychotropic medications prescribed together (overlap >30 days) or sequentially 6 months pre-index, 6 months post-index and 6 to 12 months post-index

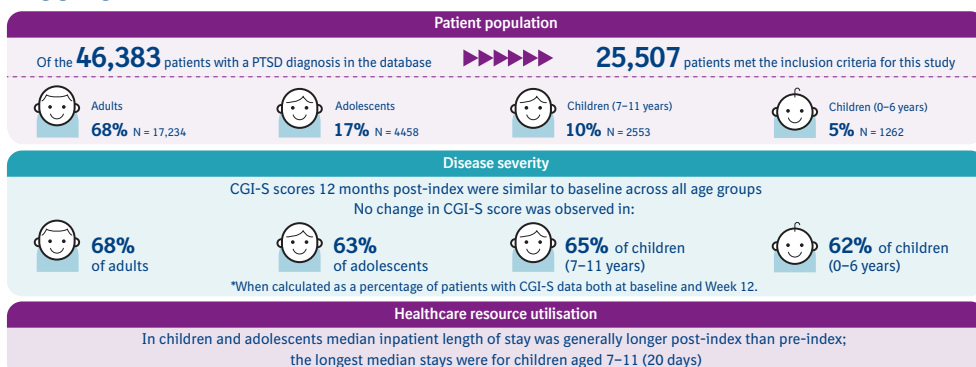
KEY CONCLUSIONS

HCRU is high in patients with PTSD (Figure 1)

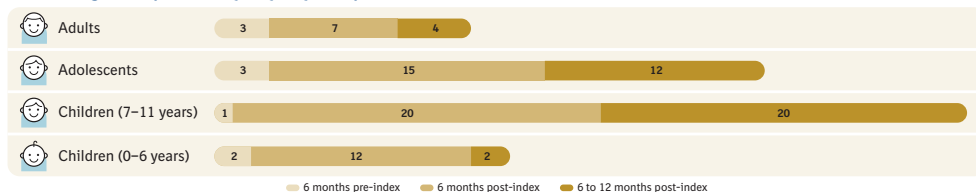
Figure 1. Proportion of patients with outpatient, inpatient and emergency room visits at 6 months pre-index and 6 to 12 months post-index across age groups



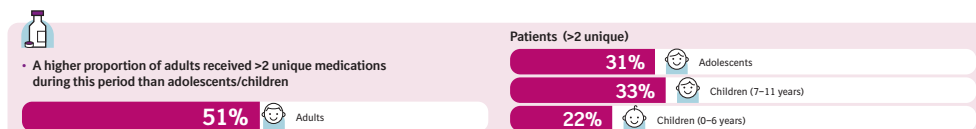
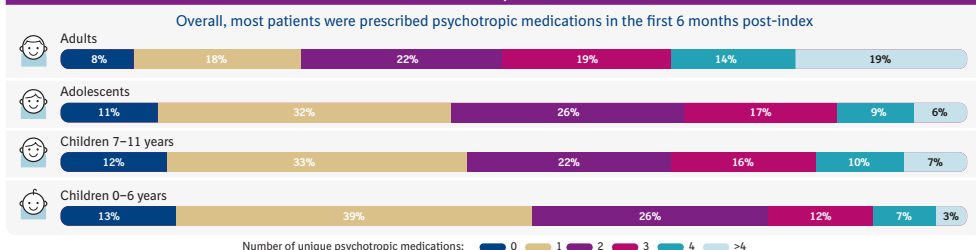
RESULTS



Median length of inpatient stay (days) by time period



Treatment patterns



ADDITIONAL CONCLUSIONS

- Most patients were prescribed psychotropic medications in the 6 months post-diagnosis
- A greater number of unique psychotropic medications were prescribed to adults versus paediatric patients
- Data are limited by observations recorded within the care network captured in the NeuroBlu™ database, and it is possible that patients received treatments not captured by the database

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DISCLOSURES

SA, SSR, LZ and IA are employees of Boehringer Ingelheim. YWH, LAV, KMYC, JGW, SK and LTL are employees of Holmusk Technologies, Inc. LAV reports equity ownership in Holmusk Technologies, Inc.

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