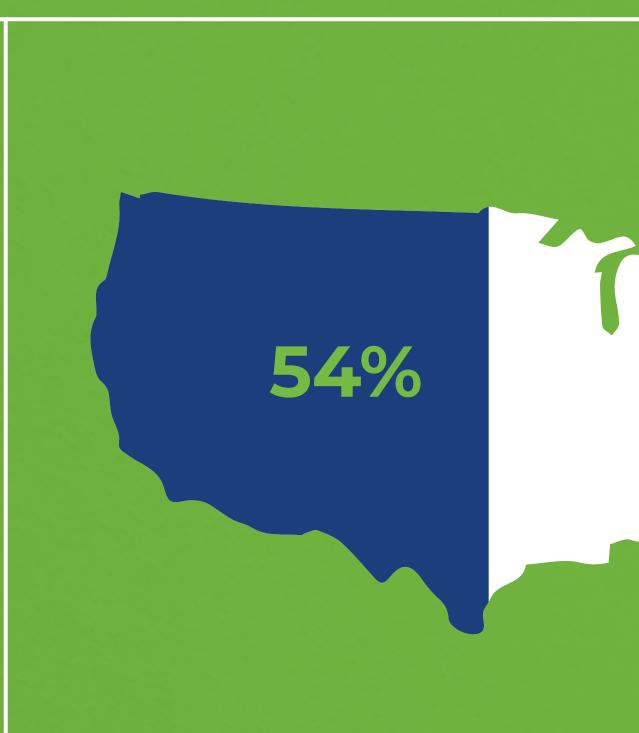
# **Real World Impact of Patients with Bipolar Disorder or Schizophrenia** who Experience High Frequency (HF) of Agitation Episodes

Mae Kwong, PharmD, Stephen Zoffranieri, Vikas Hiremath, MS, Sree Govindaprasad, MS, Sonja Hokett, PharmD, MS, MSc

patients are HF 



### INTRODUCTION

Agitation is common among patients with bipolar disorder (BPD) or schizophrenia (SCZ), but there is little real-world data to characterize.

## OBJECTIVE

This study aimed to identify and characterize the impact of high frequency agitation on healthcare resource utilization.

### METHODS

650,539 patients with acute agitation episodes and evidence of BPD or SCZ were identified using ICD codes from medical and pharmacy claims data using Clarivate Real World Data between 09/2015 and 04/2022.

Cohorts of high frequency (HF) (≥7 episodes) and non-high frequency (NHF) agitation patients were identified and analyzed.

Data collected included demographics, clinical characteristics, and medication use.

Healthcare resource utilization in the hospital emergency department, inpatient, outpatient, and community settings were assessed by cohort using descriptive statistics and Pearson correlation.

### CONCLUSION

Identification and implementation of new clinical techniques and protocols to manage agitated patients, especially the high frequency population may significantly reduce healthcare resource utilization and costs, while also potentially reducing mortality and poor patient outcomes.

54% of episodes are from HF patients

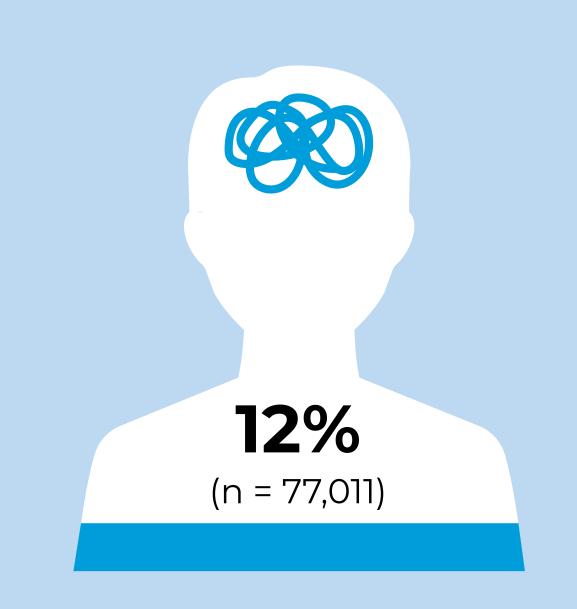


Median episodes per year

**5x more** agitation episodes for HF patients

### RESULTS

#### Patient and Episode Distribution

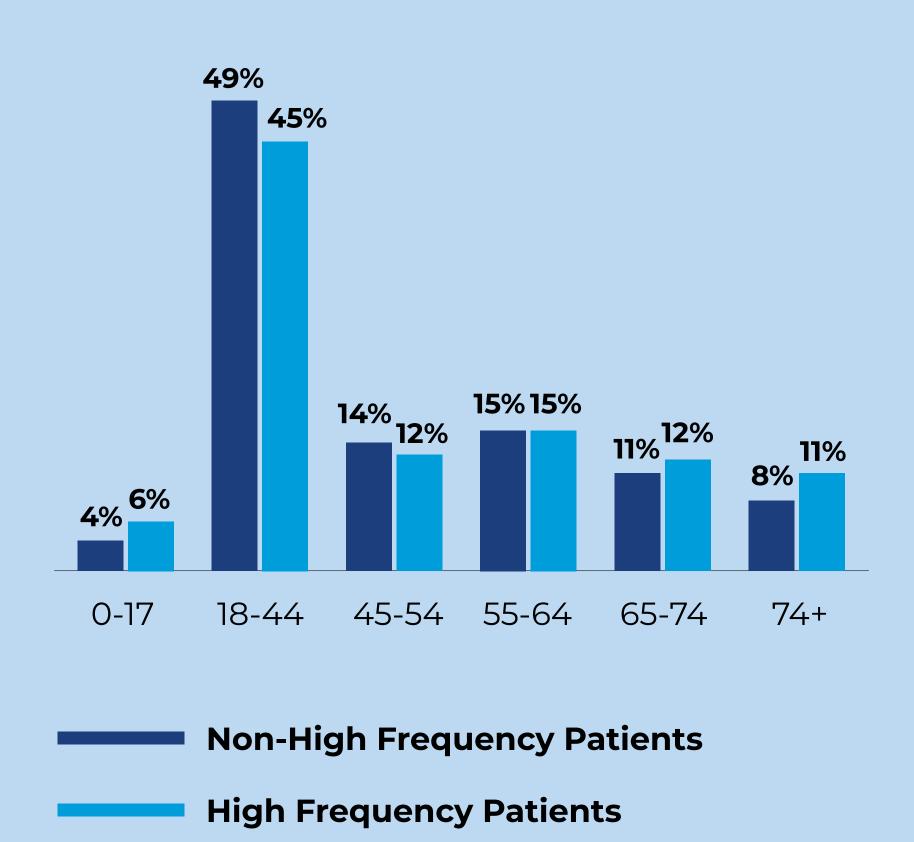


High frequency BPD/SCZ agitation patients make up 12% (n = 77,011) of the BPD/SCZ agitation patient population and account for 54% of BPD/SCZ agitation episodes

### Age and Payer Distribution and Mortality Risk

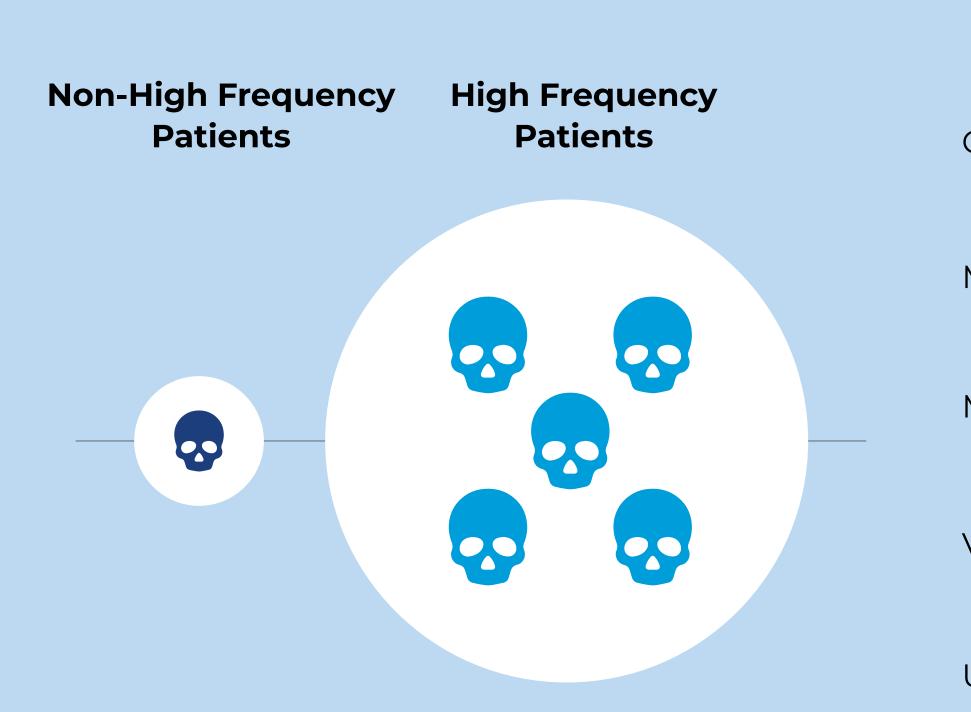
#### **Patient Age Distribution**

The high frequency BPD/SCZ agitation cohort has a larger 65+ population (23%) compared to the non-high frequency agitation cohort (19%)



#### Mortality risk

There is a higher correlation between agitation episodes and mortality risk for high frequency **BPD/SCZ** agitation patients (0.2 vs 0.04).



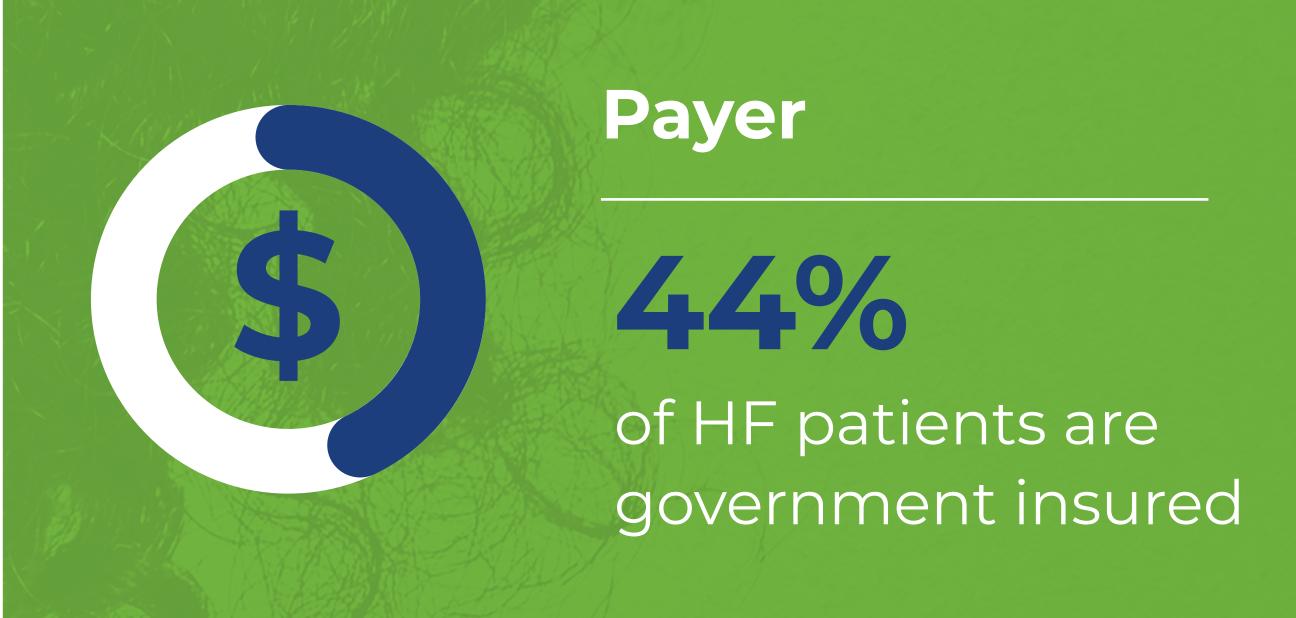


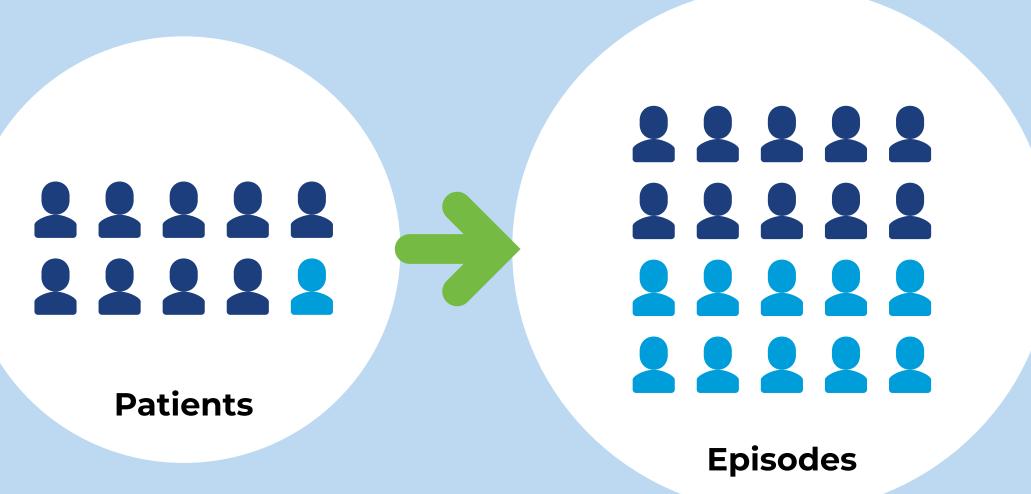


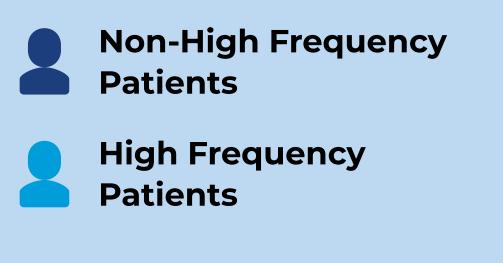
#### **Mortality Risk**

5x larger

correlation between agitation episodes and mortality risk for HF patients





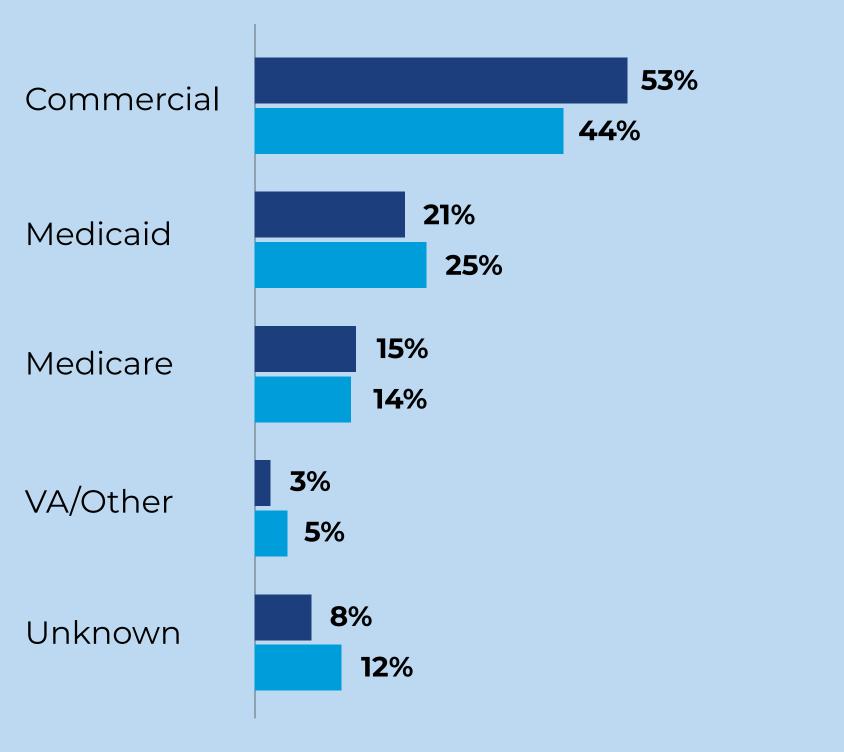


#### **Median Agitation Episodes**

non-high frequency agitation patients

#### **Patients Payer Distribution**

A larger proportion of high frequency BPD/SCZ agitation patients (44%) use Medicare, Medicaid, or VA insurance compared to non-high frequency patients (39%)

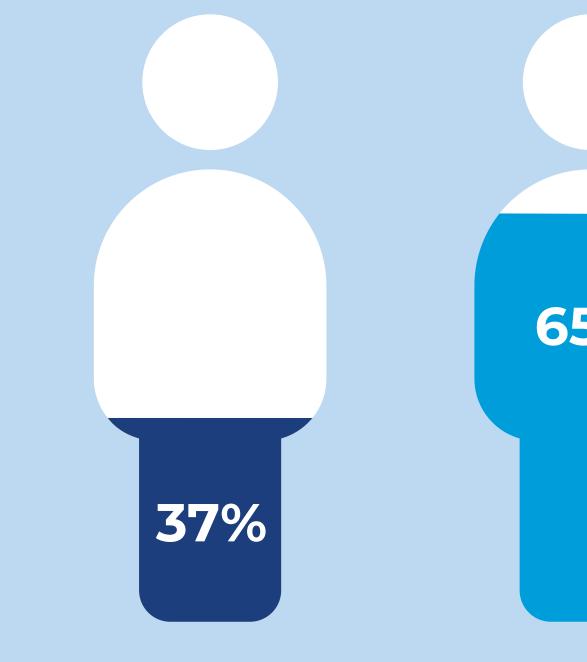


#### **Treatments and Hospital Revisits**

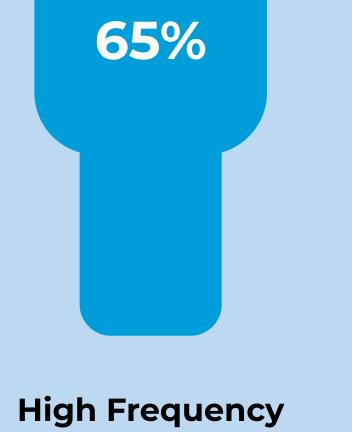
#### **Hospital Revisits**

Patients with 30-day All Cause Hospital Revisits:

Nearly twice as many high frequency agitation patients (65% vs 37%) have a revisit to a hospital within a 30-day period



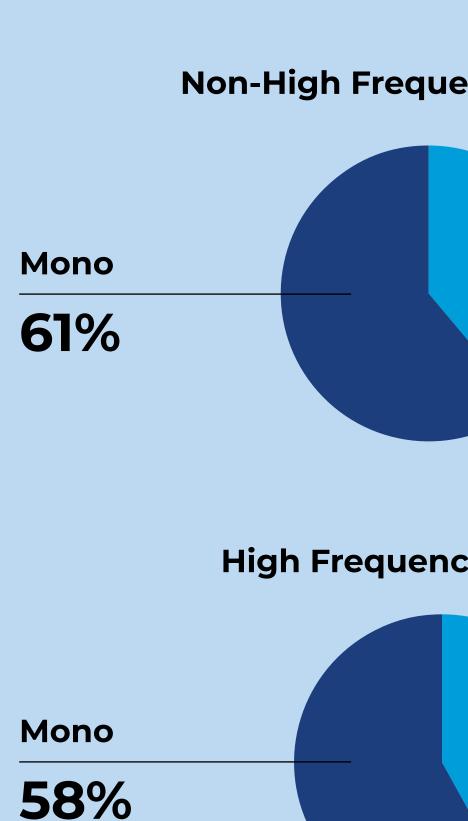
requency Patients



Patients

#### Mono vs Combination Treatment

High frequency BPD/SCZ agitation patients receive more combination treatment (42%) compared to non-high frequency agitation patients (39%)

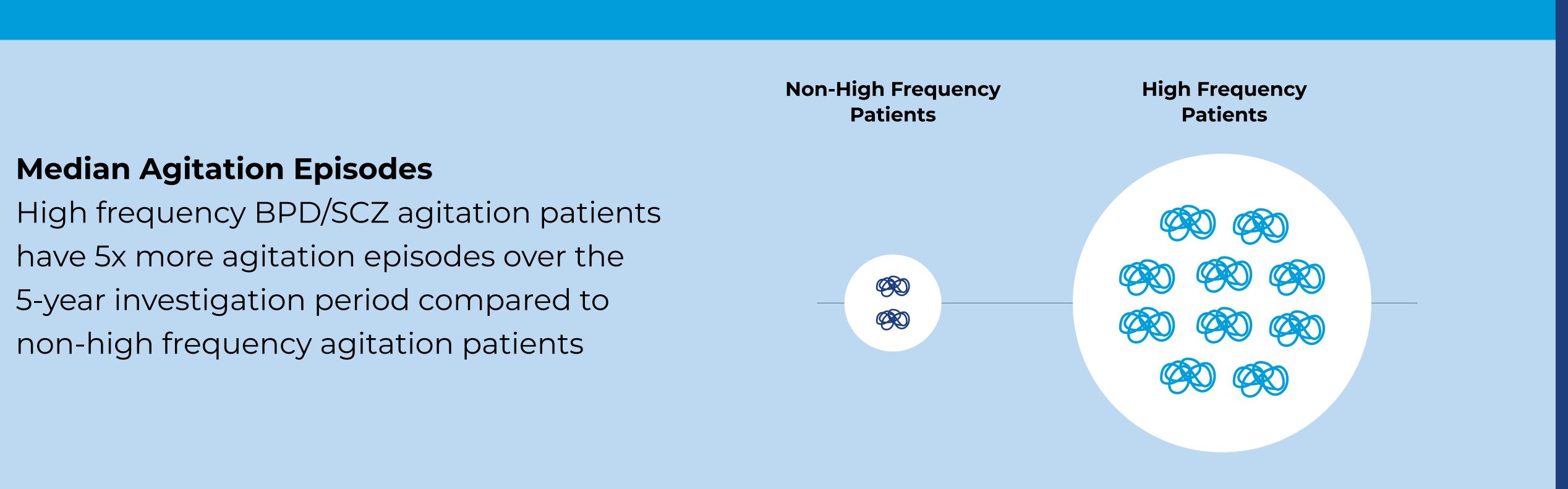






#### **Hospital Revisits**

more hospital revisits for HF patients



#### Branded vs Generic Days of Supply

There is higher branded use for the high frequency BPD/SCZ agitation patients (10%) compared to non-high frequency agitation patients (7%) in terms of days supply

