

INVESTMENTS MADE IN DEPRESSION SHOULD MATCH THE BURDEN OF DISEASE

Major depressive disorder, also known as clinical depression

is a chronic, recurring and progressive disorder

Symptoms include:¹⁻⁴



EMOTIONAL

e.g. sadness and loss of interest



COGNITIVE

e.g. lack of attention and concentration



PHYSICAL

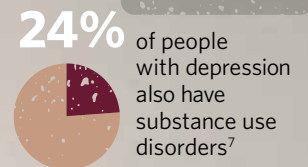
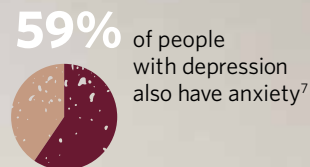
e.g. fatigue and eating changes

Depression affects

350 million

people globally⁵

Depression is predicted to become the leading cause of burden by 2030⁶



Depression costs more to employers than is spent on managing it

Direct medical costs of managing depression in the EU **€38 billion⁸**

1 in 10

people have taken time off work for depression¹¹

Taking an average of 36 days per episode¹¹

Depression costs employers:

€54 billion in the EU⁸

€37 billion in the US⁹

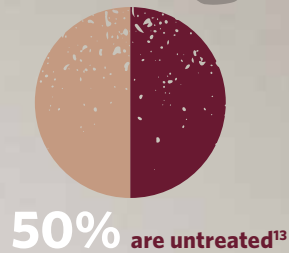
€7.5 billion in Australia¹⁰

The gains made by improved productivity at work can offset the treatment costs for depression by 45-98%¹²

This infographic has been developed by Otsuka Pharmaceutical Europe Ltd. and H. Lundbeck A/S from published literature as a contribution to the public health debate and is endorsed by the European Brain Council, the European Depression Association, the European Federation of Associations of Families of People with Mental Illness, the Global Alliance of Mental Health Illness Advocacy Networks and the World Federation for Mental Health.

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People with depression deserve access to effective treatment with a reduced side effect burden



1 in 2 have an inadequate response to treatment¹⁴

Treatment non-responders are more likely to have:^{15,16}



Lower quality of life and functioning



Lower likelihood of employment



Greater likelihood of productivity loss



Greater healthcare costs



Greater welfare costs

WHAT CAN YOU DO?

- Invest in **public awareness and healthcare professional training** so people with depression seek treatment and are accurately diagnosed
- Improve **access to depression care** that delivers on **quality of life and functioning** targets developed by people with depression in collaboration with their care team
- Invest in **earlier and appropriate depression interventions** to avoid extended periods of untreated or sub-optimally treated depression

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Health Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013. 2. Marazziti D, et al. *Eur J Pharmacol*. 2010;626:83-86. 3. Hammar A, Ardal G. *Front Hum Neurosci*. 2009;3:26. 4. Fehnel SE, et al. *CNS Spectr*. 2013;25:1-10. 5. World Health Organization (WHO). Depression Fact sheet N°369. Published October 2012. Retrieved from: <http://www.who.int/mediacentre/factsheets/fs369/en/>. Accessed June 2015. 6. World Health Organization (WHO). Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. 2011. Retrieved from: http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf. Accessed June 2015. 7. Kessler RC et al. *JAMA*. 2003;289:3095-3105. 8. Olesen J, et al. *Eur J Neurol*. 2012;19:155-162. 9. Stewart WF, et al. *JAMA*. 2003;289(23):3135-3144. 10. Perkins M, Back A. Mental health failing costs business \$11b. 2014. Retrieved from: <http://www.smh.com.au/national/mental-health-failing-costs-business-11b-20140519-3815r.html>. Accessed May 2015. 11. IDEA: Impact of Depression at Work in Europe Audit Final report. Ipsos Healthcare. October 2012. 12. Kessler RC, et al. *Health Aff (Millwood)*. 1999;18:163-171. 13. World Health Organization (WHO) Europe. Depression in Europe. October 10, 2012. Retrieved from: <http://www.euro.who.int/en/what-we-do/healthtopics/noncommunicable-diseases/mental-health/news/news/2012/10/depression-in-europe>. Accessed May 2015. 14. Papakostas GI, Fava M. *Eur Neuropsychopharmacol*. 2009;19:34-40. 15. Knoth RL, et al. *Am J Manag Care*. 2010;16:e188-e196. 16. Mauskopf JA, et al. *Depress Anxiety*. 2009;26:83-97.

Date of preparation: July 2015 | PARC/4957/OPEL/1015/GEN/1150(1)

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