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***New Roundtable Study by Cubic Health Inc. Links Depression to Higher Spending for Prescription Drugs to Treat Other Chronic Illnesses in the Workforce; Analysis Called “Spectacularly Instructive”***

*(Reporters may contact Roundtable CEO Bill Wilkerson at 416-552-5937 and Cubic Health Inc. President Mike Sullivan at 416 203-1446 Ext. 221. The complete Cubic Health study is available at [www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca) and [www.cubichealth.ca](http://www.cubichealth.ca))*

TORONTO, Ontario (November 5, 2007) – A new study of prescription drug use among working Canadians shows that employees being treated for depression spend over 2.5 times more on prescription medications, and consume nearly three times as many prescriptions per year than employees without depression. At the same time, the incidence rate of co-morbid chronic conditions for employees with depression is far higher when compared to employees without depression.

In the study, employers spent over \$1,300 on prescription medication for employees with depression who averaged 30 prescriptions per year in 2005, as opposed to slightly over \$500 in spending and less than 11 prescriptions for employees without depression. The incidence rate of employees with depression who also had neurological pain was 500% higher than expected, and 50% higher for the treatment of moderate pain. This signifies an important relationship between depression and other chronic conditions prevalent in the workplace.

The study finds similar patterns of an increased incidence of other co-morbid chronic conditions for the group of employees with depression including stomach hyperacidity, elevated cholesterol, high blood pressure, inflammatory conditions and asthma.

The study was commissioned by the Global Business and Economic Roundtable on Addiction and Mental Health and carried out by Cubic Health Inc., a Toronto based drug plan management company.

Data for the study was provided by the Great-West Life Centre for Mental Health in the Workplace in the form of non-personally identifiable, transactional prescription drug claims. The confidentiality of drug plan members was protected absolutely.

Other studies have established the heightened risk of disability and sudden death posed by depression when it co-occurs with conditions such as arthritis and heart disease. The Cubic Health documents on prescription drug plan use and costs.

The analysis probed:

- 2,530,833 million group drug insurance claims by 120,000 employed Canadians, and their families in each of 2004 and 2005.
- \$118 million worth of drug claims in the retail, manufacturing, services, public administration, construction and transportation sectors over the two years.

The size of the population sample and the analytical methods used by Cubic Health means, according to the authors, that the findings can be taken to represent trends in the Canadian working population at large.

Roundtable Co-Founder and CEO Bill Wilkerson says the data will be submitted to the Mental Health Commission of Canada and, later this month, to the US/Canada Forum of Mental Health and Productivity – a gathering of business and science leaders in Ottawa.

Wilkerson calls the findings “spectacularly-instructive” and says “this study is a goldmine of data which could illuminate the pathway to the effective drug plan design and management. It also spotlights the significance of prevention.”

“It becomes clear that treating depression is important to treating other forms of chronic illness and that investments into the causes and effects of depression has value-added for the management of heart disease and other major chronic illnesses.”

“The management of co-morbid condition is complex and prescribing decisions by physicians and compliance habits of drug plan members should be scrutinized carefully to ensure that drug therapies in combination are working properly to support the overall health of employees and the cost-effectiveness of drug plans.”

Wilkerson says he will distribute the findings of this study widely and will convene a special roundtable of plan managers, physicians and clinical specialists to review what standards currently exist or need to be developed to ensure that the diagnosis and treatment of dual disorders in the working population is being adequately managed.

The current analysis of co-morbidity trends in drug plan spending will be followed by a second study into employee compliance and non-compliance with prescription instructions and the effect on the efficacy and cost-effectiveness of drugs and drug plans.

In this study, Cubic Health notes that it is already evident that employee compliance with prescription instructions is spotty and, according to Wilkerson, represents a major flaw in the delivery of “pharmacare” as a major component of health care in Canada.

“Certainly, any province – such as Saskatchewan – looking at universal, publicly-funded pharmacare needs to understand the cost impact of user non-compliance before transferring these costs from the workplace to the public health care system.”

The Cubic Health report says “the costs associated with depression and other mental illnesses go well beyond the simple value of claims for the drugs that treat these conditions.”

Wilkerson says he was “startled” to discover that medications to treat psychoses were, next to anti-depressants, the largest category of drug prescribed for working Canadians. “Anti-psychotic medication is used for treating conditions other than psychosis and while this may be appropriate, the level of use of this class of drug as a proportion of all the drugs prescribed to treat mental illness will surprise most plan sponsors.”

“Plan sponsors and members need to understand how and why the volume of this particular form of therapy is this prominent.”

Wilkerson is the former president of Liberty Health (now Maritime Health), a major provider and administrator of group drug plans. “If I was still there,” he says, “I would need to understand the basis of this trend.”

The Cubic Health study finds that prescription drugs to treat depression represented 70% of the spending on drugs for mental illnesses. Further, 14% of all employee claimants in the study made at least one claim for anti-depressant medication in each year of the analysis, with the total cost of mental illness related therapies equaling 12% of all plan spending in both 2004 and 2005.

Wilkerson says these numbers “elevate our previous understanding of the prevalence rates of depression in the workforce” and says the study meets a key objective by quantifying the spending on drugs for mental illness compared to other conditions.

The study finds that medications for depression, psychoses, anxiety, sleep disorders, attention deficit disorders and Alzheimer’s disease top the list of scripts written to treat mental illnesses. It also finds that employees with depression have a higher incidence of other co-morbid chronic diseases, well above what would be expected, including:

- 503% higher incidence than expected for neurological pain
- 229% higher for anxiety disorders
- 185% higher for sleep disorders
- 71% higher for stomach acidity
- 56% higher for mild to moderate pain
- 41% higher for asthma and chronic obstructive pulmonary disorder (COPD)
- 33% higher for joint and muscle inflammation
- 24% higher for high blood pressure
- 22% higher for elevated cholesterol