Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality

STATISTICAL BRIEF #303

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Anxiety and Mood Disorders: Use and Expenditures for Adults 18 and Older, U.S. Civilian Noninstitutionalized Population, 2007

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Highlights

- In 2007, about 27 million adults, or 11.8 percent of adults ages 18 and older reported receiving treatment for anxiety and mood disorders.
- Medical spending to treat anxiety and mood disorders totaled $36.8 billion in 2007.
- Half of these expenditures ($18.4 billion) were in the form of prescription medications used to treat anxiety and mood disorders in adults.
- Annual expenditures on anxiety and mood disorders for those with an expense related to these disorders averaged $1,374 per adult.

Introduction

This Statistical Brief presents estimates on the use of and expenditures for ambulatory care and prescribed medications to treat anxiety and mood disorders among adults 18 and older in the U.S. civilian noninstitutionalized population. Anxiety and mood disorders often occur together and are two of the main reasons individuals seek treatment for mental health problems.

The estimates are based on the Household Component of the Medical Expenditure Panel Survey (MEPS-HC). Average annual estimates are shown by type of service and source of payment. All differences between estimates noted in the text are statistically significant at the 0.05 level or better.

Findings

Number of treated cases of anxiety and mood disorders, by sex

In 2007, 26.8 million U.S. adults ages 18 and older adults reported receiving treatment for anxiety and mood disorders. More females received treatment for anxiety and mood disorders than males (18.0 million versus 8.8 million) (figure 1).

Total and mean health care expenditures on anxiety and mood disorders, by type of service

Even though expenditures for treatment of anxiety and mood disorders accounted for less than 5 (4.3) percent of expenditures on treatment of all conditions for adults ages 18 and older (figure not shown), a total of $36.8 billion was spent on treatment of anxiety and mood disorders. Half of expenditures for anxiety and mood disorders were spent on prescription medications ($18.4 billion) compared to about one-fourth on ambulatory visits ($8.7 billion) (figure 2).

Average expenditures for the treatment of anxiety and mood disorders for those with an anxiety or mood disorder related expense were $1,374 in 2007. The mean expense per adult for those with a prescription medicine expense was $763 and $646 per adult for those with an expense related to ambulatory care visits (figure 3).

Distribution of average annual health care expenditures for anxiety and mood disorders, by source of payment and type of service

A little less than one third (30.5 percent) of the expenditures for the treatment of anxiety and mood disorders for adults in 2007 were paid by private insurance, with Medicare paying one fourth (25.0 percent), and out-of-pocket payments accounting for about one fifth (19.5 percent) (figure 4). One fourth of the expenses for ambulatory visits and prescription medicines were paid out of pocket. A little over one third of the expenditures for prescription medications and ambulatory care was paid by private insurance (36.3 percent and 34.6 percent, respectively).

Data Source

The estimates shown in this Statistical Brief are based on data from the MEPS HC-113: 2007 Full Year Consolidated File; HC-112: 2007 Medical Conditions File; HC-110G: 2007 Office-Based Medical Provider Visits File; HC-110F: 2007 Outpatient Visits File; HC-110D: 2007 Hospital Inpatient Stays File; HC-110H: 2007 Home Health File; HC-110E: 2007 Emergency Room Visits File; and HC-110A: 2007 Prescribed Medicines File.

Definitions

Anxiety and mood disorders
This Brief analyzes adults ages 18 and older with anxiety and mood disorders reported as a condition bothering the person, as well as reported in connection with health care utilization. The conditions reported by respondents were recorded by interviewers as verbatim text, which was then coded by professional coders to fully specified ICD-9-CM codes. These codes were regrouped in clinically homogenous categories known as CCS codes. Conditions with CCS codes 651 (anxiety disorders) and 657 (mood disorders) were used for this Brief. A crosswalk of ICD-9 codes and CCS codes is available in the documentation file of the Medical Conditions File for 2007 (HC-112). For additional information on crosswalk between ICD-9 codes and CCS codes, please visit: http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp.

Expenditures
Expenditures in MEPS are defined as payments from all sources for hospital inpatient care, ambulatory care provided in offices and hospital outpatient departments, care provided in emergency departments, paid care provided in the patient's home (home health), and the purchase of prescribed medications. Sources include direct payments from individuals, private insurance, Medicare, Medicaid, Workers' Compensation, and miscellaneous other sources. These expenditures do not include 'over-the-counter medications' used for the treatment of any condition.

Sources of payment

- Private insurance: This category includes payments made by insurance plans covering hospital and other medical care (excluding payments from Medicare, Medicaid, and other public sources), Medigap plans, and TRICARE (Armed Forces-related coverage). Payments from plans that provide coverage for a single service only, such as dental or vision coverage are not included.
- Medicare: Medicare is a federally financed health insurance plan for the elderly, persons receiving Social Security disability payments, and persons with end-stage renal disease. Medicare Part A, which provides hospital insurance, is automatically given to those who are eligible for Social Security. Medicare Part B provides supplementary medical insurance that pays for medical expenses and can be purchased for a monthly premium. Medicare Part D, which started in 2006, covers prescription drug expenses.
- Medicaid/CHIP: This category includes payments made by the Medicaid and CHIP programs which are means-tested government programs financed jointly by federal and state funds that provide health care to those who are eligible. Medicaid is designed to provide health coverage to families and individuals who are unable to afford necessary medical care while CHIP provides coverage to additional low income children not eligible for Medicaid. Eligibility criteria for both programs vary significantly by state.
- Out of pocket: This category includes expenses paid by the user or other family member.
- Other sources: This category includes payments from Medicare, other miscellaneous federal sources (Indian Health Service, military treatment facilities, and other care provided by the federal government); various state and local sources (community and neighborhood clinics, state and local health departments, and state programs other than Medicaid/CHIP); various unclassified sources (e.g., automobile, homeowner's, or other liability insurance, and other miscellaneous or unknown sources); Medicaid/CHIP payments reported for persons who were not reported as enrolled in the Medicaid or CHIP programs at any time during the year; and private insurance payments reported for persons without any reported private health insurance coverage during the year.

About MEPS-HC

MEPS-HC is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the U.S. civilian noninstitutionalized population. It is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics. For more information about MEPS, call the MEPS information coordinator at AHRQ (301) 427-1656 or visit the MEPS Web site at http://www.meps.ahrq.gov/.

References

For a detailed description of the MEPS-HC survey design, sample design, and methods used to minimize sources of nonsampling errors, see the following publications:

Cohen, J. *Design and Methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr1/mr1.pdf

Cohen, S. *Sample Design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD. Agency for Health Care Policy and Research, 1997. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr2/mr2.pdf

Cohen, S. Design Strategies and Innovations in the Medical Expenditure Panel Survey. *Medical Care*, July 2003: 41(7) Supplement: III-5-III-12.

Ezzati-Rice, T.M., Rohde, F., Greenblatt, J. *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998-2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville,

MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf

For more information about anxiety and mood disorders, see the following publications:

Understanding the symptoms and treatment of anxiety disorder:
suite101.com/content/making-sense-of-anxiety-disorder-a245906

Anxiety disorders:
http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Anxiety and mood disorders:
dbsalliance.org/site/PageServer?pagename=about_depression_anxietymain

Mental health: A report of the Surgeon General:
http://www.surgeongeneral.gov/library/mentalhealth/chapter4/sec3.html

Suggested Citation

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http://www.meps.ahrq.gov/mepsweb/data_files/publications/st303/stat303.pdf

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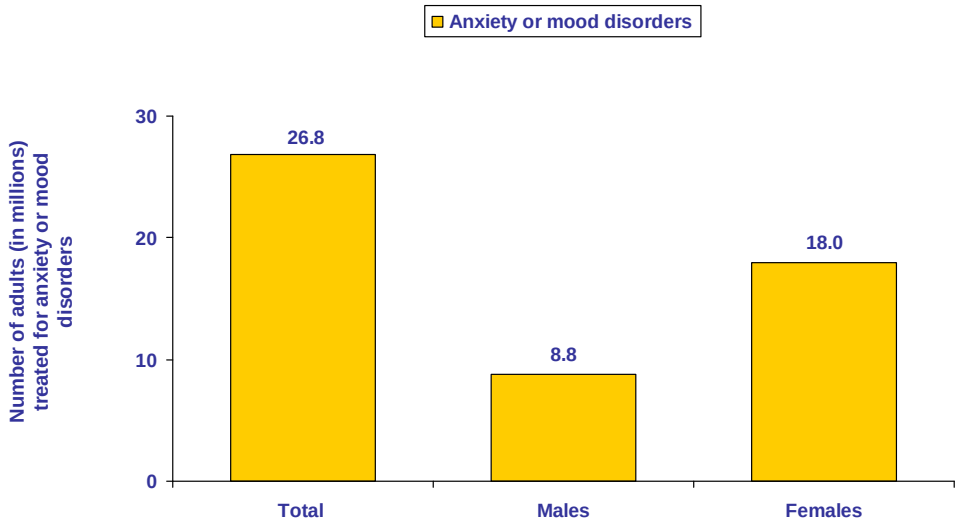
AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of health care in the United States. We also invite you to tell us how you are using this Statistical Brief and other MEPS data and tools and to share suggestions on how MEPS products might be enhanced to further meet your needs. Please e-mail us at mepspd@ahrq.gov or send a letter to the address below:

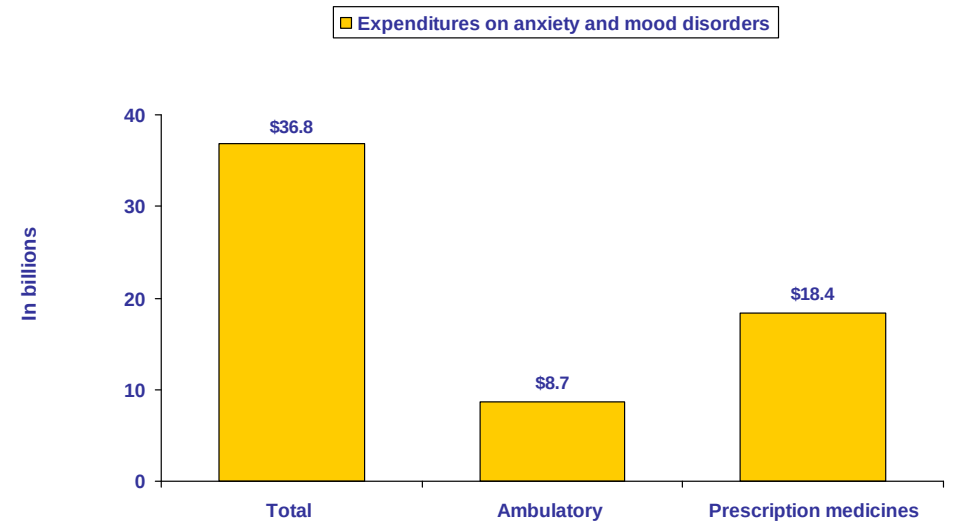
Steven B. Cohen, PhD, Director
Center for Financing, Access, and Cost Trends
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Figure 1. Number of treated cases for anxiety or mood disorders among adults ages 18 and older, by sex, 2007



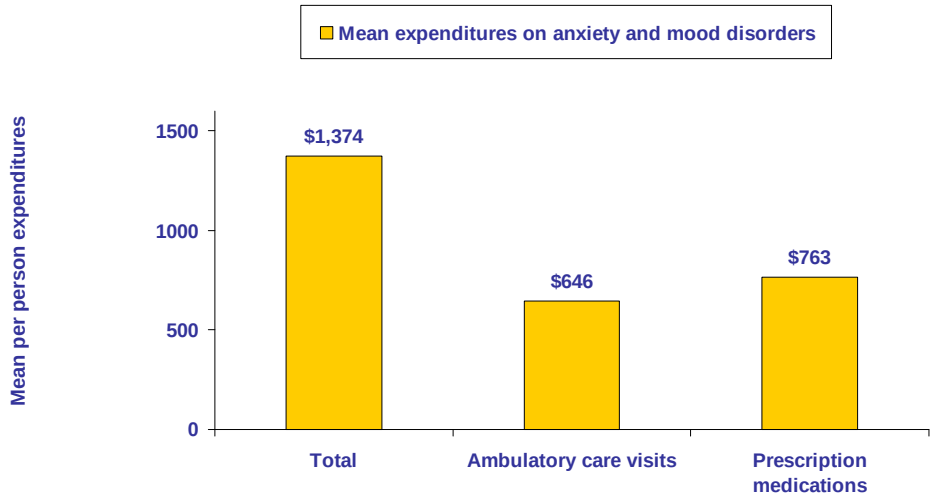
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2007

Figure 2. Total, ambulatory, and prescription medication expenditures for anxiety and mood disorders among adults ages 18 and older, 2007



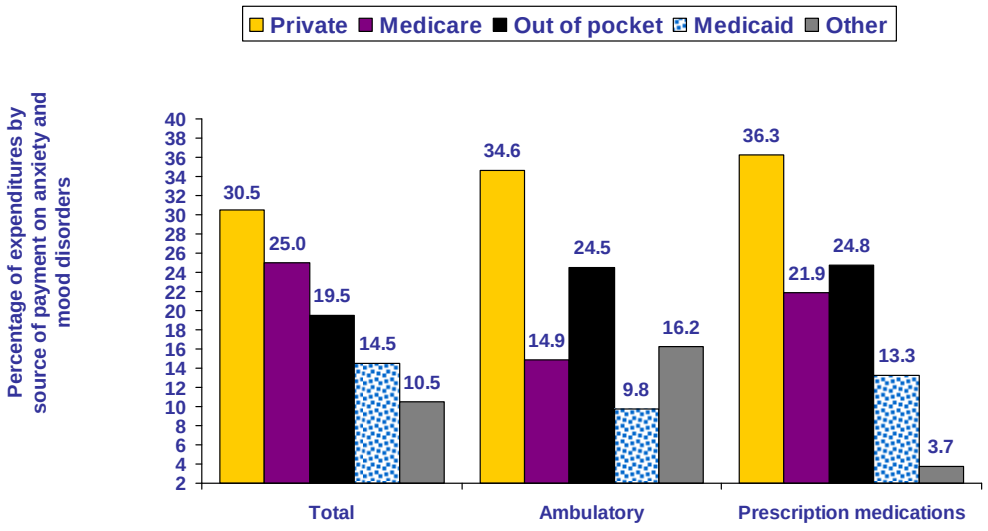
Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2007

Figure 3. Mean expenditures for anxiety and mood disorders per adults ages 18 and older among those with an expense for either of these disorders, by type of service, 2007



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2007

Figure 4. Distribution of expenditures on care and treatment of anxiety and mood disorders for adults ages 18 and older, by source of payment and type of service, 2007



Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2007