

COST – EFFECTIVENESS STUDIES IN DEPRESSION: SHOULD DECISION-MAKERS BE SATISFIED WITH AVAILABLE EVIDENCE?

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Objective: To evaluate methodological issues of cost-effectiveness studies in pharmacological and /or psychosocial interventions depression disorders. Method: Literature search was based on major database up to October 2010: Medline, Centre for Reviews and Dissemination, Cochrane Database and INAHTA (International Network of Agencies for Health Technology Assessment). Individuals aged from 18 to 65 years with Major Depressive disorder were included. The uniterms Cost –effectiveness, Cost-utility and cost-benefit analyses, major depression disorders, Pharmacological and/or psychosocial treatments were used. Results: Seventy studies were found. Most of them were economic models or systematic reviews. Modeling studies presented good methodological quality in most of them. However, some important items of methodology were lacking in some studies, for example, the data sources: if from systematic review or primary data, the design and population of the selected studies. It was not clear if the best available evidence was used in the models. There were few studies with primary data through randomized controlled trials or naturalistic follow- ups. These studies were well conducted. Regarding the outcomes used in cost-effectiveness studies, remission rate or free days of depression were the most common in the literature .Few studies included quality of life measures, for example utility rates or QALYS (quality- adjusted life - years). Conclusion: However the majority of studies are methodologically well conducted, more trials with primary data and measures that reflect the impact of the interventions on a patients' quality of life are needed.