

Gender Disparity in Bipolar Disorder Diagnosis in the United States: A Retrospective Analysis of the 2005-2017 **MarketScan® Commercial Claims Database**

Guodong Liu^{1,2,3}, PhD; Lan Kong¹, PhD; Ritika Baweja³, MD; Djibril M. Ba^{1,2}, MPH, PhD; Erika F.H. Saunders³, MD Department of Public Health Sciences¹, Center for Applied Studies in Health Economics², Department of Psychiatry and Behavioral Health³, Pennsylvania State University College of Medicine, Hershey, PA

Background

- > Gender bias in opinions towards seeking medical help may be especially strong for mental health illnesses, including severe mood disorders such as bipolar disorder (BD).
- Little is known about gender disparity in diagnosis and seeking treatment for BDs.
- > Most previous studies have shown a similar prevalence of BDs between genders.

Objective

To examine gender disparities in the diagnosis of bipolar disorder (BD) within a privately insured population in the U.S. and investigate potential contributing factors for these gender differences.

Methods

Data source

MarketScan® Commercial Claims and Encounters (CCE) database consists of health care claims \geq 50 million privately insured enrollees in the US annually.

Study design

- This retrospective cohort study utilized 2005-2017 claims data from the IBM® MarketScan® database.
- The study cohort included subjects, aged 10-64, who had a minimum of one-year continuous insurance coverage and no record of a BD diagnosis before cohort entry.
- Comorbidity conditions and utilization of healthcare services were assessed using a 1-year baseline window before cohort entry.
- We examined the gender difference in BD diagnosis rate, overall and by subgroups. evaluated the gender effect on time to first BD diagnosis, and the potential moderators of gender effect.

Statistical analysis

Baseline characteristics were compared between males and females. Cox regression models were used to evaluate the gender effect and potential moderators of gender effect. Multivariable Cox model was fit to adjust for health service utilization, comorbidity and the calendar year of cohort entry. Unadjusted and adjusted hazard ratios (HR) and 95% confidence intervals (CI) were calculated.

Results

Table 1. Cohort characteristics (97,193,443 subjects).

Sample Follow-Age, me Charlso Other p conditio Prior ho Visit to Once At le Visit to Diagnos All ty Bipol Bipol Unsp

Conclusions

 \succ The study cohort consisted of 97,193,443 subjects.

> 0.45% of subjects were diagnosed with BDs after cohort entry. \succ Males have a lower diagnosis rate than females (0.36% vs. 0.54%). \succ The Cox regression analysis confirmed that males were less likely to be diagnosed with BDs (unadjusted Hazard Ratio, HR [95%CI]: 0.69 [0.68-0.69]).

Gender difference remained significant although markedly reduced after adjusting for demographics, comorbidity and healthcare utilizations (adjusted HR [95%CI]: 0.77 [0.76-0.77]).

	Entire cohort	Male	Female	
size (%)	97,193,443	47,153,526 (48.5)	50,039,917 (51.5)	
up year, mean (SD)	2.37 (2.15)	2.35 (2.13)	2.38 (2.16)	
ean (SD)	35.7 (15.8)	35.4 (15.9)	36.1 (15.8)	
on index, mean (SD)	0.21 (0.73)	0.21 (0.74)	0.22 (0.72)	
rior mental health ons	12,038,598 (12.4)	5,055,395 (10.7)	6,983,203 (14.0)	
ospitalization	4,077,142 (4.2)	1,269,080 (2.7)	2,808,062 (5.6)	
PCPs				
9	15,916,608 (16.4)	7,768,646 (16.5)	8,147,962 (16.3)	
ast twice	35,068,844 (36.1)	14,822,669 (31.4)	20,246,175 (40.5)	
psychiatrists	1,847,026 (1.9)	798,020 (1.7)	1,049,006 (2.1)	
sed with Bipolar Disorder				
ре	441,809 (0.45)	172,039 (0.36)	269,770 (0.54)	
ar Disorder I	213,500 (0.22)	86,165 (0.18)	127,335 (0.25)	
ar Disorder II	96,648 (0.10)	32,688 (0.07)	63,960 (0.13)	
ecified	131,661 (0.14)	53,186 (0.11)	78,475 (0.16)	

 \succ This study found significant gender disparity in BD diagnosis in a privately insured population in the United States.

 \succ Males, especially adult men between 25 and 54 years old, were less likely to be diagnosed with BDs.

> Our findings highlight a discrepancy between diagnosis and population prevalence of bipolar disorder in men and women.

Table 2. Cox regression analysis results.

Effects

Gender Overa Age g 10-25-3 35-4 45-55-Resid Urb Rur Healt ΗM **PP** Oth Mental h Visit to p **Prior hos** Charlson Visit to I None Once At lea

* Individual models to examine gender disparity, overall, by age group, census region, type of residence and health plan, respectively. ** Also adjusted for the US census region and the calendar year at time of cohort entry.

References

1. Kawa I, Carter JD, Joyce PR, et al. Gender differences in bipolar disorder: age of onset, course, comorbidity, and symptom presentation. Bipolar Disord. 2005;7(2):119-125. 2. Merikangas KR, Jin R, He JP, et al. Prevalence and correlates of bipolar spectrum disorder in the world mental health survey initiative. Arch Gen Psychiatry. 2011;68(3):241-251. 3. Goodwin FK, Jamison KR, Ghaemi SN. Manic-depressive illness : bipolar disorders and recurrent depression. New York, N.Y.: Oxford University Press; 2007.

Acknowledgments

We thank the Center for Applied Studies in Health Economics for the access to the MarketScan® Commercial Claims and Encounters (CCE) database.

	Hazard rati	Hazard ratio [95% CI]	
	Unadjusted Models*	Adjusted Model**	
disparity (M vs. F)			
all	0.69 [0.68-0.69]	0.77 [0.76-0.77]	
group			
17	0.78 [0.77-0.79]	0.74 [0.73-0.76]	
24	0.72 [0.71-0.73]	0.89 [0.87-0.91]	
34	0.61 [0.60-0.62]	0.81 [0.80-0.83]	
44	0.63 [0.62-0.64]	0.82 [0.80-0.83]	
54	0.65 [0.64-0.66]	0.82 [0.80-0.84]	
64	0.70 [0.69-0.72]	0.84 [0.82-0.87]	
dence			
an	0.70 [0.69-0.70]	0.74 [0.73-0.76]	
al	0.64 [0.63-0.65]	0.70 [0.68-0.71]	
h plan			
0	0.72 [0.71-0.73]	0.79 [0.77-0.80]	
C	0.68 [0.68-0.69]	0.74 [0.73-0.76]	
er	0.69 [0.68-0.70]	0.74 [0.72-0.75]	
ealth diagnosis (vs. No)	-	4.60 [4.57-4.64]	
osychiatrist (vs. No)	-	3.04 [3.01-3.06]	
spitaliztion (vs. No)	-	1.51 [1.49-1.52]	
n comorbidity index	-	1.08 [1.08-1.08]	
PCPs			
)	-	Reference	
•	-	0.96 [0.95-0.97]	
ast twice	_	1.35 [1.34-1.36]	

