THE WORKPLACE BURDEN OF DEPRESSION

There are direct correlations between depression, absenteeism and decreased productivity

Depression, well known to reduce workplace productivity, causes significantly greater productivity declines when accompanied by common co-occurring conditions such as fatigue, sleep problems or anxiety, according to a large new study presented recently at the American Psychiatric Association's 160th Annual Meeting in San Diego. The study also showed that co-occurring fatigue or sleep problems significantly increased depression-related healthcare costs.

In the study, which used an integrated database of healthcare claims and surveys of almost 14 000 employees at two large US firms, researchers analysed data on healthcare spending and "presenteeism" (employees' estimates of their own productivity while at work) to assess the impact of depression and other chronic conditions.

Overall, among the ten most prevalent physical and mental conditions measured, depression had the single largest negative effect on work productivity. That effect was magnified when fatigue, sleep problems and anxiety – conditions that often co-occur with depression – were also present.

Some of the consequences of persistent depression include poor function (work, family and social), poor prognosis (potential for earlier relapse), greater health service utilisation and health care costs, and increased morbidity and mortality. The World Health Organisation predicts that by 2020, depression will be the second-largest cause of the global health burden. Other studies, conducted over the last ten years, have further demonstrated the correlation between depression and absenteeism, as well as "presenteeism" (lost productivity while on the job), further reinforcing the high price tag resulting from the condition.

According to a national study, the results of which were published in 1998, the average days lost from work because of illness are: depression – 40 days, heart disease – 37 days, other mental-health disorders – 37 days, lower-back pain – 33 days, hypertension – 28 days and diabetes – 26 days. Furthermore, a study by the Massachusetts Institute of Technology (MIT), found that the costs of depression in the United States is on a par with the costs of heart disease and AIDS, and are higher than strokes, multiple sclerosis and cerebral palsy.

Depression is under treated and often misdiagnosed – because of unreported symptoms by patients, the stigma attached to depression and a lack of knowledge by primary care physicians – who usually serve as the first-line providers for depression.

These studies concluded that the combined burden of costs from lost productivity and low level of treatment for those with depression present cost-effective opportunities for improving depression-related outcomes in the workforce – primarily through appropriate medications, psychotherapy and disease management.

"While depression itself has a significant economic impact, the negative effect on both workplace productivity and healthcare costs can be considerably increased when employees who are depressed also suffer from other conditions," said Ronald C Kessler, PhD, Professor of Health Care Policy, Harvard Medical School, Boston, Massachusetts. "These findings suggest we should aim to identify and minimise multiple factors associated with depression early to reduce this burden."

"Companies can help by encouraging employees to go for early screening for depression, providing education within the workplace about depression, implementing employee assistance programmes which are confidential, and encouraging patients to seek treatment," said Dr Ralph Swindle, a senior research scientist for Lilly in the United States, addressing media on new insights on depression: assessing impact and reaching remission in the real world at the congress last week. "Workplaces should also encourage healthy living and exercise, an excellent adjunct to the treatment and prevention of depression. Employers should also take a look at how the employee's medical insurance is structured, so as to ensure that cost or access does not heighten the barrier to treatment".

For more information about depression, speak to your doctor or visit www.depressionhurts.co.za

NEUREXAL LAUNCHED

Sandoz SA (Pty) Ltd is pleased to announce the launch of **Neurexal**, one of the newer antiepileptic drugs (AED). This new AED will be available in three strengths, i.e. Neurexal 100, Neurexal 300 and Neurexal 400.

Neurexal is indicated:

- As an adjunct to other standard anticonvulsant medications in patients who have not achieved adequate seizure control with these agents used alone or in combination.
- In controlling both simple and complex partial seizures with or without secondarily generalised tonic clonic seizures.

All strengths will be available from wholesalers and pharmacies nationwide. Please note that Neurexal 400 will be available at the end of October 2007.

Product	Pack size	SEP Excl. VAT
Neurexal 100	100	R 84.75
Neurexal 300	100	R 211.57
Neurexal 400	100	R 211.57

For further information please contact Rosalina de Abreu at (011) 929 9217 or refer to the package insert.

S3 Neurexal 100: Each capsule contains 100 mg gabapentin. Reg. No. 39/2.5/0429.
S3 Neurexal 300: Each capsule contains 300 mg gabapentin. Reg. No. 39/2.5/0430.
S3 Neurexal 400: Each capsule contains 400 mg gabapentin. Reg. No. 39/2.5/0431.

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72 Steel Road, Spartan, Kempton Park, 1619. Tel (011) 929 9000. Fax (011) 929 9296.

Stresam® – A non-benzodiazepine for anxiety

Approved indication

Etifoxine (Stresam®) is indicated for the short-term treatment of the psychosomatic manifestations of anxiety. It treats both the psychological and the somatic (functional) consequences of anxiety.

Mode of action

Etifoxine is structurally unrelated to the benzodiazepines. Chemically, it is a benzoxazine that has a dual action on gamma amino butyric acid (GABA) and works both by interacting with the chloride channel of $GABA_A$ receptors and also by increasing GABAergic neurotransmission.

Etifoxine exerts a regulatory action on the autonomic nervous system and antagonises the behavioural, physiological and biochemical effects of anxiogenic stress without demonstrable dependence and a withdrawal syndrome.

Dosage

The recommended dose of etifoxine is 150 to 200 mg daily, taken in two or thee divided doses. The treatment duration ranges from a few days to a few weeks but should NOT exceed eight weeks.

Evidence of efficacy

Etifoxine has been shown to have a comparable anxiolytic activity versus lorazepam. However, the compound does not appear to significantly modify psychomotor performance or vigilance when compared with lorazepam.

Etifoxine is not associated with sedation and amnesia as compared to lorazepam. In the same clinical trial, one week after stopping treatment, fewer patients taking etifoxine experienced a rebound of anxiety when compared to patients taking lorazepam.

In another clinical trial, etifoxine was shown to have a more rapid onset of effect when compared with buspirone.

Precautions

- **General**

Etifoxine is contraindicated in states of shock, in patients with severe hepatic or renal dysfunction and in myasthenia gravis. The product contains lactose and is therefore contraindicated in patients with galactosaemia or lactase deficiency.

- **Pregnancy and lactation**

There are no data on the use of etifoxine during pregnancy or lactation and the product is not recommended for use in these patients.

Major adverse effects

Slight drowsiness occurring at the start of treatment and disappearing with continued treatment has been reported. Other less frequent side effects include skin rash and allergic reactions such as urticaria and angioedema.

Drug interactions

The concurrent use of etifoxine with other central nervous system (CNS) depressants, including alcohol, may lead to increased CNS depression.

Cost: Single Exit Price

Stresam® 50 mg capsules: R125.40 (incl. VAT)

Patient information

Alcohol and other medicines that depress the central nervous system (e.g. the sedative H_1 antihistamines) may lead to increased central depression. Patients should be advised to avoid alcoholic drinks and medicines containing alcohol. Patients should also be advised of the risks of drowsiness when driving or operating machinery.

Conclusion

Etifoxine is a rapidly acting, non-benzodiazepine anxiolytic, largely devoid of the typical benzodiazepine-like side effects such as sedation and amnesia. It is indicated for the short-term manifestations of anxiety. ❐

References: Available upon request.

KZN PAEDIATRICIAN AWARDED PAEDIATRIC PULMONOLOGY FELLOWSHIP

It is vital to ensure young skilled medical pro-fessionals remain in South Africa rather than leaving our shores to practise elsewhere. These are the words of Dr Omolemo Kitchin, who has been awarded the Altana Madaus Paediatric Pulmonology Training Fellowship.

The R300 000 fellowship is part of Altana Madaus' commitment to facilitate the development and transformation of paediatric pulmonology, and they are perfectly positioned to do so as specialists in the respiratory field. It also forms part of Altana Madaus' capacity building programme linked to their sponsorship of clinical research in South Africa.

Dr Kitchin says the fellowship is a great opportunity to pursue the speciality of his choice, early in his career. "Pulmonologic paediatrics is seen as a sub-speciality in South Africa and is not as established as the adult sector, thus the Altana Madaus fellowship is important as it ensures the field is developed. A large percentage of our population is under the age of twelve, yet there are less than ten paediatric pulmonologists in the country."

L to R: Richard O'Donaghue, Louis Venter, Omolemo Kitchin , John Pugsley and Mike Hoffman

The Scientific Affairs Director for Altana Madaus, Louis Venter notes there are only a handful of black qualified paediatric pulmonologists in South Africa. "Altana Madaus are largely involved in the production of respiratory drugs and thus very committed to improving and supporting this speciality."

As part of the fellowship's requirements, Dr Kitchin plans on conducting his research around paediatric ICUs and pulmonologic resources in South Africa. "Every medical field makes use of the ICU and it would be interesting to look at what scoring systems are in place to effectively monitor how medical resources are being used in South Africa, particularly in ICU."

He notes that his fascination with respiratory medicine began while completing his under graduate studies in paediatrics. "Children are very honest and when it hurts will cry and let you know that something hurts, despite the fact that they may be too young to talk. One soon learns to interpret these cries and know when a condition is serious or not."

Dr Kitchin would like to urge other large corporates to take heed and follow in the footsteps of Altana Madaus. "There is not enough government funding to support important specialities such as pulmonologic paediatrics, so it is crucial that large organisations get involved and support young medical professionals who choose to pursue specialities where funding is limited."

Altana Madaus is a joint venture between two multinational pharmaceutical companies operating as one in South Africa with two divisions. Altana focuses on internationally researched, clinically proven prescription brands while Madaus, with highly effective medicines of plant origin together with health-promoting products with an OTC focus.

Louis Venter notes that Altana Madaus is committed to sponsor another two fellowships in the next 2-3 years as part of their capacity building programme. "We are committed to research and development of innovative medicine in the respiratory field."

Dr Kitchin will be taking up this fellowship at the University of Pretoria.