EXTERNAL LUNDBECK POSITION PAPER 2013

MAKING DEPRESSION A PUBLIC HEALTH PRIORITY

Background

According to the World Health Organisation (WHO), depression accounted for the greatest burden of disease in middle and high income countries in 2004, and this is expected to apply worldwide by 2030. Although it is a serious and occasionally life-threatening condition, fewer than 30% of patients with depression are appropriately treated and existing treatments are not always effective even when properly prescribed. It is therefore very important that depression is recognised by WHO, the EU and national governments as a public health priority and that effective policies are introduced to minimise its impact upon patients and society.

Depression is the most common severe mental health problem, affecting 13% of EU citizens at some point in their lives. This corresponds to more than 30 million women and men of working age in the EU suffering each year from depression. WHO estimates that over 350 million people worldwide suffer from the condition. Depression prevents patients from leading a normal life, affecting their personal relationships and, through its adverse impact on concentration, memory and focus, their ability to work or study. It represents a major economic cost as well as a serious public health challenge.

The cognitive symptoms of depression (concentration difficulties, indecisiveness, and/or forgetfulness) are a frequent but lesser known part of depression and have a significant impact on quality of life (QoL) and the ability to function professionally and socially. On average, people with depression experience cognitive symptoms more than 90% of the time. However; these symptoms are often overlooked and not a current focus of treatment.

Depression is one of the most costly brain disorders, with a cost equal to 1% of EU GDP. The total annual tangible cost of depression in Europe is estimated at 92 billion Euros in 2010. The majority of costs are indirect (€54 billion) such as lost work productivity including for example, sick leave and early retirement. In the U.S. depression at work costs employers $44 billion every year in lost productive time. A survey on depression in the workplace in the EU in 2012, showed that 36 days are lost on average per depression episode.

A study in Sweden in 2005 found that early retirement accounted for 47% of the cost of depression, and sick leave a further 32%, compared with just 3% for the cost of drugs. Individuals suffering from major depression on average report about 25% of lost work days, compared with 18% for those with heart disease and 12% for those with diabetes. In addition to sickness absence, depression also causes reduced productivity among those continuing to work.

The serious health and economic implications of depression are still not fully recognised, and the response to it remains inadequate. While less pronounced than in the past, there continues to be a stigma associated

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2. Ormel J et al. (2008), BJPsych,192:368-375
3. Wahlbeck K (2009), Background Document for the Thematic Conference on Prevention of Depression and Suicide. Luxembourg: European Communities
5. [WHO fact sheet N°369 October 2012](http://www.who.int/mediacentre/factsheets/fs369/en/)
7. Ibid.
with depression, reflecting the absence of clear physical symptoms, which prevents it from being accorded the same status as diseases like cancer and diabetes. This stigma, together with lack of recognition of the symptoms, unfortunately discourages some patients from seeking medical help at an early stage, and fewer than 25% of patients receive effective treatments\textsuperscript{15}.

**Lundbeck position**

Treatments for depression account for the largest share of Lundbeck sales, and a major part of our development pipeline and research effort. A number of other companies have switched their R&D funding from depression to other disease areas which offer better prospects of a return on investment. However Lundbeck remains strongly committed to finding new and improved treatments to improve the lives of people suffering from depression.

Lundbeck is committed to working in partnership with policymakers, regulators, health professionals, academics and patient groups to improve the health and well-being of patients suffering from mental disorders. We believe that public awareness and understanding of depression needs to be improved in order to overcome existing obstacles to successful disease management, such as stigmatisation and social exclusion. We will also continue to seek improvements in both diagnosis and treatment. We recognise that complementary types of treatment such as cognitive therapies and pharmacological interventions have positive roles to play.

Lundbeck believes that public health and employment policies need to be more closely aligned to address the serious impact that mental disorders have on the workforce and on productivity at work. We are keen to work with policymakers to this end.

To promote action on depression in Europe, the Lundbeck International Neuroscience Foundation (LINF) is supporting the work of the *Expert Platform on Mental Health – focus on Depression* in the development of specific recommendations for mental health action. Lundbeck regards this initiative as an important process in developing policy proposals to tackle many of the issues identified in this paper and will further support the upcoming work in the *Joint Action on mental health and well-being* as a follow up to the *European Pact on Mental Health*\textsuperscript{16}.

WHO's forecast that depression will account for the greatest single burden of disease worldwide by 2030 underlines the urgent need for public health policies to give it high priority. Information campaigns are needed to raise awareness of the scale of the problem, and to remove the stigma that still surrounds depression. Public policies should incentivise and reward research and development of new treatments for depression to address today’s unmet needs. Policymakers need to recognise that depression generates huge costs not only for healthcare systems, but also for society more generally.

\textsuperscript{15} Ormel J et al. (2008), BJPsych, 192:368-375
\textsuperscript{16} http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf