

Introduction

- Catatonia is a behavioral syndrome with nonspecific symptoms of psychomotor immobility
- First-line treatment for catatonia: benzodiazepine alongside treatment of underlying condition¹
- Other option: electroconvulsive therapy¹
- New option: NMDA receptor antagonists, historically used in Alzheimer’s disease and as anesthetics²
- Insurance type influences type of drug given in many medical situations – formularies vary^{3,4}
- Public insurance is specifically associated with neurologic inpatient stays and longer psychiatric hospitalization^{5,6}
- Hypothesis: catatonic patients’ insurance providers influence the type of psychoactive drug provided in hospital settings

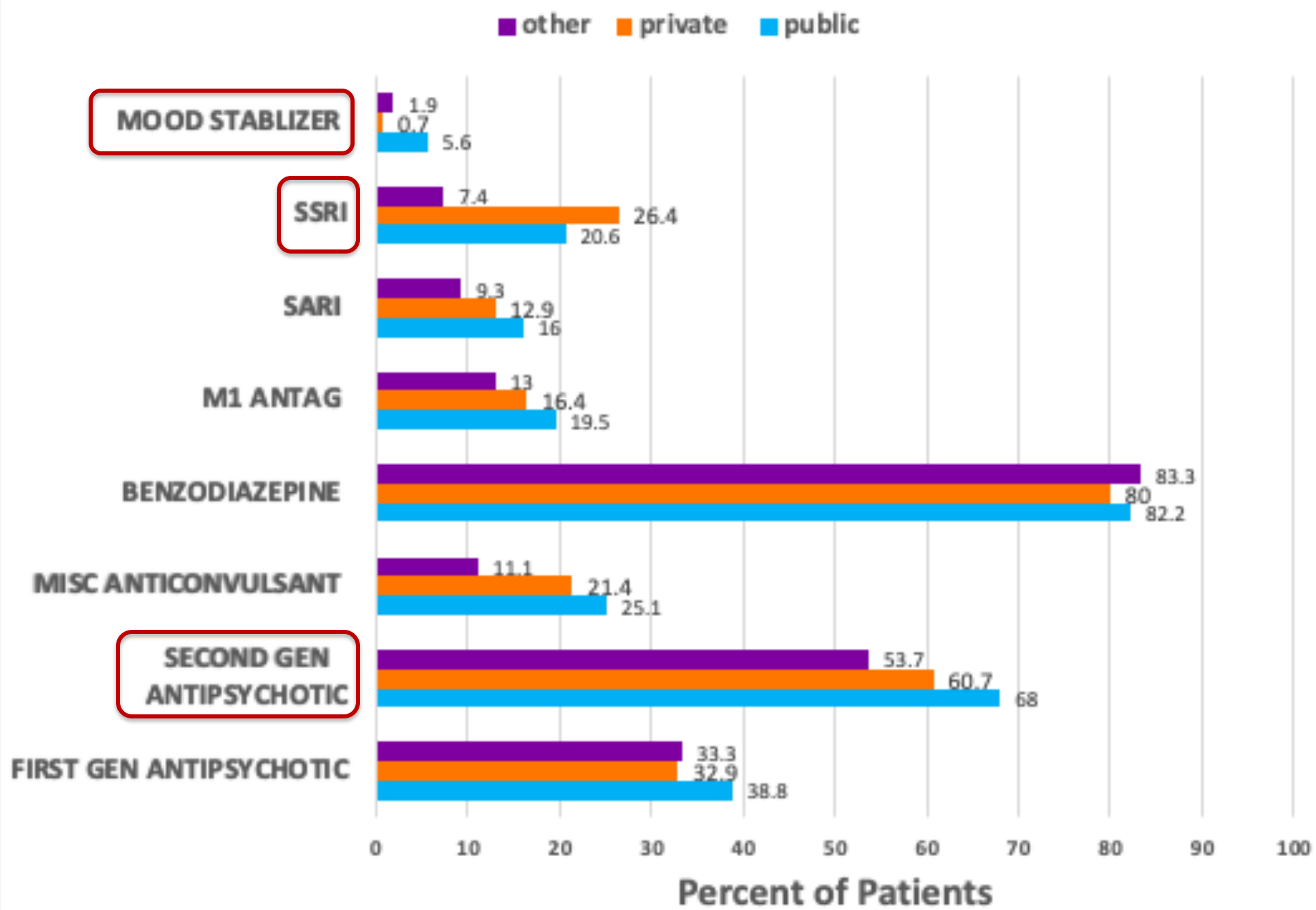
Methodology

Patient Inclusion Criteria	Type of catatonia
Predictors	Type of insurance
Outcomes	Drug given

Database Used	Cerner HealthFacts Database
Data Description	1000 randomly selected child and adult patients ages 5 to 90 years diagnosed with catatonia who were Inpatient, Emergency, and Observation admissions.
Data Processing	“Not mapped”, “NULL”, “unknown/missing/invalid”, “free research” or a blank cell, on the insurance column, were removed. Non-psychoactive were removed. Barbiturates, Gabapentinoid, CNS stimulant, TCA, NMDA R Antagonist, DNRI, SNRI, ACH inhibitor, COMT inhibitor, Atypical antidepressants, Carbonic anhydrase inhibitor, Dopamine agonist, and Dopamine reuptake inhibitor were analyzed but removed
Statistical software used	R (version 4.0.2) was used to manipulate the dataset from Excel.
Statistical analyses performed on data	Categorical variables - Chi-square test Continuous variable (ex: age) - ANOVA test

Results

Figure 1. Association Between Insurance Provider and Psychoactive Drug Treatment for Catatonic Patients in the Hospital



- There were 1000 patients total but 732 patients tested
- 538 patients had public insurance, 140 had private insurance, and 54 were “other,” including self-pay and MIA (Figure 2)
- 21 out of 583 drugs fit the research question; presented drugs were given to a minimum of 150 patients (Figure 1)
- The results showed a statistically significant difference in administration of second-generation antipsychotics ($p=0.043$), mood stabilizers ($p=0.028$), and SSRIs ($p=0.014$) [all denoted with red boxes] between insurance provider types (Figure 1)
- Over 80% of patients were given benzodiazepines across all insurance types
- Insurance provider type had little influence on other medications

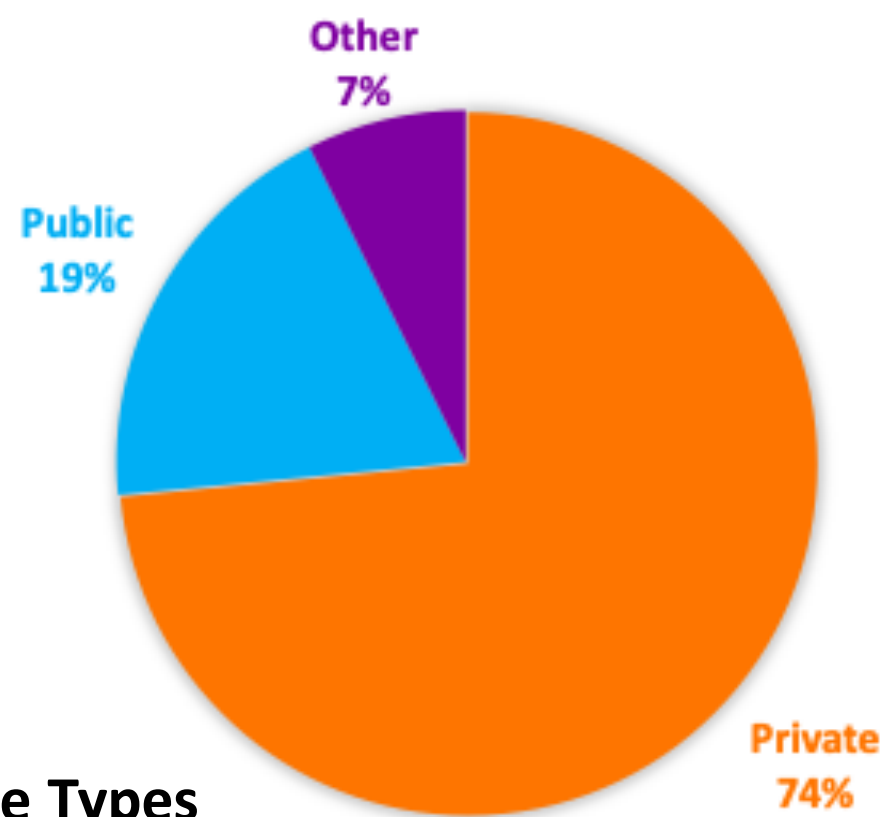


Figure 2. Patients’ Insurance Types

Summary/Conclusion

- The results displayed no noticeable correlation between insurance type and type of psychoactive drug received in hospital settings
- Most patients were given benzodiazepines per medical recommendations, with no significant difference between insurance provider types
- Second generation antipsychotics, the mood stabilizers, and SSRIs were the only drugs that displayed statistical significance in administration across insurance provider type
- This could be due to hospitals’ prescription policies or patients’ personal preferences
- This may also be because patients with different insurance types may have different medical needs and socioeconomic statuses. This is a topic for future research
- Additionally, individual insurance providers’ formularies may explain the results. Future research could analyze pharmaceutical prices and insurance providers’ formularies to examine other factors influencing type of drug administered

References

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