THE MENTAL HEALTH BURDEN OF CHRONIC CONDITIONS: AN INSIGHT INTO THE POTENTIAL INFLUENCE OF GENDER

Elizabeth Baynton, Ipsos

BACKGROUND

It has been documented that females are at greater risk of anxiety and depressive disorders¹ – and chronic illnesses, such as cancer or heart disease, can increase the likelihood of developing a mental health condition². So, what is the mental health status of those experiencing a chronic, or rare, condition, and is it the same for females as it is for males?

A LOOK AT THE DATA

When reviewing data from Ipsos' Global Therapy Monitors in EU4 and UK, it became apparent that – for almost all therapy areas analysed – female patients were more likely to be recorded by their doctor as experiencing anxiety/depression. Only in some areas were males' anxiety/depression levels reported as similar or higher. Likewise, more female consumers than males self-reported anxiety/depression in our COVID-19 Diagnostics & Therapeutics study.

NB: for this analysis, we took a cross-section of disease areas we cover. Other disease areas may show different results. Analysis covers Q2 2022 — Q1 2023 timeframes, depending on disease area.

WHAT DOES THIS TELL US?

As mentioned already, females are more likely to be at risk of certain mental health conditions, and our data are largely in accordance with this. Does the doctor-patient conversation need to account for this when discussing treatment plans with females?

Or could it be that male patients with these conditions suffer depressive and anxiety disorders to the same extent (or more), but there is less visibility and awareness of it? If that is the case, more may need to be done to explore and normalise this experience and encourage males to come forward and share.

Either way, a chronic - sometimes debilitating and life-limiting - condition can be difficult enough to experience, without the added complexity of its impact on mental health. Specific sympathies and considerations towards this may be warranted going forward, depending on the gender of the patient in the waiting room.

% reported patients/consumer respondents recorded as experiencing anxiety/depression at time of survey

| TOTAL REPORTED PATIENTS (EU4 + UK) | Male | Female |
|---|----------------|----------------|
| Relapsing/remitting multiple sclerosis patients | 734 | 1409 |
| % recorded with anxiety/depression | 8% | 10% |
| Axial spondyloarthritis patients | 562 | 304 |
| % recorded with anxiety | 8% | 12% |
| % recorded with depression | 5% | 12%* |
| Non-small cell lung cancer patients | 7,744 | 5,077 |
| % recorded with anxiety/depression | 7% | 14%* |
| Advanced melanoma patients | 5,597 | 5,150 |
| % recorded with anxiety/depression | 8% | 13%* |
| Severe asthma patients | 443 | 436 |
| % recorded with anxiety/depression | 5% | 10%* |
| Atopic dermatitis patients | 557 | 380 |
| % recorded with anxiety/depression | 14% | 18% |
| Pulmonary arterial hypertension patients | 171 | 288 |
| % recorded with depression | 13% | 10% |
| Transthyretin amyloid cardiomyopathy (ATTR-CM) patients | 571 | 253 |
| % recorded with depression | 12% | 19%* |
| Transthyretin amyloid polyneuropathy (ATTR-PN) patients | 359 | 213 |
| % recorded with depression | 11% | 10% |
| Haemophilia patients | 1363 | 38 |
| % recorded with anxiety/depression | 6% | 8% |
| COVID-19 consumers (self-reported) | 9,264 (inc US) | 9,746 (inc US) |
| % who stated experiencing anxiety/depression | 14% | 19%* |
| | | |

Reference

- 1. Altemus, M., Sarvaiya, N. and Neill Epperson, C. (2014). Sex differences in anxiety and depression clinical perspectives. Frontiers in Neuroendocrinology, [online] 35(3), pp.320–330. doi: https://doi.org/10.1016/j.yfme.2014.05.004
- National Institute of Mental Health (2021). Chronic Illness and Mental Health: Recognizing and Treating Depression. [online] National Institute of Mental Health. Available at: https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health.

About the research

lpsos' Global Therapy Monitors are physician-reported syndicated patient record databases, capturing prescribing of therapies for patients in respective disease areas. Participating physicians are screened for specialty, number of patients managed and must be the primary decision-maker for their patients. Each wave, participants provide demographics and de-identified information on a quota of patients seen in consultation. Data used in this article were collected online. Sample sizes are provided alongside the data. Analysis covers April 2022 – March 2023 timeframes, depending on disease area. Full sample & methodological details available upon request. The lpsos COVID-19 Diagnostics and Therapeutics Consumer Study is a survey conducted amongst consumers on the lpsos Global Advisor online platform among adults aged 16-74 in the UK, France, Germany, Italy, Spain and the US (other regions available). The recruitment process aims to ensure a nationally representative base for the samples collected.

Source: Ipsos' Global Therapy Monitors (covering quarterly timeframes between April 2022 – March 2023, depending on disease area, samples of treating specialist physicians across the UK, FR, DE, IT and ES (typically ~equal split across regions) reporting on quotas of relevant patients seen in consultation, data collected online. Participating physicians are primary treaters and are required to treat a minimum number of patients of the relevant disease area). Ipsos COVID-19 Diagnostics and Therapeutics Consumer Study (wave 6 – March 2023; ~3,000 consumers per market in UK, FR, DE, IT & ES and ~4000 in the US. Data were collected online). The terms "male" and "female" are used as defined by sampled physicians reporting on personally managed patients in Therapy Monitor data, and as defined by consumer respondents in the COVID-19 Consumer study. Data © Ipsos 2023, all rights reserved.



 $^{^{\}star}$ instances where differences are statistically significant at 95% confidence level