SOCIO-ECONOMIC ASPECTS OF DRUG PROVISION OF PATIENTS WITH DEPRESSIVE DISORDERS

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The attention of Health Organizations of different countries is traditionally drawn to the problems and irregularities of physical health of the population, despite clear signs that the number of mental disorders of psychosocial nature grows. WHO estimates that 20% of children and adolescents nowadays suffer from mental health problems that lead to disability. One of the most common types of disorders is depression. According to the same data, about 4-5% of the population suffers from this illness; the risk of harboring the disease throughout life reaches 20%. Depressive disorder is the fourth leading cause of disability (after infectious and cardiovascular and respiratory diseases), and it is expected that by 2030 it will take the first place, and will be even ahead of cardiovascular diseases.

Depression is an important public and interdisciplinary medical problem, which leads to significant health, social and economic costs that are similar to those diseases, which have priority for health care funding in the whole world. The extent of the problem is really huge. Annually, 800 thousand people in the world (about 15%) are committing suicide because of this disease. Patients suffering from depression have significantly decreased efficiency; their temporary disability increases, the quality of life is reduced, and families are destroyed. Depressive disorders mostly affect physical, mental and social functioning of the patient and cause an increased risk of premature death. Depression makes it difficult to satisfy basic human needs and has negative impact on daily life activities, resulting in a significant reduction of the quality of life. The social significance of depression is caused not only by the negative impact of depressive disorders on the quality of life of the patient. Care of patients with depression involves significant costs of treatment and social security. Another aspect of burden is the loss of economic and social opportunities that face individuals with mental disorders and their relatives. Economic losses resulting from morbidity on depressive disorders with temporary incapacity and disability consist of the cost of unmanufactured products and social losses of the society which are necessary for human existence and preservation of health. Calculations of the huge figures indicate the need to implement adequate measures to reduce the risk of the disease.

Ensuring the availability of drugs for the treatment of patients with depressive disorders is an important component of multi-level strategy for the reducing of health and socio-economic consequences of this disease. The calculation of these indicators and their comparison with similar indicators of other diseases is the scientific justification for the restructuring of the pharmaceutical budget of psychiatric services. It is proved that the costs of drug provision of patients with depressive disorders are much less than the costs of further socio-rehabilitation activities. The discrepancy between the cost of providing specialized care and prices for the new generation antidepressants do not exclude the feasibility of their application on the basis of clinical and economic justification. The use of these scientific approaches will enhance resource-saving potential of antidepressant therapy, and significantly reduce not only the costs associated with the provision of medical, pharmaceutical and social care to patients with depressive disorders, but also will shorten the huge social and economic losses.

Thus, the health care sector, is a part of non-productive sphere, it plays an essential part in the economic progress, solving complex tasks of reducing socio-economic losses of the society associated with the quality of human life and well-being of the environment.