The objective of this study was to describe and analyze the effects of depression on health care utilization and costs in a sample of multimorbid elderly patients. This cross-sectional analysis used data of a prospective cohort study, consisting of 1,050 randomly selected multimorbid primary care patients aged 65 to 85 years. Depression was defined as a score of six points or more on the Geriatric Depression Scale (GDS-15). Subjects passed a geriatric assessment, including a questionnaire for health care utilization. The impact of depression on health care costs was analyzed using multiple linear regression models. A societal perspective was adopted. Prevalence of depression was 10.7%. Mean total costs per six-month period were EUR8,144 (95% CI: EUR6,199-EUR10,090) in patients with depression as compared to EUR3,137 (95% CI: EUR2,735-EUR3,538; p<0.001) in patients without depression. The positive association between depression and total costs persisted after controlling for socio-economic variables, functional status and level of multimorbidity. In particular, multiple regression analyses showed a
significant positive association between depression and pharmaceutical costs. Among multimorbid elderly patients, depression was associated with significantly higher health care utilization and costs. The effect of depression on costs was even greater than reported by previous studies conducted in less morbid patients.

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