Mental disorders: how can we fight illnesses we cannot see?

The IFPMA Geneva Pharma Forum on 8th November 2011 yielded a rich discussion on the current challenges facing the mental disorders arena. Depression, Alzheimer’s disease, bipolar disorder, and attention deficit hyperactivity disorder (ADHD) are only a handful of the many illnesses which can negatively affect individuals’ mental health. Indeed, the World Health Organization (WHO) estimates 1 of 4 people worldwide will suffer from a mental illness at some point in their lives, underscoring a need for countries to invest more in mental health prevention and awareness practices. Moreover, social stigma and discrimination are major blocks to implementing effective prevention and intervention strategies. The costs to society in terms of worker disability call for urgent action and coordinated efforts from all health partners to reverse current trends. In this context, IFPMA gathered speakers from the mental health arena to explore the question “How can we fight illnesses we cannot see?” Jean Freymond, Director of Geneva Dialogues, moderated the panel discussions.

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http://www.ifpma.org/events/pharma-forums/view/article/mental-health-how-can-we-fight-illnesses-we-canno.html
Mental disorders are on the rise, and the global projections for the next decades call for urgent action. By 2030, WHO estimates place depression as the most burdensome disease in the world. Countries only spend on average, less than 3% of their health budget on mental disorders. Despite the alarming forecasts, sustainable progress can be achieved through relatively inexpensive investments in mental disorders. Dr. Saxena underscored there is a vast body of evidence on mental health strategies that is underused. WHO has produced an intervention guide that guides non-specialists in primary care settings to diagnose and treat mental disorders. WHO hopes the guide will reduce the misperception that only specialized doctors can deliver care for mental illnesses. Dr. Saxena also recommended countries to spend resources for mental disorders more equitably and efficiently. The findings from the Atlas 2011, a WHO publication on mental health, confirmed governments wrongly assume costly and sophisticated services are needed to treat brain and behavioral disorders. Low-cost, frequently-needed treatments can instead reduce the burden of mental disorders across all countries—notably through informal community care. Dr. Saxena urged governments to increase political commitment, supportive policy environments, and an accurate assessment of needs and resources to scale up efforts in the mental disorders arena.

R&D for new medicines in brain disorders

Peter Høngaard, Vice President for External and Scientific Affairs, Lundbeck, discussed the company’s perspective in fighting brain and neurological disorders. He highlighted the new frontiers in research to better target brain and neurological disorders.

As brain disorders become a leading disease burden worldwide, conducting research into this area will be of crucial importance. Recent estimates from the European Brain Council put the cost of brain disorders at 800 billion Euros per year in Europe alone. Furthermore, the cumulative global impact of mental disorders will total 16 000 billion over the next two decades in terms of lost economic activity. While medicines represent less than 3% of these costs, sick leave amounts to 33% of all costs related to burdensome conditions such as depression and other mood disorders. Reduced productivity at work takes up a staggering 47% of the costs related to depression.

Research needs to bring the clinical and the molecular worlds together. Mental illnesses are typically classified on subjective definitions in the clinical world. But our understanding of these diseases is increasingly expanded through molecular parameters. As such, Lundbeck has focused its research into opening new doors to in molecular science. Gene transcription studies have shown, for example, that patients with bipolar disorder display different genetic markers than those with major depressive disorder. Today, these two conditions are often treated with the same medicines.

Research can be accelerated and optimized through public-private partnerships. The Innovative Medicine Initiative is a powerful example of how academia, SMEs, regulators and the pharmaceutical industry can join forces. Mr. Høngaard said current research efforts will yield more evidence on molecular causes, identify new targets and biomarkers responsible for multiple illnesses, and develop new tools to evaluate effects of new medicines.
Environmental and demographic changes are two factors that explain the rise in incidence and severity of mental disorders. As people live longer, spend more time alone, or lead more stressful lives, the risks for mental disorders will be higher, and thus we need a comprehensive prevention strategy to tackle them. Effective disease management, according to Prof. Sartorius, involves both patient involvement and a support system for families, friends, and people who are close to patients who suffer from a mental disorder.

From a research perspective, Prof. Sartorius explained clinical trials do not address the problem of co-morbidities, as patients who suffer from multiple disorders are excluded from these studies due to control conditions. This limitation prevents researchers and doctors from knowing how to assess people with more than one condition.

The information already available for preventive and therapeutic measures is however not being used to treat these disorders. On the one hand, countries spend very little in low-and-middle-income countries to decrease the prevalence of mental disorders. On the other hand, the resources available in high-income countries are not optimally used. Past solutions to address the “information gap” advocated increased education on mental health. According to Prof. Sartorius, this proposal failed because more information does not lead to less stigmatization—studies have shown more information can increase it. Stigma on mental disorders involves a mistaken perception that patients with a mental disorder are of no value to society. As such, they are deemed unpredictable and dangerous in their behaviors. Ultimately, these judgments carry deleterious effects on mental health legislation as well as the priority given to mental health programs. More data are needed on the indirect cost of mental illnesses. Current estimates come exclusively from a small number of highly developed countries. Prof. Sartorius urged the health community to develop new approaches to effectively reduce stigma in the population, and to conduct further studies on the impact of major social and technological changes on people’s mental health.

“It is undoubtedly true that stigma is the main obstacle to achieving progress in the field. Stigma for mental illnesses wrongly signifies that the person who has a mental disorder is incurable and of no value to society. We have to demonstrate that mental illnesses are curable.”
Norman Sartorius

“In terms of disability, mental disorders represent today the biggest healthcare burden in society. All stakeholders must come together to tackle this growing problem.”
Peter Høngaard
Assessing the global impact of dementia

Marc Wortmann, Executive Director of Alzheimer’s Disease International, explained how dementia affects populations worldwide. He addressed ways for the international health community to scale up prevention and awareness efforts.

As populations grow older, dementia cases worldwide will rise from 36 million in 2010 to an estimated 115 million by 2050. These alarming numbers indicate the disease burden for low and middle income countries will near 100 million cases by 2050. The World Alzheimer Report found that only 1 of 4 people actually receive an accurate diagnosis of Alzheimer’s. Mr. Wortmann urged governments to implement national plans to fight the disease and to design of education programs to raise awareness. Further research alignment should also take place. Studies show that Alzheimer’s disease remains poorly funded even though it is the second most-feared condition in the United States.

“The worldwide costs of dementia are very high. This is not due to medical costs, but rather to the costs of long-term care which can average USD 50,000 per year per person.”

Marc Wortmann

Watch the interview
http://www.youtube.com/watch?v=zta7yJpP9RM

Discussion
Among the topics raised in the follow up debate were:

- The role of gender estimates in studying mental disorders;
- The feasibility of nurses prescribing medicines for mental disorders;
- The need to raise awareness in low and middle income countries.