OBJECTIVES: Depressive disorders are associated with a high burden of disease. There is an ongoing debate about which costs to include and, hence, which perspective should be applied when assessing a treatment for depression. The aim of this paper was to examine whether the change between healthcare payer and societal perspective leads to different conclusions of cost-utility analyses in the case of depression.

METHODS: A systematic literature search was conducted to identify economic evaluations of interventions in depression, launched on Medline and the Cost-Effectiveness Registry of the University of Tufts using a ten-year time horizon (2008-2018). In a two-stepped screening process, cost-utility studies were selected by means of specified inclusion and exclusion criteria. Subsequently, relevant information was extracted and, if not fully stated, calculated by the authors of this work.

RESULTS: Overall, 53 articles with 92 full economic evaluations, reporting costs of healthcare payer/provider and societal perspective, were identified. 22 estimations changed their results regarding the cost-effectiveness quadrant when the societal perspective was included. Furthermore, three studies resulted in cost-effectiveness regarding the chosen threshold (two of them actually became dominant) when societal costs were included. However, in another four the opposite result was found: these interventions were no longer cost-effective after the inclusion of societal costs. Moreover, fourteen economic evaluations changed from being below the threshold to dominate the standard care or other comparators when societal perspective was taken into account.

CONCLUSIONS: Summarizing the disparities in results and applied methods, the results show that societal costs might alter the conclusions in cost-utility analyses. Hence, the relevance of the perspectives chosen should be taken into account when carrying out an economic evaluation. This systematic review demonstrates that the results of economic evaluations can be affected by different methods available for estimating non-healthcare costs.