



Ending depression

Market Research

PREPARED FOR SIGA

EVIDENCE PREPARED BY Cooper & Sacks www.cooperandsacks.com

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Introduction

Siga is a neuroscience research catalyst with the goal of ending depression by turning science backed interventions into clinical practices. Find out more about us <u>here</u>.

Background

2 billion people worldwide have and have had depression in their lifetime. **Less than half** of people with depression in **developed** countries <u>receive treatment</u>. And about <u>half</u> of those who undergo treatment do not fully <u>recover</u>. The burdens of depression are felt by families, friends and society as depression and anxiety disorders cost US\$ **1 trillion** <u>each year</u> in lost productivity worldwide. Even before the pandemic, the economic burden of depression represented <u>USD 236 billion</u> only in the USA.

Market Size

The market value of antidepressant drugs, devices and screening is valued at **US 17 billion**, with drugs representing 77% of the share. The brain stimulation device market, which represents 29% of the market, is expected to <u>grow 16%</u> in the next ten years¹. In addition to this, an estimated **USD 19.5 billion** is spent in **psychotherapy** in the USA alone².

Prevalence and Incidence

Prevalence is global and <u>increasing</u>, affecting people of all ages. The global number of cases has increased <u>almost 50%</u> over the past 30 years. It is estimated that depression will become the most costly illness in the world <u>by 2030</u>.

¹ A recent market research <u>report</u> estimates that the antidepressant drug market is worth **USD 11.31 billion**, and expected to grow to **USD 16.14 billion** in the next seven years. The <u>screening market</u> (psychological, pharmacogenomics, blood tests and others) is worth an **additional USD 700 million**. Mental health software and devices market size is worth USD 5.1 billion.

² Psychotherapy is received by about 62% of 21 million people who suffer from depression in the USA. The cost for moderate depression treatment is around USD 1,500 per person per year.

Treatment Options

The most effective treatments are psychotherapy and medication, which are often combined. However, full-remission levels are low. Cognitive and emotional losses, relapse, and drug related side-effects are common.

While the majority of people suffering from depression **do not have access** to any form of treatment, even in some of the richest countries in the world, there are over 80 types of antidepressants in the market and about 500 types of therapy available ³. The bewildering number of alternatives coupled with a lack of rigorous evidence poses a challenge for patients and clinicians. Search for the right approach is largely based on trial and error, and it is not unusual for patients to spend two years trying different drugs before finding a suitable one.

Brain stimulation devices, apps and other healthcare technologies are promising alternatives but have not yet significantly improved the <u>outcomes</u> for people with depression.

Distribution Channels

Hospitals and pharmacies are the main distribution channels of antidepressants and brain stimulations devices. Therapists, psychiatrists, and psychologists deliver psychotherapy primarily in clinics. In some countries a considerable proportion of psychotherapeutic services is also delivered in not-for-profit organizations, councils and support groups.

Opportunities

Governments are increasing their offer of subsidized or free treatments. The UK health system currently spends $\pounds 15.55$ billion in mental health support, a 23% increase in five years. Civil society is more openly talking about depression, challenging stigma and demanding more effective treatments. Technology can play a role in ending depression.

³ Tryon, W. (2014) Cognitive Neuroscience and Psychotherapy: Network Principles for a Unified Theory. Elsevier, p12.

Turning challenges into opportunities

Challenge 1: Regulatory environment for drugs and brain devices is complex and expensive.

Our approach: Focus on maximizing the use of already approved drugs or devices and on interventions that do not require such approval. For example, a number of new technological interventions, such as a machine learning algorithm or wearables, do not need to be approved by health authorities.

Challenge 2: Long development.

Our approach: We work with teams across the globe in parallel. That means we can get the best minds to tackle the same problem from different angles. As the link between the teams, we will see the big picture and stir their efforts to develop specific aspects of a treatment, such as screening or patient-treatment matching.

Challenge 3: Depression is a complex condition with poorly understood neural correlates.

Our approach: We focus on what works. We will evaluate any promising intervention and find in the plurality of approaches those that are effective.

Challenge 4: Low adherence.

Our approach: We have a tripartite structure: business, research and outreach. Our outreach team will include therapists, clinicians, technical advisors, ambassadors and depression fight champions. They will support products/ services development and adherence, which will be guided by behavioral change strategies.

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