PMH19

ANTIPSYCHOTIC NON-ADHERENCE AND COSTS OF SHORT-TERM INPATIENT TREATMENT FOR SCHIZOPHRENIA

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Non-adherence with antipsychotic medications has been implicated as a proximal cause of hospital admission in the community treatment of schizophrenia. **OBJECTIVE:** To estimate the proportions of short-term inpatient admissions and hospital days for schizophrenia in the United States that are attributable to non-adherence with antipsychotic medications and to calculate the corresponding total health care costs of this care. **METHODS:** A series of multivariate regressions were performed with statewide 2001–2004 California Medicaid (Medi-Cal) data to estimate the fraction of hospital admissions and hospital days for schizophrenia attributable to non-adherence with antipsychotic medications. The 1997 Client/Patient Sample Survey was then used to estimate the national number and length of short-term inpatient admissions for schizophrenia. The 2002 Survey of Mental Health Organizations was used to produce national daily cost estimates of inpatient psychiatric care. The fraction of inpatient short-term admissions attributable to non-adherence was then applied to national estimates of the number and costs of inpatient treatment episodes. **RESULTS:** Each year in the United States, there are approximately 216,000 short-term inpatient admissions for the treatment of schizophrenia. These admissions include a total of approximately 2.0 million hospital days at a total cost of approximately 1.8 billion dollars. Eliminating non-adherence with antipsychotic medications would lower the number of short-term admissions by approximately 34,300 (15.6%), reduce by approximately 236,000 the number of inpatient treatment days (11.7%), and save approximately 213 million dollars (11.7%) in inpatient care costs. **CONLCUSIONS:** Non-adherence with antipsychotic medications accounts for a considerable proportion of inpatient treatment costs for schizophrenia. Improving adherence with antipsychotic medications would likely lead to savings by reducing the frequency and duration of inpatient treatment.

PMH20

COST OF TREATMENT OF HYPERKINETIC DISORDER IN GERMANY

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OBJECTIVES: To determine the cost of treatment (CoT) associated with Hyperkinetic Disorder (HD) in Germany by age and sex and compare it to the CoT of other childhood disorders. **METHODS:** Data on the CoT of various childhood disorders (including HD, epilepsy and asthma) were provided by the German Federal Statistical Office for the year 2002. The data had been gathered by the Federal Office from health insurance providers. The data were broken down by diagnosis, age, sex, and the type of resource consumed (inpatient treatment, outpatient treatment, medication). The CoT of HD was then compared to the CoT of epilepsy and asthma. **RESULTS:** Total treatment costs of HD were €142 million. The highest costs (€128.8 million) were in the age group 0–15 years, where HD is most prevalent, with 0.93% of insured girls and 3.35% of insured boys affected. Costs also reflect this gender difference in prevalence, with €104.6 million incurred by boys and €24.2 million incurred by girls in this age group. Treatment costs can be primarily attributed to inpatient treatment (41.6%), outpatient treatment (38.9%) and medication (5.7%). The treatment cost of HD represents 2.2% of the total CoT in the age group 0–15 years, estimated to be €5,735 million. In this age group, other disorders such as epilepsy (or asthma) incur treatment costs of €199 million (€245 million). For epilepsy (or asthma), inpatient treatment accounts for 56.1% (18.6%), outpatient treatment for 11.1% (11.1%) and medication for 26.9% (59.0%) of CoT. **CONCLUSIONS:** In Germany in 2002, the CoT of HD was €128.8 million in the age group 0–15 years. The cost of HD was lower than the cost of other common childhood diseases and represents only 2.2% of the total CoT in the age group 0–15 years. Whilst inpatient treatment for HD incurs 41.6% of CoT, medication incurs 5.7%.

PMH21

HEALTH CARE RESOURCE UTILIZATION AND COST OF BIPOLAR I DISORDER WITH AND WITHOUT PSYCHOTIC SYMPTOMS

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OBJECTIVE: To compare the health care utilization and costs between patients with a diagnosis of bipolar I disorder with psychotic symptoms (BPP) to patients with bipolar I disorder without psychotic symptoms (BPO). **METHODS:** We conducted a retrospective, independent group analysis using pharmacy and medical claims from a large national managed care database. Patients in each cohort were identified based on their first claim for a bipolar diagnosis during the 2003 calendar year. T-tests and chi-square tests were used to compare variables between the two groups. **RESULTS:** Of the 8221 patients who met study criteria, 7.9% of the BPP group (n = 5108) had at least one mental health-related hospitalization, compared to 4.0% of the BPO group (n = 3113, $p < 0.0001$). Mean mental-health related hospital costs per patient in the BPP group were $625 (SD $3326) compared to $283 (SD $2223) in the BPO group ($p < 0.0001$). Overall mean medication costs were $2638 (SD $3765) in the BPP group compared to $2397 (SD$3482, $p = 0.003$), while mean costs for outpatient visits (other than physician visits) were not significantly different ($p = 0.078$). Overall mean health care costs were $10,263 (SD $19,962) in the BPP group compared to $8,649 (SD $15,132) in the BPO group ($p < 0.0001$). **CONCLUSIONS:** Patients with bipolar I disorder with psychotic symptoms had higher health care utilization and costs compared to patients without psychotic symptoms. Research on interventions targeting bipolar patients with psychotic symptoms may be warranted.

PMH22

ANTIPSYCHOTIC POLYPHARMACY COSTS: A FIVE-STATE MEDICAID STUDY

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OBJECTIVES: State Medicaid programs are scrutinizing atypical antipsychotic prescribing given relatively high costs and use with other psychotropic medications. This study assessed healthcare costs associated with antipsychotic polypharmacy in five state Medicaid programs over six years. **METHODS:** A retrospective cohort study using Medicaid claims data from California, Oregon, Tennessee, Utah, and Wyoming evaluated 64,411 patients who filled an antipsychotic prescription (1998–2003) and who were eligible 180 days prior to 365 days after the index claim. Analysis was stratified by antipsychotic regimen: polypharmacy (multiple antipsychotic initiation or