SULTS: Compared to patients treated with ziprasidone, data seem to suggest that olanzapine patients had a higher response rate, a higher incidence of weight gain, and a lower incidence of QTc prolongation. Total medical cost was higher for ziprasidone patients when the medication cost of ziprasidone was assumed to be more than half the price than that of olanzapine. The olanzapine group’s costs were more sensitive to changes in drug costs, whereas the ziprasidone group’s costs were more sensitive to the response rate of the medication used for those patients not responsive to ziprasidone. CONCLUSIONS: Compared to ziprasidone patients, olanzapine patients may have a higher response rate, a higher incidence of weight gain, and a lower incidence of QTc prolongation, with lower total costs as long as ziprasidone is more than half the price of olanzapine.

OUTPATIENT ANTIPSYCHOTIC USE: COMPARING ATYPICAL AND CONVENTIONAL ANTIPSYCHOTIC ADHERENCE USING A NATIONAL RETAIL PHARMACY DATA BASE
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OBJECTIVES: We report on trends in medication adherence for patients who received conventional and atypical antipsychotics under routine outpatient care during a 9-month period in 1998–9. METHODS: Refill records were analyzed for over 25,000 patients at a national retail pharmacy chain. Persistence was defined as a patient’s possession of medication at 30 day intervals from a patient’s initial prescription. Persistence was taken as a proxy for medication adherence. RESULTS: The percentage of patients adhering to therapy at nine months was 44.4% for atypical agents; 47.6% for conventional agents; and 71.1% for clozapine. Improved clozapine adherence was associated with a closely supervised medication administration process that ensured patient tracking and frequent and sustained patient-provider contact. Atypical agents, with their improved side-effect profile relative to conventional agents, were not associated with better adherence. These results suggest that improved side-effect profiles alone may not insure higher levels of medication adherence and that improved medication administration processes may facilitate higher levels of outpatient medication adherence for patients with major mental illness.

COST-UTILITY ANALYSIS OF QUETIAPINE COMPARED TO RISPERIDONE IN THE TREATMENT OF PATIENTS WITH SCHIZOPHRENIA OR OTHER PSYCHOTIC DISORDERS
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OBJECTIVE: Comparative cost-effectiveness was assessed in an open-label, randomized trial (QUEST) that compared the efficacy and safety of quetiapine with risperidone in a outpatient population with schizophrenia or other psychotic disorders. METHOD: Based on the overall Positive And Negative Syndrome Scale (PANSS) scores, patients in QUEST were categorized into one of three health states—mild (PANSS ≤74.5), moderate (PANSS >74.5 and ≤106.5), or severe (PANSS score >106.5)—at baseline and at 2 months and 4 months. Utilities and expected utilities from baseline were calculated. RESULTS: At baseline, 297 (54.0%), 206 (37.5%), and 47 (8.5%) quetiapine patients, had mild, moderate or severe symptoms compared to 102 (59.0%), 55 (31.8%), and 16 (9.2%) in the risperidone group. For patients in the mild or moderate states at baseline, improvements were seen in both treatment groups. For severe patients, more quetiapine patients improved: 21.2% versus 7.7% in the mild state and 60.6% versus 30.8% in the moderate state (p = 0.020) at 2 months and 46.9% versus 0.0% in the mild state and 40.6% versus 62.5% in the moderate state (p = 0.023) at 4 months. Overall, when weighted by utilities, quetiapine treated patients attained greater gains in health state utilities at each follow-up visit for the mild (0.61 ± 0.069), moderate (0.36 ± 0.073) and severe (0.29 ± 0.071) states. At 2-months, quetiapine patients enjoyed a gain of 0.239 from their baseline level compared to 0.175 for the risperidone group. At 4-months, the gains were 0.329 versus 0.184 for the quetiapine and risperidone groups (p < 0.05). Average daily doses were 253.9mg quetiapine and 4.4mg risperidone, yielding average daily costs to US consumers of $6.38 and $7.85. At average retail costs to consumers in the US, quetiapine reduces costs by $1.47/day or $536.55 annually. CONCLUSION: Patients with schizophrenia or other psychotic disorders, treatment with quetiapine resulted in significant effectiveness and cost savings compared with risperidone.

DEPRESSION AND HOMELESSNESS, A FRENCH INITIATIVE
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CONTEXT: So-called chronic depression, a limiting factor in terms of social reinsertion, must be diagnosed to enable its management and to prevent a decline towards a profound, desocialised state. OBJECTIVE: To determine the incidence of depression in populations of the homeless, who are users of the Samu Social de Paris—Paris Social Emergencies Unit—(SSP). METHOD: Once an individual had been assessed and a response found to his or her need, it was suggested that patients calling the SSP free-phone number should agree to complete the CES-D questionnaire. Developed in the US by Randloff (1977), this questionnaire enables the detection of depressive symptoms in a given population. Its use over the