PHM20
THE SOCIOECONOMIC COSTS OF SCHIZOPHRENIA IN SWITZERLAND
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OBJECTIVES: The objectives of this study are to estimate the prevalence of schizophrenia in Switzerland and to assess its burden on patients, caregivers and society as a whole. The study population was combined with a psychometrically validated and health insurance claims data to capture all patients living in the northern part of the canton of Zurich. Total costs included direct medical and non-medical costs and lost production. All costs were calculated for the year 2012 from a societal perspective using a prevalence-based bottom-up approach. Interventions included the prevention of premature mortality and premature retirement.

RESULTS: The point prevalence of schizophrenia in 2012 was estimated at 0.39% of the Swiss population. The average annual costs of schizophrenia amounted to EUR 39,408 per patient and consisted of direct medical costs of EUR 9,507 per patient-year and lost production of EUR 24,970 (12%) and lost production of EUR 25,108 (64%). Inpatient hospital care accounted for EUR 6,242 per year or 66% of direct medical costs. The estimated reduction in life expectancy of 10.46 years and the utility decrement of 22.05 percentage points lead to intangible costs of 19.02 QALY per incident chronic case.

CONCLUSIONS: The results of this study show the high burden of schizophrenia on patients, caregivers and society as a whole. The high costs of inpatient hospital care demonstrate the importance of interventions that delay the progression of the disease. Programs for the reintegration of schizophrenic patients into the labor market have a high potential to reduce the costs of schizophrenia considering the high burden of lost production and the early onset of the disease.

PHM21
A MODEL TO ESTIMATE THE HEALTH SYSTEM BURDEN OF PRESCRIPTION OPiod ABuse IN EUROPE
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OBJECTIVES: Prescription opioid (“RxO”) abuse has not been recognized as a major problem in Europe so far, but a lack of reliable data hinders the assessment of this problem. This study aimed to derive estimates of the prevalence and excess costs of RxO abuse in the five largest European countries (France, Germany, Italy, Spain, and UK; “EUS”). METHODS: Data from the European Monitoring Centre for Drugs and Drug Addiction and the UN Office on Drugs and Crime, on the prevalence of prescription opioid abuse and the share of opioid abuse patients who report using non-prescribed opioids, were used to estimate the prevalence of RxO abuse in the EUS. The costs of RxO abuse were calculated by applying published estimates of the excess health care costs of RxO abuse to country-specific estimates on the costs of chronic pain. Sensitivity analyses varied assumptions surrounding the prevalence of opioid abuse patients in the general population and the estimates of the excess costs of RxO abuse in the EUS.

RESULTS: The prevalence of RxO abuse, in the general population, varied between the EUS countries, ranging from 0.7 per 10,000 to 4.1 per 10,000. In the base case scenario, the total annual health system costs of RxO abuse across all EUS countries were estimated to be €323 million; results of sensitivity analyses ranged from €98 million to €730 million. These cost estimates included health care costs only; indirect costs were not included. CONCLUSIONS: RxO abuse imposes a burden on EUS health systems. Future research should examine trends in the prevalence and total economic burden of RxO abuse in Europe over time and assess the potential benefits of abuse-deterrent formulations, which publication research suggests have been associated with a significant relative reduction in rates of prescribed opioid abuse.

PHM22
PRODUCTIVITY LOSS AND RESOURCE UTILIZATION IN INDIVIDUALS PROVIDING CARE FOR ADULTS WITH SCHIZOPHRENIA IN THE SUD
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OBJECTIVES: The aim of this study was to understand the impact of providing care for adults with schizophrenia on productivity, daily activities and resource utilization in the SUD. METHODS: Data from the 2010-2011 and 2013 SUD (France, Germany, Italy, Spain, UK) National Health and Wellness Survey, an online CONCLUSIONS: of a nationwide sample of adults (≥18 years) was analyzed. Schizophrenia caregivers (n=398) were matched to non-caregivers (n=158,989) and other caregivers (n=14,341) on baseline characteristics (sociodemographics, BMI, comorbid status) via propensity scores (1:2). Outcome measures included health care utility (type/number of resources used within the past 6 months) and Work Productivity and Activity Impairment questionnaire-based scores. Chi-square tests for the is data of 2008 were used to determine significant differences between schizophrenia caregivers vs. non-caregivers and other caregivers (e.g., cancer, Alzheimer’s).

RESULTS: The average age of schizophrenia caregivers was 45.3 years and 66.6% were female. 28% were currently employed. After matching, schizophrenia caregivers reported greater activity impairment (38.4% vs. 26.1%), more health care provider visits (8.0 vs. 5.7), emergency room visits (0.9 vs. 0.2) and hospitalizations (0.8 vs. 0.1) than non-caregivers, all p<0.01. Among all currently employed, schizophrenia caregivers reported greater absenteeism (12.4% vs. 5.6%), presenteeism (29.9% vs. 17.5%), and overall work impairment (35.0% vs. 20.7%) than non-caregivers, all p<0.01. Comparing schizophrenia caregivers, schizophrenia caregivers reported more overall activity impairment (38.4% vs. 32.5%) and health care provider visits (8.0 vs. 6.6), both p<0.05. A greater proportion of schizophrenia caregivers reported at least one emergency room visit (26.1% vs. 20.2%) and hospitalization (20.4% vs. 14.3%) than other caregivers, both p<0.05. No significant difference was found on work-related impairment, probably due to the small sample of employed respondents.

CONCLUSIONS: Schizophrenia caregivers reported greater activity impairment, more health care visits and other conditions. Better family and social support systems may help reduce the burden for schizophrenia caregivers.

PHM23
MEDICATION USAGE PATTERN, HEALTH RESOURCE UTILIZATION AND ECONOMIC BURDEN FOR PATIENTS WITH MDD IN BEIJING, CHINA
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OBJECTIVES: To investigate medication usage patterns, health care resource utilization and direct medical costs of patients with Major Depressive Disorder (MDD) in Beijing, China. METHODS: Data were randomly extracted from Beijing National Essential Drug Insurance Database. Patients who were aged ≥18 years, with at least 1 primary diagnosis of MDD and 12-month continuous enrollment after their first observed MDD diagnosis between 2012 and 2013 were identified. Those with a diagnosis of schizophrenia, bipolar disorder or cancer within the study period were excluded. Descriptive statistics were used to describe patient profiles, medication usage, health care resource utilization and costs.

RESULTS: A total of 4484 patients were included with mean (±SD) age of 57.15 (±15.34) years. 61.2% were female and 48.8% were co-morbid with other conditions. Better family and social support systems may help reduce the economic burden for schizophrenia caregivers.
nance treatment of schizophrenia. METHODS: The schizophrenia Markov model developed by the National Institute for Health and Care Excellence (NICE) was adapted to the context of LAI antipsychotics. Effectiveness was measured through Quality-Adjusted Life Years (QALYs) and number of relapses. The economic anal-

ysis was conducted over a ten-year time horizon, including cost of managing stable schizophrenia, relapse and treatment-emergent adverse events (TEAEs). Probabilities of relapse, discontinuation due to adverse events, and due to other reasons came from a mixed treatment comparison of pivotal clinical trials; dis-

tuliability of other non-treatment specific inputs came from various epidemiological sources. RESULTS: AOM was associated with higher number of QALYs (7.26 vs 7.17, 7.18 & 7.19 for PP, RLAI and OP respectively) over a 10-year time horizon. Assuming a theoretical parity price between AOM and PP, the base case analysis showed that AOM was the dominant strategy compared to RLAI, PP and OP. Deterministic sensitivity analyses confirmed these overall Conclusions, the main drivers of cost-effectiveness being both probability and cost of relapse. In the probabilistic sensitivity analysis, AOM demonstrated a higher probability of being in cost-effectiveness than RLAI, PP and OP at a willingness to pay threshold of €100,000 (52%, 89% and 90%, respectively). CONCLUSIONS: Although model outcome may vary according to local data and settings, and assuming a theoretical parity price between AOM and PP, the results suggest that for the treatment of adult patients with schizophrenia, in England and the management of alcohol-attributable harmful events were considered reflecting the year 2014.

PMH26 PRESCRIBING ANTI-PSSERS BY BASELINE SEVERITY: EVIDENCE SYNTHESIS, ECONOMIC MODEL AND VALUE OF INFORMATION ANALYSIS

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OBJECTIVES: To determine the most cost-effective threshold of depression severity above which to prescribe anti-depressants to patients, for the treatment of mild depression in a primary care setting. The cost-effectiveness of a new anti-depressant, nalmefene, was compared to the current standard of care, an anti-depressant, using data from a multinational randomized controlled trial and data from the Multi-Health System in Ontario, Canada. METHODS: A cost-utility model was developed that simulated treatment decisions using cost per QALY. The QALY was preferred over other measures of health-related quality of life as it is a recognized and widely used measure in medical decisionmaking. Three scenarios were considered, each representing a range of different severity levels. A & B represent a threshold of depression severity above which to prescribe anti-depressants, with A representing a lower threshold than B. Risk of relapse and QALYs are increased with severity. CONCLUSIONS: The cost-effectiveness of either drug is dependent on the threshold for severity, and the cost-effectiveness ratio decreases with increasing threshold for severity. A lower threshold increases the cost-effectiveness ratio, but a lower threshold is associated with a lower number of QALYs. A lower threshold is more cost-effective for patients with mild depression but patients with moderate depression may benefit from a higher threshold. However, the model did not include a threshold for severe depression. This model can be used to help guide treatment decisions in primary care and facilitate the use of new antidepresants.

PMH27 ECONOMIC EVALUATION OF NALMEFENE FOR THE TREATMENT OF ALCOHOL DEPENDENCE

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OBJECTIVES: Aim to determine the most cost-effective threshold of alcohol dependence in those with very low alcohol dependence (23% versus 37% with psychosocial support alone) and those with very high-risk drinkers (23% versus 37% with psychosocial support alone), and the addition of nalmefene to psychosocial support led to the avoidance of health care setting to evaluate the health effects and associated costs of comparing various treatments of alcohol dependence and the management of alcohol-attributable harmful events were derived from ESENSE1 (NCT00811720), ESENSE2 (NCT00812461) and ESENSE3 (NCT01811720), S A. Eli Lilly Benelux NV, Brussels, Belgium

PMH28 THE EFFECT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER ON FUNCTIONING AND RESOURCE UTILIZATION BY PSYCHIATRIC OUTPATIENTS IN EUROPE

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OBJECTIVES: Attention-deficit/hyperactivity disorder (ADHD) can have a significant negative impact on health outcomes in adults. This study was designed, in part, to determine the functional outcomes and health care utilization of adult psychiatric outpatients with ADHD in several European countries. METHODS: This was a multinational observational study. All eligible outpatients (excluding patients with any psychotic disorder) from a variety of outpatient settings were invited to partici-

pate.Endpoints included the QoL Impact Measure (QoLIM) and steps to achieve a point in time endpoint of 5 years. RESULTS: Over 11,000-20,000 patients were enrolled from 1,500 sites in 27 countries. CONCLUSIONS: This study provided the first evidence to support the clinical relevance of ADHD in adults in the real-world setting, shedding light on the impact of ADHD on health-related quality of life, healthcare resource utilization and healthcare costs in adults with ADHD.

PMH30 THE COST EFFECTIVENESS OF GROUP ART THERAPY FOR PATIENTS WITH NON-PsyCHOTIC MENTAL HEALTH DISORDERS IN ENGLAND AND WALES

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OBJECTIVES: Art therapy provides an alternative to standard forms of psychological therapy. We estimated the cost-effectiveness of group art therapy for people with non-psychotic mental health disorders, in the UK. METHODS: A Markov model was constructed with the following assumptions that: the maximum treatment effect would be associated with the time at which treatment ended; there would be no further benefits from other non-drug treatments; that a linear decrease in benefit would be associated with the time at which treatment ended; there would be a residual effect of treatment with a linear decline in benefit until there was zero benefit at 52 weeks, given the short assumed duration of benefit, discounting was not necessary. Two RCTs identified in an accompanying clinical systematic review were included, with further decisional inputs obtained from expert consensus. RESULTS: Art therapy compared with wait-list control had a mean cost per quality adjusted life year (QALY) below

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