IMPACT OF DISEASE SEVERITY ON DURATION OF HOSPITALIZATION IN PATIENTS WITH SCHIZOPHRENIA TREATED WITH OLanzAPINE OR HALOPERIDOL IN GERMANY: POST-HOC ANALYSIS OF DATA COLLECTED IN THE GEO STUDY

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OBJECTIVES: To determine the impact of disease severity on duration of hospitalization in patients with schizophrenia in presence of the confounding variables. METHODS: A post-hoc analysis of data collected in the GEO study, a prospective, non-interventional study observing German patients (n = 655) with schizophrenia (ICD-10, F20) for up to two years was undertaken. Patients provided informed consent and were documented in inpatient (psychiatric clinics) and outpatient (psychiatric clinics, hospital outpatient wards) settings. Disease severity was measured by the Clinical Global Impression scale (CGI), which consists of Severity of Illness, Global Improvement, and Efficacy Index items. Structural equation modelling (SEM) was applied to evaluate the impact of disease severity on duration of hospitalization. Confounding variables (age at diagnosis, gender and treatment regimen) were tested in the models evaluating the influence of disease severity on duration of hospitalization. The models were tested in an exploratory way using the Mplus Version 5.2. All indices (g, P, t/g, CFI, RMSEA, Pclose) suggested a good model fit. RESULTS: Patients (52.7% males) were on average 41.7 years old, had a mean BMI of 26.4 kg/m², were statutorily insured (97.0%), predominantly single (60.8%) and not employed (71.2%) at enrolment. Age at diagnosis, antipsychotic treatment regimen and disease severity were independently associated with duration of hospitalization (β = 0.127, 0.270 and 0.174, respectively), indicating that younger age at diagnosis of schizophrenia, treatment with olanzapine and less severe disease condition are associated with shorter duration of hospitalization. Gender had no effect on duration of hospitalization. The SEM revealed a significant correlation between disease severity and age at diagnosis. This suggests an important role in the associations between disease severity and duration of hospitalization. Advanced techniques such as SEM are important tools for analyzing data in that they are able to detect associations, which univariate tests may fail to identify. Further research is needed to confirm our findings.

Mental Health – Cost Studies

PMH21

BUDGET IMPACT ANALYSIS OF DULOXETINE IN TREATMENT OF MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: To estimate the impact of duloxetine reimbursement in major depressive disorder (MDD) treatment on public payer’s budget in Poland. METHODS: The budget impact analysis was performed in a 5-year time horizon from the public payer (National Health Fund, NZI) perspective. Only costs of medicines were included. On the base of sales data for years 2004–2008 linear regression was conducted to predict consumption of antidepressants in Poland. Cost data of medicines were obtained from Ministry of Health and other sources in case of lack of reimbursement. Duloxetine market share and alternative medicines replacement was estimated on the base of antidepressants sale data from European countries. One-way sensitivity analysis were performed for the key input parameters. RESULTS: Assuming that duloxetine is not reimbursed the expenditure on all antidepressants from NHF perspective will be 138.83 million PLN in year 2010 and 171.37 million PLN in year 2014. In case of reimbursement of duloxetine the expenditures will increase by 0.07 million PLN in year 2010 and by 8.82 million PLN in year 2014. CONCLUSIONS: Our findings suggest that decision concerning reimbursement of duloxetine should not lead to important increase of total expenditure on the MDD treatment from public payer’s perspective.

PMH22

BUDGET IMPACT OF THE USE OF RISPERIDONE LONG ACTING INJECTABLE IN THE GERMAN HEALTH CARE SYSTEM

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OBJECTIVES: Social health insurance cost of care for patients with schizophrenia (ICD-10: F20-F25) are mainly influenced by hospitalization and use of antipsychotic medication. We determined the budget impact of long acting injectable risperidone (RLAI) for the German health care system in comparison to other antipsychotics (N05A, N05A1, Quetiapine). METHODS: The perspective of the social health insurance (GKV) was adopted (one year time horizon). An Excel(R) based hypothetical budget impact model calculating cost consequences of using antipsychotic medication was developed according for hospital and medication costs only. Patient number and prescription shares were calculated using IMS-Health Disease Analyzer data. Medication costs are GKV net costs calculated by using recent list prices (€0/€9) and GKV utilization data. Parameters on hospitalization and relapse were derived from published literature, Federal Office of statistics and clinical trial data. Starting from status quo we specifically looked at new patients to be treated with antipsychotics. In a base case we assumed that new patients were distributed to the existing treatment options according to current patient share. Starting from this we hypothetically increased the patient share of RLAI by lowering the share of other antipsychotic treatments. RESULTS: We included 192,732 patients. 100% new patients were added to which were treated with RLAI, 673 with Quetiapine. Costs for new patients would be €48,641,318. Increasing the treatment share of RLAI to 5% by shifting patients from Quetiapine to RLAI would decrease costs to €48,543,486 with increased medication costs being more than offset by decreased hospitalization costs. Switching new patients from all N05AI treatments would decrease costs to €48,625,655. Sensitivity analysis confirmed the result that increasing treatment with RLAI would save costs. CONCLUSIONS: Our analysis suggests that extending the patient share of RLAI in new patients suffering from schizophrenia would decrease the overall cost spent on medication and hospitalization.