higher probability of parental productivity losses (OR = 4.7; 95%CI: 2.3–9.7, p < 0.001) parental job switching (OR = 4.8; 95%CI: 1.2–19.4, p = 0.006) and need of a dedicated caregiver (OR = 3.3; 95%CI: 1.7–6.4, p = 0.006). The average yearly management cost of ADHD vs. controls is respectively €1404 vs. €896 in the perspective of the Netherlands; €1485 vs. €509 in the family perspective; and €5287 vs. €1671 in the societal perspective. Main cost drivers are hospitalisations, parental work-loss and remedial teacher. ADHD mostly impacts QoL in the ‘Risk avoidance’ and ‘Achievement’ domains. CONCLUSIONS: ADHD is a social disease whose effects and burden in terms of cost and QoL impact are mostly borne by the society and the families.

PMH8

THE HEALTH-RELATED QUALITY OF LIFE OF CHILDREN SUFFERING FROM ADHD AND THE COSTS TO SOCIETY

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OBJECTIVES: To estimate the costs of ADHD to society and the health related quality of life (HRQoL) of children suffering from ADHD. METHODS: A group of 70 children suffering from ADHD treated by a pediatrician was selected. For comparison a group 60 of children having no behaviour problems was selected from a survey (n = 3000 aged 6–8 years). HRQoL was assessed by using the parent form of the Child Health Questionnaire (CHQ-PF50). Health care utilisation of the children and the mothers as well as productivity losses of the mothers were measured at baseline after 6, 12 and 18 months by using the Trimbos and iMTA questionnaire on Cost associated with Psychiatric illness’ (TiC-P). RESULTS: We found no differences between mean scores of physical health between the ADHD patients and the control group. The mean scores for psychosocial functioning were significant worse for the ADHD patients (p < 0.000). Direct medical costs were significantly higher for the ADHD patients compared to the controls. Furthermore, mean direct medical costs of the mothers of the ADHD patients were significantly higher. No differences were found in the costs of productivity losses of the mothers. CONCLUSIONS: Children suffering from ADHD have worse HRQoL. Furthermore, the medical costs of the ADHD patients as well as of their mothers were significantly higher than for the controls.

PMH10

A MODELED ECONOMIC EVALUATION COMPARING ATOMOXETINE WITH CURRENT THERAPIES FOR THE TREATMENT OF CHILDREN WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN THE NETHERLANDS

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OBJECTIVES: To estimate the cost-effectiveness of atomoxetine, a new non-stimulant alternative for the treatment of childhood ADHD, compared to current medications. METHODS: A Markov model was developed to estimate the incremental cost per quality-adjusted life year (QALY) gained by atomoxetine compared to current practice for three patient populations: stimulant-naïve (population-1); methylphenidate failure (population-2) and; stimulant-incompatible (population-3). In each population, algorithms were constructed to include either immediate/extended-release methylphenidate (IR- or XR-MPH) as first-line alternative where appropriate, followed by ‘off-label’ dexamphetamine (IR-DEX) where appropriate, followed by ‘off-label’ tricyclic antidepressants (TCA), then no medication. The Markov process incorporated twenty-two health states, representing the range of outcomes across all modeled treatment options. Utility values were derived from a survey of 83 parents of ADHD children. The effectiveness and safety aspects of all treatment options, based on a thorough review of controlled clinical trials and other clinical literature, were validated by clinical experts. Costs and outcomes were calculated over one year, with costs (both direct and indirect) estimated from the Dutch societal perspective. RESULTS: For population-1, atomoxetine was associated with additional costs of €495 and €448 per patient compared to IR-MPH and XR-MPH, respectively. The additional QALYs gained were 0.026 and 0.020 per patient, respectively. The incremental cost per QALY gained (ICER) with atomoxetine compared to IR-MPH as first-line alternative was €18,831, and €22,804 compared to XR-MPH. The ICER was €13,120 compared to IR-DEX in population-2. In population-3, atomoxetine dominated TCA. Sensitivity analysis showed results of the model to be robust to changes in most important variables, with the utility values being important indicators of the cost-effectiveness of atomoxetine. CONCLUSIONS: The incremental cost per QALY gained of atomoxetine compared to current treatment options calculated in this analysis suggests that atomoxetine offers good value-for-money in the treatment of children with ADHD in The Netherlands.

PMH9

STIMULANT MEDICATION TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IS ASSOCIATED WITH DECREASED EMERGENCY DEPARTMENT COSTS AND VISITS:

Utilization: Population-Based Study

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OBJECTIVE: The association between treatment with stimulant medication and medical utilization/costs among youth with AD/HD is controversial. METHODS: We identified all individuals born between January 1, 1976 and December 31, 1982 in Rochester, MN, who met research criteria for AD/HD between age five years and emigration from the area. Research identified AD/HD cases were defined by a model using a combination of three categories of information (DSM-IV criteria, questionnaire results, and clinical diagnoses). The 313 who resided locally through age 17 years were followed for medication use, ED visits, ED costs, and medical costs from January 1, 1987 to 18th birthday or date last reviewed (mean follow-up = 10.2 ± 1.4 years). RESULTS: The 231 youth treated with stimulants (74%) were similar to the 82 untreated with respect to median annual rates for ED visits (0.5 vs. 0.5), ED costs ($72 vs. $82), and total medical costs ($661 vs. $741) (P > 0.05). Among the 231 treated youth, duration of treatment ranged from 14 days to 11.8 years. For analyzing the association between duration and outcomes, the 82 youth with no treatment were assigned a duration of zero. Duration of treatment (adjusted for age, sex, and psychiatric comorbidity) was associated with fewer ED visits (P = 0.02) but higher total medical costs (P < 0.001). The 231 who were treated experienced 853 periods of on vs. off treatment. On-treatment periods (adjusted for age, sex, and calendar year) were associated with lower ED visits and ED costs (P < 0.02) and moderately higher total medical costs (P < 0.001). CONCLUSION: Findings refute previous suggestions that, among youth with AD/HD, stimulant treatment is associated with two- to five-fold increases in ED and total medical costs.