tion cost compared to generic risperidone. **CONCLUSIONS:** Treatment of early responders was more cost-effective than the treatment of early non-responders to atypical antipsychotic therapy. The treatment of early non-responders who switched to olanzapine was more cost-effective than treatment of early non-responders maintained on generic risperidone.

PMH52

ECONOMIC ANALYSIS OF ESCITALOPRAM (GENERIC DRUG) IN MAJOR DEPRESSIVE DISORDER (MDD)

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OBJECTIVES: The purpose was to conduct an economic analysis of escitalopram (generic drug) versus sertraline and venlafaxine as standard regimen in treatment of major depressive disorder (MDD) in Poland. **METHODS:** Due to lack of statistically significant differences in comparisons of escitalopram with sertraline and escitalopram with venlafaxine, economic profitability estimation was conducted as a cost-minimisation analysis (CMA). Decision model was created by using TreeAge® Pro. Data concerning efficacy and safety of compared therapies was based on the clinical-effectiveness analysis, which was conducted as systematic literature review. Total costs of analysed therapies were estimated from the perspective of both payers in Poland (National Health Fund and patient) and also from the social perspective. The time horizon of the analysis was 6 months. The costs were not discounted. The stability of results was checked in one-way and probabilistic sensitivity analyses. Additionally, optimistic and pessimistic scenarios were prepared. **RESULTS:** Based on the assumptions that clinical effects of compared treatment strategies are the same, the results of the cost-minimisation analysis are as following: treatment of one patient using escitalopram in the 6 month time horizon is 12.71 PLN more expensive then sertraline therapy and 135.95 PLN cheaper then therapy with venlafaxine. One-way sensitivity analysis conducted for comparison of escitalopram versus sertraline showed that results are sensitive on the prices of medicaments. The sensitivity analysis conducted for comparison of escitaloprom versus venlafaxine showed the stability of basic results. Therapy with escitalopram is cheaper than with venlafaxine for all parameters took into account in the sensitivity analysis. **CONCLUSIONS:** Escitalopram (generic drug) is costly comparable to sertraline and cheaper option of treatment in comparison with venlafaxine in the treatment of major depressive disorder in the 6 month time horizon.

PMH53

ESTIMATION OF UTILITY GAINED FROM METHADONE MAINTENANCE TREATMENT FOR OPIOID DEPENDENCE

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OBJECTIVES: Opioid addiction is a chronic brain disease with severe withdrawal symptoms and decompensated condition in the vicious circle of compulsive drug seeking behavior, including needle sharing, psychosocial dysfunction, and criminal acts due to financial decompensation. Methadone maintenance therapy is the service under the concept of harm reduction. We analyzed the estimated utility of prevention in the implementation of methadone maintenance therapy introduced in Taiwan since 2006. **METHODS:** By using the methadone registry data and the estimation of incidence rates of decompensation with versus without methadone maintenance, the expected number of decompensated cases reduced by harm reduction can be calculated. The utility possibly gained is estimated based on assumption of different values of quality of life (QOL) for the decompensation. **RESULTS:** Based on the imprisoned registry of Ministry of Justice and estimations of the Center for Diseases Control, the number of heroin addicts in Taiwan was about 100,000, with a total of 15,000 regularly in prison. The yearly number of methadone registry cases reached 15,500 by the year-end of 2008. Assuming that annual incidence rates of decompensation were about 0.1 and 0.7 for heroin addicts with and without methadone therapy, then the annual expected number prevented by such treatments would be 9000 with a possible gain of utility of 1800 and 4500 QALY (quality-adjusted life year), respectively, depending on the reduced utility of 0.2–0.5 for the QOL among decompensated cases. **CONCLUSIONS:** As the annual cost for administration of methadone program was about 40,000 NTD, which leads to an incremental cost of 66,640 to 166,600 NTD (1 USD = 32 NTD) per QALY, without counting the cost of possible harm produced to the society by decompensated behaviors. With improved accessibility of methadone maintenance therapy, the utility of prevention for the decompensation of heroin addiction may be further increased.

PMH54

ECONOMIC EVALUATION OF ESCITALOPRAM TO TREAT MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: Major depressive disorder (MDD) is a psychiatric condition principally characterized by depressive mood, loss of appetite, decreased interest in daily activities, sleep, behavioural or attentional disorders, diminution of energy, and feelings of guilt. Because MDD is associated with substantial health care costs and productivity losses, it wields a considerable economic impact. The aim of this study was to assess, in the Canadian context, the economic impact of escitalopram in the treatment of MDD. **METHODS:** A cost-utility analysis was performed over a one-year time horizon from societal and health care system perspectives in Canada. A decision tree was developed to compare the cost per quality adjusted life year (QALY) associated with the use of escitalopram and citalopram. The decision tree, which included patients with MDD who had received escitalopram or citalopram as initial treatment, takes into account the probability of initial and subsequent treatment remission, of relapse, of suicide attempts, and of suicide-related death. Costs included were those of the antidepressant drugs, medical visits and hospitalizations, and those associated with remission/non-remission, relapses, suicide attempts and suicide-related deaths. Costs related to productivity loss and societal costs associated with suicide-related deaths were also included in the analysis with the societal perspective. Utility values associated with remission and non-remission were obtained from the literature. **RESULTS:** From a health care perspective, the incremental cost-utility ratio of escitalopram compared to citalopram was estimated at $12,869/QALY. From a societal perspective, escitalopram provided more QALYs (+0.0085 QALY/patient) and entailed fewer costs (–$144.70/patient) compared to citalopram. Deterministic and probabilistic sensitivity analyses confirmed the robustness of the base-case results. **CONCLUSIONS:** The results of this economic evaluation indicate that escitalopram is a more cost-effective alternative than citalopram to treat MDD from both the health care system and societal perspectives.

PMH55

CANADIAN COST-EFFECTIVENESS ANALYSIS OF LONG-ACTING RISPERIDONE VERSUS ORAL ATYPICAL AND CONVENTIONAL DEPOT ANTIPSYCHOTICS IN PATIENTS WITH SCHIZOPHRENIA AT HIGH-RISK OF NON-COMPLIANCE: UPDATED BASED ON NEW CLINICAL DATA

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OBJECTIVES: The Canadian cost-effectiveness analysis of long-acting risperidone versus oral atypical and conventional depot antipsychotics in the treatment of schizophrenia was updated based on results from a study comparing long-acting risperidone to depot zuclopenthixol. **METHODS:** An extensive pharmacoeconomic discrete event model was developed to estimate the costs and health benefits of patients treated with long-acting risperidone versus oral atypical and conventional depot antipsychotics in the treatment of patients with schizophrenia at high-risk of non-compliance over a five-year period. In the original analysis, oral risperidone was considered in the oral atypical arm and haloperidol decanoate was considered in the conventional depot arm. At the time of the original analysis there were no head-to-head clinical studies which compared long-acting risperidone to conventional depots. Since, an open-label, randomized, controlled, assessor-blinded, six-month study comparing long-acting risperidone to depot zuclopenthixol has been published. Using these study results, the model was updated to consider depot zuclopenthixol as the treatment for the depot comparator arm. The comparator of oral risperidone for the oral atypical arm remained the same. **RESULTS:** The model projected the five-year cumulative direct costs of $155,601, $178,153, and $182,942 (discounted) for long-acting risperidone, oral risperidone, and depot zuclopenthixol, respectively. Thus, treatment with long-acting risperidone saved approximately $22,552 and $27,341 (discounted) over 5 years compared to oral risperidone and depot zuclopenthixol. Moreover, long-acting risperidone resulted in greater decreases in the number of relapses, total time spent in psychosis and a greater increase in quality-adjusted-life-years (QALYs) compared to oral risperidone or depot zuclopenthixol. Hence, long-acting risperidone is the dominant strategy, being more effective and less costly than oral risperidone or depot zuclopenthixol. **CONCLUSIONS:** Consistent with the original analysis, the current analysis demonstrates that long-acting risperidone is a cost-effective option which results in better clinical outcomes and lower total health care costs than oral risperidone or depot zuclopenthixol.

PMH56

ADULT ATTENTION DEFICIT HYPERACTIVITY DISORDER, LABOR FORCE STATUS AND WORKPLACE ABSENTEEISM AND PRESENTEEISM

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OBJECTIVES: This analysis considers the impact of ADHD in adults on 1) labor force status, and 2) workplace absenteeism and presenteeism in the US. **METHODS:** Data from the 2009 US National Health and Wellness Survey (NHWS) were used to identify all those in the labor force 18 to 49 years of age with a diagnosis of attention deficit disorder (ADD) or ADHD. The analysis was in two stages: 1) an evaluation of the prevalence of adult ADHD (n = 40,428), and 2) the estimation of logistic regressions to assess the contribution of unmedicated/medicated ADHD to labor force status and the estimation of ordered probit regressions (n = 25,862) to assess the contribution of unmedicated/medicated ADHD to absenteeism and presenteeism. Additional variables that are considered are socio-demographic status and health risk factors, together with the Charlson Comorbidity Index (CCI). **RESULTS:** An estimated 2.7% had diagnosed ADHD. This had a significant negative impact on labor force participation (odds ratio 0.817), although medicated ADHD had no impact. The presence of unmedicated ADHD and medicated ADHD were, however, significant at the 1% level in both the absenteeism and presenteeism models. Odds ratios in the absenteeism model were 4.79 for those with unmedicated ADHD and 3.27 for those with medicated ADHD. These were of a similar magnitude to odds ratios for health risk factors (obesity 3.40 and morbid obesity 6.34) but less than the CCI odds ratio 17.43. In the presenteeism model, the odds ratios were also significant at the 1% level at 8.07 for medicated and 6.99 for unmedicated ADHD. **CONCLUSIONS:** The presence of