thermore, FC and HC differ in valuation of both volume and price. Apart from the differences between FC and HC, neither method takes account of disablement. Many patients were disabled at the start of the study, and in the majority of cases, disablement was due to BPD. FC does not take these costs into account. Although HC is potentially able to value the costs of disablement, this is currently not the practice in RCTs. However, production losses associated with disablement are considerable. In addition, neither FC nor HC provides an answer to the question what calculations to perform when a person recovers from disablement and resumes work.

**PMH I 2**

**ECONOMIC CONSEQUENCES OF THE ADVERSE EVENTS RELATED WITH CURRENT ANTIPSYCHOTICS**

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**OBJECTIVES:** Frequency of adverse events -AEs- related with antipsychotics usage is high. Along with clinical implications, economic impact might be important. A pharmacoeconomic model has been developed to ascertain the economic impact of patients experiencing these AEs. The purpose of this study was to model the economic consequences of AEs related with current antipsychotics in Spain. **METHODS:** A cost-effectiveness model was developed using a Markov modeling approach simulating treatment of a cohort of schizophrenics for 12 months, initiating treatment with one of four antipsychotic drugs: haloperidol, risperidone, olanzapine and ziprasidone. The model assumes equivalent efficacy among the antipsychotics. Conditional probabilities of developing any of four adverse events was calculated. Treatment was modified (decrease dose, switch medication) according to incidence of AEs and physician judgments, obtained from a local cross-sectional study and clinical trials previously published. The analysis was conducted in year 2002 from a 3rd party payer perspective (only direct medical cost are computed). Results are shown as annual cost per month with psychotic symptoms controlled. Univariate sensitivity analysis was performed. **RESULTS:** The therapeutic strategy starting with Ziprasidone showed the most favorable cost-effectiveness ratio, being the dominant option (showing the lower costs and the greater number of months with symptoms controlled), versus the other options considered. The annual cost per patient per month with symptoms controlled was €1.035 with that of ziprasidone, versus €1.084, €1.087, and €1.090 with haloperidol, risperidone and olanzapine, respectively. Results are robust to one-way sensitivity analysis. **CONCLUSIONS:** Adverse events related with the usage of antipsychotic drugs produce a considerable economic impact. Availability of drugs with similar effectiveness but better tolerability than existing agents, should positively impact on clinic aspects of schizophrenia and health care budgets as well.

**PMH I 3**

**AFFECTIVE PSYCHOSES IN ADOLESCENTS: THE ECONOMIC CONSEQUENCES OF ACUTE CARE HOSPITAL ADMISSIONS OVER THREE YEARS**

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**OBJECTIVE:** Although affective psychoses are usually associated with adults, it has been reported that at any given point in time approximately 5% of children and adolescents in the U.S. general population suffer from depression. This study sought to identify adolescents (10–19 years) requiring acute hospital management in 1998 for affective psychoses, their readmissions for these problems over a 3-year period and the resulting costs. **METHODS:** The index admission was identified in the 1998 Massachusetts all payer hospital database using ICD-9 diagnosis codes. Suicide attempts were identified by E codes. Readmissions were tracked over three years (1998–2000) by means of a unique patient identifier. All accommodations, ancillaries and physician services were included in the cost estimates, which were adjusted for medical inflation, national values, cost-to-charge ratios, and reported in 2003 US$. **RESULTS:** A cohort of 890 patients was identified with 26% coded as bipolar; 12% admitted due to intentional self-harm. Mean age was 16.4 years (22% = 10–14 years, 78% = 15–19 years); 45% were male. Index admission mean length of stay was 8.5 days (range: 1–106); 68% spent time in a psychiatric unit. Mean cost per stay was $7,239 (range: $491–$107,747). All survived the hospital stay. At discharge, 5% were transferred to mental health facilities (MHF). Subsequent to index admission, 25% were readmitted at least once (mean 1.5, range: 1–11) within 3 years for affective psychoses or self-harm and all survived to discharge. The cumulative 3-year hospital cost for study-relevant admissions for the cohort was estimated at $9.1 million. **CONCLUSIONS:** One quarter of adolescents with affective psychoses who require acute hospital management can be expected to incur additional disorder-related hospital costs within three years. The estimates, albeit conservative, as outpatient therapy and MHF care were not included, illustrate the economic consequences of these disorders for this age group.

**PMH I 4**

**THE BURDEN OF ATTENTION DEFICIT AND HYPERACTIVITY DISORDER (ADHD) IN THE NORDIC COUNTRIES—A LITERATURE REVIEW**

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**OBJECTIVE:** Despite the growing public awareness of attention deficit and hyperactivity disorder (ADHD), studies in the Nordic countries are limited. We undertook a comprehensive literature review of the economic burden of ADHD in Finland, Sweden, and Norway. **METHODS:** The review was performed using searches of electronic databases as well as information from national organizations. The objective was to evaluate the share of the ADHD’s burden on society in the Nordic countries. **RESULTS:** Studies presented an economic burden of ADHD ranging from €1.09 to €1.35 million per patient. The burden of ADHD was calculated using different methods such as the cost-of-illness analysis or cost-minimization analysis. **CONCLUSIONS:** In the Nordic countries, ADHD is a significant economic burden, affecting the patient, family, and society. Further research is needed to develop effective interventions and policies to address this growing health problem.
OBJECTIVE: To assess the prevalence and burden of ADHD in the Nordic countries. METHODS: Literature databases were searched for publications relevant to the study countries and keywords. The time frame was 1987 to 2002. The keywords were ADHD, DAMP, MBD, and HKD. RESULTS: There were six prevalence studies in children aged between six and nine years. The prevalence rates of DAMP ranged between 2.8 and 7.1%. The prevalence rates of ADHD ranged between 3.7 and 7.1%. Several smaller Finnish studies reported that children with MBD/ADHD often transfer to special education, or require additional teaching at school. Finnish and Swedish studies found that 75–80% of children with MBD/ADHD don’t complete high school. One Swedish study showed that 11% of children with ADHD had full sick pension at age 22. Finnish and Norwegian publications report that 38%-47% of children with ADHD/MBD have no friends. Fifty-three percent of the parents in a Norwegian study said their marital problems were associated with the child’s MBD. Finnish and Norwegian studies found that the child’s dysfunction caused the family extra burden in daily activities and a change of their work situation or time. Swedish, Danish, and Finnish studies have shown that ADHD is associated with long-term psychiatric consequences. In Denmark, 24% of children with ADHD had been given a lifetime psychiatric diagnosis at age 23. Finnish, Norwegian, and Swedish studies have reported an over-representation of ADHD in prison populations. Moreover, children with ADHD are especially exposed to sexual offences, and commit such crimes more often than others. CONCLUSIONS: The Nordic data on prevalence of ADHD is in concordance with international figures. Although some of the studies were small and not randomised, the results indicate that ADHD is associated with a great burden for the affected children, their families, and the environment.

OBJECTIVES: To assess cost-effectiveness of LA-RIS versus oral olanzapine (OLA) and haloperidol decanoate (HAL-D) in recently diagnosed schizophrenic patients in the perspective of the Italian National Health care System (NHS). METHODS: A French decision tree model was adapted to the Italian setting: outcome probabilities and cost estimates were based on published data, and supplemented with expert opinion. Only direct medical costs were considered. For LA-RIS (not yet marketed in Italy), 3 different price hypotheses were tested (€100–125–150/injection q2weeks). Effectiveness measures were relapse-free patients and patients maintained on the same treatment for 2 years. RESULTS: LA-RIS was found dominant versus HAL-D in all three hypotheses tested. Versus OLA (10mg/day), LA-RIS cost-effectiveness ratios ranged from dominance to a maximum of €17,544/2 years per incremental relapse-free patient. Sensitivity analysis showed that results were robust over a wide range of parameters tested, including variation of the daily dose of OLA to account for current medical practice in Italy according to the results of the RODOS papers (13.5mg/day). CONCLUSIONS: The model indicates that in recently diagnosed patients, LA-RIS is cost-saving versus HAL-D and cost-saving/cost-effective vs. OLA and should be preferred as a treatment option over oral atypicals and conventional depots, in the perspective of the Italian NHS.

AN ECONOMIC EVALUATION OF ARIPIPRAZOLE VERSUS OLANZAPINE IN A SWEDISH SETTING USING OUTCOMES OF METABOLIC SYNDROME, PROJECTED DIABETES AND CORONARY HEART DISEASE

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OBJECTIVES: The occurrence of dyslipidemia, glucose intolerance and weight gain may lead to an increased risk for developing Diabetes and coronary heart disease (CHD) during therapy with atypical antipsychotics. These complications directly influence an antipsychotic agent’s cost-effectiveness. One method for outcome assessment is to capture these effects with the combined endpoint of metabolic syndrome (MetS) and, using epidemiological