The results of cost-effectiveness illustrate that quetiapine is dominant in Russian patients with bipolar disorder who are initiating atypical antipsychotics therapy compared with aripiprazole, olanzapine or ziprasidone.

PMH38

THE COST-EFFECTIVENESS OF QUETIAPINE, ARIPIPRAZOLE OR OLANZAPINE IN PATIENTS WITH Bipolar DEPRESSION IN THE RUSSIAN FEDERATION

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OBJECTIVES: To explore the cost-effectiveness of quetiapine, aripiprazole or olanzapine in Russian Federation (RF) patients with bipolar disorder (BDP) depression episodes. METHODS: A cost-effectiveness analysis (CEA) was developed to estimate the cost-effectiveness of quetiapine compared with aripiprazole or olanzapine. CEA was undertaken from RF health care perspective using a discount rate of 5%. The time horizon of the analysis was 5 years. The clinical effectiveness was the quality of life (QALY) measured using the EQ-5D-3L. RESULTS: The ER regimen of methylphenidate resulted in a total annual cost of $9524 per patient for the quetiapine group, and $4685 per patient for the aripiprazole group. CEA was undertaken from RF health care perspective using a discount rate of 5%. The time horizon of the analysis was 5 years. The clinical effectiveness was the quality of life (QALY) measured using the EQ-5D-3L.

PMH39

COST-EFFECTIVENESS OF ATYPICAL ANTIPSYCHOTICS FOR THE TREATMENT OF RELAPSE PREVENTION FOR BIPOLAR DISORDER: THE RUSSIAN PERSPECTIVE

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OBJECTIVES: To assess the efficiency of the atypical antipsychotics used to reduce relapses in bipolar disorder, taking into account costs and effectiveness (measured as QALY). METHODS: The Russian health care system perspective and a 5 year temporal horizon have been used. An annual discount rate was assumed to be 5%. The cost-effectiveness analysis in the form of cost-effectiveness ratio (CER) was calculated comparing alternates with the other strategies. RESULTS: The results of CEA illustrate that quetiapine is dominant compared with aripiprazole or olanzapine. Also quetiapine therapy is within willingness to pay threshold in case of risperidone substitution in Russian patients with bipolar disorder who are initiating atypical antipsychotics therapy.

PMH40

ONCE-A-DAY EXTENDED-RELEASE VERSUS TWO-TIMES-DAILY IMMEDIATE-RELEASE M Ethylphenidate for the Treatment of ADHD - A COST-MINIMIZATION STUDY

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OBJECTIVES: Attention Deficit/Hyperactivity Disorder (ADHD) is a neurobehavioral disorder and one of the most prevalent chronic health problems affecting school-age children, representing a costly major public health problem. Keeping in view, the substantial economic burden, the objective of this study was to determine the cost-effectiveness of once-a-day extended-release methylphenidate versus two-times-daily immediate-release methylphenidate for the treatment of ADHD patients. METHODS: Major literature databases were systematically searched to identify appropriate randomized clinical trials and meta-analyses to obtain costs associated with both the alternative formulations from a payers’ perspective. Medical costs included cost of drug, cost of assessments, cost of non-compliance, cost of injuries/accidents and cost of inpatient treatment. All costs were adjusted to 2012 USD using consumer price index. The expected outcome was considered to be the same for both the formulations and a cost-minimization analysis was performed using a decision tree approach. Multiple one-way sensitivity analyses were performed on all cost variables to evaluate the robustness of the results. RESULTS: The ER regimen of methylphenidate resulted in a total annual cost of $4685 per patient which was less costly as compared to the IR regimen that resulted in a total annual cost of $9524 per patient for the quetiapine group. CONCLUSIONS: In our study Methylphenidate ER had 50.81% less annual economic burden as compared to the IR regimen for the treatment of ADHD patients.

PMH41

COST-UTILITY OF TWO SHORT-TERM PSYCHOTHERAPIES IN THE TREATMENT OF DEPRESSIVE AND ANXIETY DISORDERS DURING A THREE-YEAR FOLLOW-UP

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OBJECTIVES: Different types of psychotherapy, alone or together with pharmaceuticals, are used extensively in the treatment of depressive and anxiety disorders. However, only a few studies thus far have addressed the cost-utility of the different psychotherapies in comparison with the direct health care costs and the quality of life of persons who have suffered from depression or anxiety and have been treated either with short-term psychodynamic psychotherapy (SPP), solution-focused therapy (SFT). METHODS: A total of 198 outpatients aged 20–45 years suffering from mood or anxiety disorder were randomized to SPP or SFT. RESULTS: Quality of life was assessed using Chubon’s Life Situation Survey (LSS). The assessments took place at baseline and at 7, 12 and 36 months after the start of the therapy. All direct costs due to mental health problems incurred during the three-year follow-up period were taken into account in the analysis. CONCLUSIONS: During the first 7 months patients’ quality of life improved considerably, with mean LSS scores increasing from about 70 to about 93 in both groups. This change was also statistically significant. After the 7th month some minor improvements continued to be observed in quality of life. At the end of the follow-up period the mean LSS scores were in both groups somewhat below 100, a threshold for very good quality life. The differences between the two groups were very small at every measurement point and not statistically significant. The direct costs were about equal in both groups. The small positive changes observed in the quality of life after the 7th month were at least partly due to auxiliary treatments whose costs were much higher than the costs of SPP or SFT.

PMH42

HEALTH CARE AND SOCIAL SERVICE USE AND COST IN DEPRESSED AFRICAN AMERICAN ELDERS: RESULTS FROM THE BEAT THE BLUES RANDOMIZED CLINICAL TRIAL

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OBJECTIVES: To report health care and social service costs from a trial of cognitive-behavioral therapy (CBT) compared with a health education control group (BTB) in depression among older African Americans. METHODS: Two-group randomized design in which the BTB group received the program and the control group did not receive the program. RESULTS: Both groups were followed for 4 months. Service use and costs at each time point included health care use for depression (outpatient visits and phone calls from therapist, emergency department visits, hospitalizations), medications, alternative approaches to managing depression (massage, acupuncture), paid caregiving (homecomer, home health aide, and visiting nurse), and social services (meals, transportation, and social worker support). RESULTS: A total of 129 subjects were randomized (68 BTB, 61 wait-list control), the average age was 68.3 years, most were female (57.9%), not married (50.4%), not employed (92%), and had an average 13.4 health conditions. The BTS group experienced a post-treatment decrease in depression of 1.4 points, whereas the BTB group showed a decrease of 0.3 points. The BTS group showed a significant decrease from baseline to 4 months in the wait-list control group. There was no significant difference in costs between the BTS and BTB groups. CONCLUSIONS: The BTS group showed a significant decrease from baseline to 4 months in the wait-list control group. There was no significant difference in costs between the BTS and BTB groups.