mental episode. Illnesses category 8 (anorexia) was the most costly (Mean Pakistan. Mean cost for all categories in inpatient care is Pak Rs. 21701 per treat-
nesses in inpatient care. While in day care 2(Schizophrenia 3(mood/depressive
medication and procedure. The indirect costs on travel and productivity losses are
ECONOMIC BURDEN OF MENTAL ILLNESSES IN PAKISTAN

There has been a growing concern about the economic burden of
mental illness in Pakistan and provides estimates of cost on mental illness in the
country. This study emphasizes the importance of economic consequences of
mental illness in Pakistan and provides estimates of cost on mental illness in the
country. METHODS: Aga Khan University Hospital patient records of psychiatry clinics inpatient (N=727) and outpatient (N=1458) data for the year 2005-06 were classified into ten ICD-10 classification. For each category of mental illness the direct cost included consultation fee, diagnostics, bed charges, laboratory charges medication and procedure. The indirect costs on travel and productivity losses are being estimated drawing a stratified random sample for both inpatient and day
case dataset. RESULTS: Mental illnesses categories 2(Schizophrenia (N=727) and
3(mood/depressive disorder (N=415) accounted for 82% of burden of mental ill-
ness in inpatient care. While in day care 2(Schizophrenia 3(mood/depressive disorder and 4(Panic/OCD) accounted for 75% of burden of mental illnesses in Pakistan. Mean cost for all categories in inpatient care is Pak Rs. 21701 per treat-
ment episode. Illnesses category 8 (anorexia) was the most costly (Mean Rs.71687)
and category 1(dementia and other organic disorders were relatively less expensive
treatment (Mean Rs.11983). CONCLUSIONS: Initial findings suggest the economic burden of mental illness is alarming high and its treatment is unaffordable by many families in the country. This might result in denied or delayed care. Using country level available data on burden of mental illness the economic impact of mental illnesses in Pakistan will be estimated. We will also explain socio-economic determinates of mental illnesses.

COST EFFECTIVENESS OF EXTENDED RELEASE QUETIAPINE FUMARATE

OBJECTIVES: Pharmacological strategies for schizophrenia have received increas-
ing attention due to the development of new and costly drug therapies. To estimate the
direct healthcare and non-healthcare cost of schizophrenia and to simulate cost reductions potentially obtained with a new pharmacogenomics treatment, in
patients newly diagnosed with schizophrenia.

METHODS: A microsimulation Monte-Carlo Markov model was used. Six discrete disorder states defined the Markov model: 1) first episode (FE), 2) low dependency state (LDS), 3) high dependency state (HDS), 4) Stable state (Stable), 5) Well state (Well), and 6) Death state (Death). Costs and individual probabilities of transition were estimated from the Régie de l’assurance maladie du Québec and Med-Echo databases. RESULTS: A total of 14,320 individ-
uals were identified in the study cohort as newly diagnosed patients with schizo-
phrenia. Over the first 5 years following diagnosis the mean cost per person was
estimated at £36,701 (95% CI: £36,264 to 37,138). The direct healthcare cost accounted for 56.2% of the total cost, welfare assistance for 34.6% and long term care facilities for 9.2%. On the direct healthcare cost, hospitalisation cost accounted for 64.6%, medical cost for 11.4% and drug-related cost for 24%. In the case where a new pharmacogenomics treatment with 30% increase of effectiveness would be available, the direct healthcare and non-healthcare costs can be reduced up to 14.2%. CONCLUSIONS: This model is the first Canadian model incorporating transition probabilities adjusted for individual risk-factor profiles and costs using real-life data. Our results indicate that a new pharmacogenomics treatment could possibly reduce hospitalisation and long-term care facility costs while potentially enabling patients to return to active employment that would in turn contribute to the re-
duction of the welfare assistance cost.

COST EFFECTIVENESS OF EXTENDED RELEASE QUETIAPINE FUMARATE

MIDAS trial, a randomised controlled trial of an ex-
perimental intervention programme (integrated motivational interviewing and
psychiatric forensic medium secure unit admission (568 days, £273,208).

CONCLUSIONS: This study provided practice-based data describing patient level costs associated with standard care opioid pharmacotherapies for treatment for patients with psychosis and co-occurring substance use.

PMI26 DIRECT COST OF SCHIZOPHRENIA IN CANADA: AN INCIDENCE-BASED
MICROSIMULATION MONTE-CARLO MARKOV MODEL

Dragoon AM, Tarriere JE, Angors JF, Joosher K, Rouleau C, Ferreira S.
University of Montreal, Montreal, QC, Canada, 2McMaster University, Hamilton, ON, Canada,
3Université de Montréal, Montreal, QC, Canada, 4Institut Douglas, Montreal, QC, Canada, 5Université de Montréal, Montreal, QC, Canada.

OBJECTIVES: The objective of this exploratory analysis was to assess the cost-effectiveness of quetiapineXR as monotherapy compared to other key drug treat-
ments in MDD patients, who have failed on previous therapy.

METHODS: A Markov Model with one week cycles was used to assess the cost effectiveness of quetiap-
ineXR treatment over 52 weeks. Key outcomes were: response rates, costs and Incremental Cost-Effectiveness Ratios (ICERs) for second line monotherapy. The

PMI27 AN ECONOMIC ANALYSIS OF THE IMPACT OF CRIME AND HOSPITALISATION
ASSOCIATED WITH DIFFERENT INTERVENTIONS FOR OPIOID ABUSE IN THE
UNITED KINGDOM

Taylor M, Lewis J, McKeague N. University of York, York, UK, 2University of Glasgow, Glasgow, UK.

OBJECTIVES: People addicted to opioids contribute a significant burden to society, both in terms of quality of life (QoL) and economic consequences. Untreated users are more likely to be out of work, commit crimes and require healthcare resources. Treating patients has been demonstrated to reduce these factors. However, some users receiving formal care continue to misuse that treatment, leading to other significant consequences for society. This study evaluated the potential impact of a novel formulation (buprenorphine/naloxone, suboxone), aimed at mitigating misuse and diversion. Increasing the currently limited number of treatments available will likely increase the number of people in treatment. The objective was to assess cost-effectiveness of two approaches to managing opioid users, buprenor-
phine/naloxone and methadone, and, further, to compare the use of any treatment against no treatment.

METHODS: A cost-effectiveness model was built, incorpo-
rating costs and benefits associated with each treatment. The unit cost data were taken from published data and databases, including NHS Reference Costs 2009-2010 and PSSRU Unit Costs of Health and Social Care 2010. Crime costs were taken from Home Office publications. Crime and hospitalisation rates, by age, were taken from an observational study of 109 patients in Scotland.

RESULTS: Our results indicate that a new pharmacogenomics treatment could possibly reduce hospitalization and long-term care facility costs while potentially enabling patients to return to active employment that would in turn contribute to the re-
duction of the welfare assistance cost.

PMI28 COST EFFECTIVENESS OF EXTENDED RELEASE QUETIAPINE FUMARATE

(QUETIAPINE XR) MONOTHERAPY IN TURKEY IN PATIENTS WITH MAJOR
DEPRESSIVE DISORDER (MDD) WHO HAVE FAILED PREVIOUS ANTIDEPRESSANT
THERAPY

Aydemir O, Dilbaz N, Malhan S.
1Adnan Menderes University, Manisa, Turkey, 2Ankara Numune Research & Training Hospital, Ankara, Turkey, 3Duzce University, Duzce, Turkey.

OBJECTIVES: The objective of this exploratory analysis was to assess the cost-effectiveness of quetiapineXR as monotherapy compared to other key drug treat-
ments in MDD patients, who have failed on previous therapy.

METHODS: A Markov Model with one week cycles was used to assess the cost effectiveness of quetiap-
inXR treatment over 52 weeks. Key outcomes were: response rates, costs and Incremental Cost-Effectiveness Ratios (ICERs) for second line monotherapy. The