THE COST CONSEQUENCES OF CONTINUED TREATMENT-RESISTANCE IN DEPRESSION
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OBJECTIVE: To profile treatment-resistant depression (TRD) patients healthcare costs and medical care patterns as their illness progresses.

METHODS: The MEDSTAT MarketScan® Database for 1995–2000 was used. Patients with a depression diagnosis, suicide attempt, or those treated with electroconvulsive therapy were considered. TRD patients were those who either switched or augmented their initial four-week (minimum) antidepressant prescription with at least one more antidepressant prescribed for at least four weeks. Demographic, treatment, and cost profiles were constructed for periods covered by each subsequent antidepressant medication switch or augmentation. Total medical expenditures per day (year-2000 dollars) were calculated and compared for periods between the index date (entry into study) and each subsequent medication switch or augmentation. Negative binomial count regression models were used to assess the impact of factors on number of medication switches or augmentations occurring during the study period.

RESULTS: Overall per-patient costs were not significantly different between the olanzapine-treated patients (15.9 ± 4.5 mg/day) and the divalproex-treated patients (1596.4 ± 492.7 mg/day). However, olanzapine treatment was associated with significantly higher medication costs (p < .001), but significantly lower outpatient (p < .001) and overall inpatient (p < .05) costs over the course of treatment. Outpatient costs were higher in divalproex-treated patients due to higher emergency room and other outpatient visits.

CONCLUSIONS: These findings suggest that differences in medication acquisition cost are offset by lower costs for other clinical services during olanzapine treatment. Further research is needed to determine the extent to which the present findings can be generalized to practice settings outside of the clinical trial context.

MODELING THE ECONOMIC IMPACT OF GALANTAMINE TREATMENT IN PATIENTS WITH ALZHEIMER’S DISEASE IN DIFFERENT HEALTH CARE SYSTEMS
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OBJECTIVES: To estimate the long-term health and economic impact of treating patients with Alzheimer disease with galantamine (Reminyl) in different countries.

METHODS: A pharmacoeconomic model, The Assessment of Health Economics of Alzheimer’s Disease (AHEAD), was used to predict the time until Alzheimer’s disease patients require full-time care and the associated costs. Full-time care was the consistent requirement for a significant amount of care giving and supervision each day. Efficacy data were obtained from three clinical trials comparing galantamine with placebo. For each country, local data were obtained on service use, balance of care between community and institutions, and relevant unit costs. Analyses were completed for The Netherlands, Sweden, Finland, Germany, UK, Canada and New Zealand. Forecasts were made for up to ten years. Costs are reported in 2001 currencies and determined from a perspective somewhat broader than that of a comprehensive payer, including the cost to a national health service as well as other relevant stakeholders such as providers of social care services. Both health benefits and costs were discounted at 3%. Sensitivity analyses were carried out on key input parameters and combinations of these parameters.

RESULTS: In each country, full-time care was estimated to account for at least two-thirds of the cost of caring for patients over ten years, and more than 60% of this cost was from providing institutional care. Galantamine is predicted to reduce the duration of full-time care by...