OBJECTIVES: The economic burden of affective disorders (mood disorders) has become an important issue both for health care providers as well as society as a whole. This study aims at developing a model to estimating the cost of affective disorders to the European society. METHODS: A model was developed, based on the prevalence of the most prevalent affective disorders (depression and bipolar disorders) and the cost per patient for these disorders. The model served the following purposes: (1) transform and convert available economic data to a defined time period as well as currency (€2004) (2) adjust country specific economic data for purchasing power and relative size of economy (3) impute data for countries where no data were available (4) combine epidemiology and economic data to estimate the total cost of affective disorders. The model was based on published economic evidence in affective disorders in Europe, as well as on epidemiologic evidence from literature and databases. National and international statistics for the model were retrieved from the Eurostat 2004 and OECD Health 2004 databases. The estimates were presented in Euro for 2004. RESULTS: The total number of adult people afflicted with affective disorders amounted to 20.9 million in Europe. The cost of affective disorders in Europe was estimated at €108.6 billion in 2004 prices. The cost of depression only amounted to €91 billion, and bipolar disorders to €31.6 billion. Indirect costs constituted 71% of the total cost of affective disorders. Drug costs made up €7.2 billion or 7% of the total cost. CONCLUSIONS: The cost of affective disorders poses a significant economic burden to European society. The cost estimation model gives a reliable estimate of the cost of illness in Europe based on the data and model algorithm used.

COST OF AFFECTIVE DISORDERS IN EUROPE

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OBJECTIVES: To compare the cost-effectiveness of escitalopram with venlafaxine and generic citalopram and in the first-line treatment of Major Depressive Disorder (MDD) in Germany. METHODS: A two-path decision analytic model with a 6-month horizon was adapted to the German setting using local clinical guidelines and data. All patients (aged ≥ 18 years) started at the primary care path and were referred to specialist care in the secondary care path in case of insufficient response. Model inputs included drug-specific probabilities derived from a meta-analysis, clinical trials, published literature and expert opinion. Costs are calculated on the basis of German ex-pharmacy price for drugs, uniform remuneration scheme (EBM) for ambulatory care and diagnosis related groups (DRG: U63Z) for secondary care. Main outcome measures were success [Montgomery-Åsberg-Depression-Rating-Scale (MADRS) ≤12] and costs of treatment. The analysis was performed both from the German Statutory Health Insurance (GKV) and the societal perspective. The Human Capital approach was used to estimate the societal costs. RESULTS: From both perspectives, treatment with escitalopram yielded lower expected cost and greater success of treatment compared to generic citalopram. The expected success rate for escitalopram was higher (61.7%) compared to generic citalopram (57.7%). From the GKV perspective, the total expected cost per successfully treated patient was €149 (17.7%) lower for escitalopram (€694) compared to generic citalopram (€843). From the societal perspective, the difference was €463 between expected costs of €1,717 and €2,180, respectively. Escitalopram demonstrated a similar treatment success to that of venlafaxine at lower costs (€83 and €103, for GKV and societal perspective, respectively). Multivariate sensitivity analyses demonstrated the robustness of the results. In addition escitalopram shows a similar cost-effectiveness-ratio even at costs of £0 for generic citalopram (€694 vs. €691). CONCLUSION: Escitalopram is a cost-effective alternative compared to generic citalopram and venlafaxine in the first-line treatment of MDD in Germany.