Abstracts

PMH24

DIRECT COSTS OF UNTREATED COMORBID-INSOMNIA IN AN ADULT DEPRESSED MANAGED CARE POPULATION
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OBJECTIVES: Previous research has shown that untreated insomnia has significant direct and indirect burden. The lifetime prevalence of major depressive disorder (MDD) is more than 17%, with up to 80% reporting comorbid insomnia. The purpose of this study was to estimate the economic burden of comorbid untreated insomnia within an adult depressed population.

METHODS: A large managed care claims database was used to identify MDD subjects (18 to 64 years) anytime between January 1, 1998 to November 30, 2007 using MDD-specific ICD-9-CM diagnoses. Depressed insomniacs were selected from this cohort using insomnia-specific ICD-9-CM codes/hypnotic-use. Direct costs were compared with a 1:1 matched control group that had depression and no insomnia vs. depressed-insomniacs twelve-months prior to initiating insomnia treatment/diagnosis. Total direct costs included inpatient, outpatient, ER and drug costs. Multivariate regression analyses were conducted to control for factors that were different even after matching. Cost outcomes were analyzed using log-transformation and then retransformed to their original scale after applying smearing factor. All statistical tests were conducted using SAS 9.1.

RESULTS: A total of 41,594 controls were matched to 41,594 depressed-insomniacs on demographic characteristics, index-date, antidepressant use, plan type, and region using propensity-scoring technique. Depressed-insomniacs had statistically higher (p < 0.01) total outpatient visits 9.24 (SD = 10.14) vs control 7.92 (SD = 8.42); depression-related visits 4.32 (SD = 8.33) vs control 2.36 (SD = 5.32); and antidepressant prescriptions 5.28 (SD = 5.92) vs control 4.71 (SD = 5.27). Overall total direct costs for depressed-insomniacs were significantly (p < 0.001) higher than controls ($6,772 vs. $5,644) after matching and controlling for differences in age, location, plan type, index year, and comorbidity patterns. The $1128 difference in average medical expenditure per-subject reflected the estimate of direct cost of untreated insomnia in an elderly depressed population.

CONCLUSIONS: Untreated insomnia within an elderly comorbid depressed population is associated with significant direct costs. Future research needs to determine prevalence and cost-effectiveness of treating comorbid insomnia within this population.

PMH25

DIRECT COSTS OF UNTREATED COMORBID-INSOMNIA IN AN ELDERLY DEPRESSED MANAGED CARE POPULATION
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OBJECTIVES: Previous research has shown that untreated insomnia within the elderly has significant economic burden. The lifetime prevalence of major depressive disorder (MDD) is more than 17%, of which up to 80% have comorbid insomnia. The purpose of this study was to estimate the economic burden of untreated insomnia within an elderly comorbid depressed population. METHODS: A large managed care claims database was used to identify elderly MDD subjects between January 1, 1998 to November 30, 2007 using MDD-specific ICD-9-CM codes. Depressed insomniacs were selected from this cohort using insomnia-specific ICD-9-CM codes/hypnotic-use. Direct costs were compared with a 1:1 matched control group that had depression and no insomnia vs. depressed-insomniacs twelve-months prior to initiating insomnia treatment/diagnosis. Total direct costs included inpatient, outpatient, ER and drug costs. Multivariate regression analyses were conducted to control for factors that were different even after matching. Cost outcomes were log-transformed and then retransformed to their original scale after applying smearing factor. All statistical tests were conducted using SAS 9.1.

RESULTS: A total of 2900 controls were matched to 2900 depressed-insomniacs on demographic characteristics, index-date, antidepressant use, plan type, index-year, and comorbidity patterns. The $1451 difference in average medical expenditure per-subject reflected the estimate of direct cost of untreated insomnia in an elderly depressed population.

CONCLUSIONS: Untreated insomnia within an elderly comorbid depressed population is associated with significant direct costs. Future research needs to determine prevalence and cost-effectiveness of treating comorbid insomnia within this population.

PMH26

ONE YEAR PROSPECTIVE HEALTH CARE AND NON-HEALTH CARE RESOURCES USE AND COST STUDY IN PATIENTS WITH DEMENTIA OF ALZHEIMER TYPE: A SPANISH PERSPECTIVE
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OBJECTIVES: To analyse the economic impact of one-year health care and non-health care resources utilization by patients with Alzheimer disease (AD) under usual medical practice conditions in Spain. METHODS: A one-year, prospective, naturalistic, multicentre cohort study was designed to recruit treated patients with mild, moderate to severe and severe AD according to CDR: the ECO study. Health care resources included all kind of medical visits, drugs and concomitant treatments, complementary tests, institutionalization and home-nursing facilities' use. Non-health care resources included inventory materials, consumables, professional and non-professional carers’ time of care and supervision. Results were analysed according to patients’ socio-demographic data, degree of AD (CDR; MMSE and BDRS), overall health status (HUI3), and to variables inherent to the main carer including hours of care and supervision and health status (HUI3) and stress (Zarit). RESULTS: A total of 560 patients with possible/probable AD by DSM-IV-NINCDS-ADRDA criteria were included in the study; 68% women, 77 ± 6 years old, 29% treatment naive. Monthly mean cost was €1,078 (€12,936 patient/year), increasing by 9.4% at the end of the study from a baseline cost of €993. By components, non-health care costs (€760, 71% of total cost) decreased €7 (0.8%) at the end of the year, while health care costs grew €101/month (43.9%), mainly driven by the cost of drugs, nursing home utilization and institutionalization. The 82% of