Abstracts

NATIONAL ESTIMATES OF HEALTH SERVICE USE AND COSTS IN CHRONIC MEDICAL DISORDER PATIENTS WITH AND WITHOUT DEPRESSION IN 2004-5

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Objective: To study providers and payers impact of depression in chronic medical disorders (CMD) in the United States (US), we studied national estimates of health service use and related costs in CMD patients with and without depression.

Methods: For the retrospective analysis, we extracted data on >18-year-old CMD patients from the pooled 2004-5 Medical Expenditure Panel Survey. Data included ICD-9-CM-coded CMD (hypertension, heart disease, arthritis/others joint-disorders, chronic obstructive pulmonary disease, hypertension, or diabetes), depression, health service use (ambulatory, in-patient, and emergency department visits and prescription medications) and related costs. RESULTS: On average, CMD patients with depression (n = 9999) did significantly differ from those without depression (n = 8739) by number of ambulatory visits (7.5, 95% CI: 6.9-8.1 vs. 4.6, 95% CI: 4.4-4.8, p < 0.001) and related costs ($973, 95% CI: 867-1,094 vs. $567, 95% CI: 534-601 p < 0.001) and by number of prescription drugs used (16.8, 95% CI: 15.2-18.5 vs. 9.2, 95% CI: 8.3-9.6, p < 0.001) and related costs ($1,012, 95% CI: 918-1117 vs. $469, 95% CI: 442-497, p < 0.001). However, CMD patients with depression did not significantly differ from those without depression for average number of inpatient hospital days or emergency department visits (p > 0.05). Costs were higher in CMD compared with CMD patients without depression. Those with depression report 1.6- and 1.7-times higher ambulatory visits and related costs, and 1.6- and 1.7-times higher emergency department visits and related costs. The sensitivity analysis results showed a better QoL at a lesser cost in the worst assessed scenario with 60% compliance in the Quetiapine XR cohort and 80% compliance in the Olanzapine cohort.

Conclusion: Quetiapine extended release is an atypical antipsychotic with less adverse reactions than Olanzapine that results in a better Quality of Life for patients with schizophrenia at a lesser cost for the institution.

Comparision of hospitalizations and health care costs of elderly major depressive disorder (MDD) patients treated with escitalopram, generic SSRIs, or SNRIs

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Objective: To examine hospitalization use and health care costs of elderly MDD patients treated with escitalopram compared to those treated with either generic SSRIs or SNRIs. METHODS: Elderly MDD patients (age 65) initiated on escitalopram, a generic SSRIs, or SNRIs were identified in the Ingenix Impact Database (2003-2007). Hospitalization rates, length of stay, and health care costs were examined over the 6-month period following therapy initiation (analysis period). Logistic and negative binomial regressions were used to compare the rate and days of hospitalization, respectively. Wilcoxon tests were used to make comparisons of costs descriptively. General Linear Models (GLMs) regression was conducted to control for patient characteristics including demographics, comorbidities, and baseline medical resource use. RESULTS: A total of 1850 elderly patients initiated on escitalopram, 2668 on generics SSRIs, and 1033 on SNRIs. Escitalopram patients had higher comorbidities, health care utilization, and costs at baseline than generic SSRIs and SNRI patients. Logistic regression showed that escitalopram patients were less likely to be hospitalized in the analysis period than generic SSRIs (OR = 0.81, P = 0.0071) or SNRI patients (OR = 0.88, P = 0.1870). Negative binomial regression showed that escitalopram patients had fewer hospitalization days than generic SSRIs (IRR = 0.79, P = 0.0416) and SNRI patients (IRR = 0.74, P = 0.0042), which translated into 54.0 and 70.6 more days per 100 patients for the generic SSRIs and SNRI patients over 6 months, respectively. Escitalopram patients had a $3,758 cost reduction during the analysis period, significantly greater than the cost reductions for generic SSRIs and SNRI patients of $951 and $562, respectively (both

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DISCRETE EVENT SIMULATION COMPARING QUALITY OF LIFE AND COSTS BETWEEN OLANZAPINE AND QUETIAPINE XR TREATMENT FOR SCHIZOPHRENIA IN MEXICO

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Objective: To determine quality of life related to adverse reactions and costs using Olanzapine or QuetiapineXR in the treatment of Schizophrenia from an institutional perspective.

Methods: A discrete-event model using Arena software was constructed to compare the health outcomes, quality of life and costs associated with the use of Olanzapine or Quetiapine XR in patients with schizophrenia. The model included patient demographics, health status variables, and a comparison of the adverse reactions and costs associated with both medications. The model parameters included the frequency and severity of adverse reactions, the quality of life associated with each adverse reaction, and the cost of each adverse reaction. The model was then run for a period of six months to compare the health outcomes, quality of life, and costs associated with the use of Olanzapine or Quetiapine XR.

Results: The model showed that patients treated with Quetiapine XR had a higher quality of life and lower costs compared to those treated with Olanzapine. The quality of life was measured using the WHOQOL-BREF, and the costs were calculated using a cost-utility analysis. The model showed that Quetiapine XR had a higher quality of life and lower costs compared to Olanzapine.

Conclusion: The model demonstrated that Quetiapine XR is a more cost-effective and effective treatment for schizophrenia compared to Olanzapine.