FUNCTIONING AND HEALTH CARE RESOURCE USE OF SCHIZOPHRENIC PATIENTS IN A ONE-YEAR FOLLOW-UP STUDY. SOHO STUDY

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OBJECTIVE: To evaluate functioning and resource use of schizophrenic patients treated with antipsychotic agents. METHODS: One thousand eight hundred forty-seven schizophrenic out-patients who initiated or altered antipsychotic treatment were studied for one year. Four consultations were made at baseline, 3, 6, and 12 months intervals. Health care resource use for schizophrenia treatment was recorded as well as the Social Functioning Scale (SFS): Social Relations (SR), Interpersonal Communication (IC) and Independence (I). There were two cohorts: patients who started Olanzapine, (1091, 59.1%) and patients on other antipsychotics, (756, 40.9%, of whom 187 were on Quetiapine, 471 on Risperidone and 153 on others). RESULTS: Health care resource use for schizophrenia treatment was as follows: consultations were made at baseline, 3, 6, and 12 months intervals. There were two cohorts: patients who started Olanzapine, (1091, 59.1%) and patients on other antipsychotics, (756, 40.9%, of whom 187 were on Quetiapine, 471 on Risperidone and 153 on others). RESULTS: Sixty-four percent of subjects were male, mean age 38.9 (13) and 58.1% under 40. A total of 15.9% attempted suicide on one occasion. At baseline visit, 76.4% were on antipsychotics and, in the previous six months, had been hospitalised for schizophrenia related treatment for an average of 10.7 (23) days, attended a day-centre 9.7 (27) times and had seen a psychiatrist 10.15 times. Both groups experienced improvements in Social Functioning: the Olanzapine group had increased scores of 10.2 (16.6), 11.6 (19.7), and 7.5 (18.6) in terms of SR, IC and I, while the other group observed increases of 7.1 (16.4), 7.5 (18.6), and 5.4 (17.5), respectively. No differences were detected between cohorts in terms of service use: 17.9% of patients attended a day-centre on average 4.7 times per annum. CONCLUSIONS: Functioning of schizophrenic patients improved in terms of social relations, interpersonal communication and independence.

PHARMACOUTILIZATION OF ANTIDEPRESSANT DRUGS IN PRIMARY CARE: A LONG-TERM RETROSPECTIVE ANALYSIS OF A LARGE POPULATION

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OBJECTIVE: To investigate the real pharmacoutilization of antidepressant drugs in primary care. METHODS: An observational cohort study was conducted among all population (356,000 inhabitants) listed in the administrative databases of the Local Health Unit of Ravenna. In a time horizon of 5 years (1996–2000), all patients exposed to antidepressant drugs were included. Pharmaceutical and nosocomial databases were cross-linked to evaluate drugs used, concomitant diseases, and hospitalizations. Pharmacoutilization profile was defined according to the number of renewed prescriptions per year, and categorized as continual, non-continual or occasional exposure. RESULTS: A cohort of 27,139 patients was retrospectively evaluated. Part of them (n = 5,989, 22.1%), received a variable treatment combination including heterocyclic or selective serotonin re-uptake inhibitors (SSRIs) or other drugs. With reference to monotherapy, 39.1% of patients (n = 10,612) were exposed to heterocyclic, 31.5% (n = 8,548) to different drugs as 5-hydroxytryptamine-antagonists, monoamine oxidase inhibitors, or others, and 7.3% to SSRIs (n = 1,990). Among evaluated patients, 18.6% [n = 5,044; mean age 63 ± 17yrs; 65% female] were exposed to a continual treatment, 23.1% [n = 6,271; mean age 61 ± 18yrs; 69% female] to a non-continual treatment, and 58.3% [n = 15,824; mean age 54 ± 20yrs; 63% female] to an occasional treatment. Interestingly, in patients on occasional treatment both the lowest mean age and percentage of female were registered. Compared with all other groups, in patients with a continual exposure was observed the lowest statistically significant frequency of patients treated with heterocyclic (21.8%; p < 0.001) and the highest percentages of those with SSRIs (12.0%; p < 0.001). In the group on continual treatment (54.7%), concomitant cardiovascular diseases were significantly higher in comparison with those on different treatment profiles (p < 0.001), suggesting in this case a more awareness in the treatment of depression. CONCLUSION: Results from population-wide databases show 7.6% of patients were exposed to antidepressant drugs; however, just a small proportion of them (18.6%) were on a continual exposure.