The overall cost of care for patients with schizophrenia can increase considerably, due to management of diseases related to the metabolic syndrome such as obesity and diabetes (CHD) and diabetes. The STAR-D study, a short-term, second-generation antipsychotic that has shown relatively less adverse metabolic effects than other antipsychotics. The objective of this study is to estimate the avoided cost of CHD and diabetes with the use of aripiprazole compared with the standard of care (SOC) treatment (olanzapine, quetiapine and risperidone) in Mexico. METHODS: Predictions of avoided diabetes and CHD for patients receiving aripiprazole or SOC were based on risk factor data on metabolic outcomes from the STAR-D study and related published articles. These calculations were applied to the Mexican population considering a schizophrenia prevalence of 0.7%. The annual cost per patient for the treatment of diabetes and CHD in Mexico was obtained from the literature review indexed to 2009 prices using the national consumer index for health. Cost calculations were discounted by an annual rate of 3.5% and expressed to the payer in the United States.

OBJECTIVES: The study is intended to estimate the expected outcomes and economic costs in adults with MDD receiving adjunctive therapy with atypical antipsychotics–aripiprazole, quetiapine, and olanzapine–as adjunctive therapy to haloperidol. These results may be of use when determining the most cost-effective treatment strategy for acute schizophrenia.

RESULTS: First-line treatment with olanzapine was associated with fewer hospital days, fewer EPS days, and greater number of QALYs than first-line treatment with aripiprazole. Drug costs were higher for the olanzapine pathway; however, total costs were lower for the olanzapine pathway than the aripiprazole pathway due to cost savings associated with better health outcomes and less medical resource use. The incremental cost per QALY gained indicated that the olanzapine pathway dominated the aripiprazole pathway. The one-way and probabilistic sensitivity analyses confirmed the robustness of the model and its results. CONCLUSIONS: The model confirms results of the previous model and indicates that olanzapine is associated with better expected health outcomes and lower costs than risperidone. Despite a potential increase in drug costs, treatment with schizophrenia with olanzapine instead of risperidone could lead to cost savings for payers in the United States.