MENTAL HEALTH

MENTAL HEALTH—Clinical Outcomes Studies

PMH1 IMPACT OF WEIGHT GAIN ON TREATMENT EFFECTIVENESS WITH OLANZAPINE OR ARIPIPRAZOLE, CONSIDERING NON-ADHERENCE, RELAPSE AND COST OF RELAPSE IN PATIENTS WITH SCHIZOPHRENIA IN FINLAND

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OBJECTIVES: Occurrence of weight gain during antipsychotic therapy may not only lead to increased metabolic or cardiovascular risks but may also influence treatment effectiveness, reflected by adherence to antipsychotic therapy. Aim of this analysis is to link weight gain during treatment with olanzapine and aripiprazole in clinical trials to medication non-adherence and, in consequence, to relapse and cost of relapse from a Finnish perspective, based on comparable efficacy in treating schizophrenia.

METHODS: In a web-based interview, 104 Finnish psychiatrists described the impact of antipsychotic treatment-related weight gain on adherence and estimated the percentage of their patients with schizophrenia becoming non-adherent, when experiencing >7% weight gain during six months of antipsychotic therapy. The result was linked to the primary efficacy outcome measure, percentage of patients showing significant (>7%) weight gain, in a 26-week random clinical trial of aripiprazole vs. olanzapine. Drug non-adherence-related relapse data and costs of treating relapse were derived from published sources. Cost analysis was based on Finnish payer’s perspective.

RESULTS: After 26 weeks, 33% in the olanzapine group showed >7% weight gain, compared to 13% with aripiprazole. Finnish psychiatrists estimated 18% of their patients becoming non-compliant when experiencing >7% weight gain within 6 months of antipsychotic therapy. The percentage of medication non-compliant patients who experienced a relapse is 37%. Results show a relative risk reduction estimate for relapse due to weight gain related non-adherence of 64% with aripiprazole versus olanzapine. When treating 1000 patients with aripiprazole instead of olanzapine over 6 months, 14 relapses due to weight gain related non-adherence could be avoided, with estimated cost savings of 180,950€ due to avoided acute relapse treatment in Finnish hospitals.

CONCLUSIONS: Results highlight improved effectiveness with medical and economic benefit of aripiprazole versus olanzapine, reflected by potentially reduced relapse rates due to weight gain induced non-adherence.

PMH2 GEO OBSERVATIONAL STUDY: 12 MONTH’S DISEASE CHARACTERISTICS, SIDE EFFECTS AND SOCIOECONOMIC STATUS IN SCHIZOPHRENIA PATIENTS TREATED WITH OLANZAPINE AND HALOPERIDOL IN GERMANY

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OBJECTIVES: To describe real life disease characteristics, side effects and socioeconomic situations for schizophrenia inpatients and outpatients treated with olanzapine or haloperidol over 12 months. METHODS: GEO is a German 2-year prospective naturalistic observational study. Quarterly observations were made for 289 patients included in the study under olanzapine treatment and 187 patients included under haloperidol treatment.

RESULTS: During the 12 months study period, olanzapine and haloperidol treatment was stable (olanzapine: 96% of follow up days with study medication coverage vs. haloperidol: 94%; medication or dosage changes 56% vs. 38%). General, negative and cognitive symptoms ranged from “moderate” to “clearly ill” (average CGI summary scores 3–4). Positive and depressive symptoms ranged from “mild” to “moderate” (CGI 2–3). During the course of the study, disease severity improved for all symptoms (p < 0.05; not significant for haloperidol positive and depressive score) with slightly better improvement in olanzapine patients. Throughout the study period, significantly fewer olanzapine patients had extrapyramidal side effects. Average extrapyramidal, parkinsonism, retardation and akathisia side effects were milder in olanzapine patients. Other side effects were reported more frequently for olanzapine (<28% vs. <8%). Concomitant schizophrenia-related medication was prescribed significantly less frequently for olanzapine patients (48% vs. 64%). Compared to haloperidol patients, more patients under olanzapine were able to care for themselves (86% vs. 79%), lived at home without care (58% vs. 39%), were employed (34% vs. 17%), and fewer were in early retirement (29% vs. 49%).

CONCLUSIONS: In Germany, real life schizophrenia patients under olanzapine treatment showed a higher degree of integration into social and occupational environment. For olanzapine patients, all schizophrenia symptoms significantly improved over time. Additionally, olanzapine patients exhibited less extrapyramidal, parkinsonism, retardation and akathisia side-effects than patients treated with haloperidol.

PMH3 FOLLOW-UP OF SCHIZOPHRENIA PATIENTS DISCHARGED ON RISPERIDONE OR OLANZAPINE: A TIME-TO-EVENT ANALYSIS

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OBJECTIVES: To examine time to re-hospitalisation and re-hospitalisation rates of patients who had been discharged from psychiatric hospitals after starting treatment with either risperidone or olanzapine. METHODS: A multi-centre retrospective cohort study was carried out in 9 centres in 3 countries. Re-hospitalisation status was monitored in 393 schizophrenia patients previously discharged on one of the two study drugs. Data were collected using a pre-defined; standardised data collection template. The proportion of re-hospitalised patients were compared between risperidone and olanzapine using the Cochran-Mantel-Haenszel test stratified by centre. Time to re-admission was assessed and compared between the two groups of patients using Kaplan-Meier curves, log-rank test and Cox proportional hazard models. RESULTS: Median follow up was 1282 days in the risperidone group and 1207 days in the olanzapine group, ranging from 93 to 2985 days across both groups. The proportion of re-hospitalised patients was lower for patients discharged on risperidone (59%) than for patients discharged on olanzapine (66%) (p = 0.089). Reason for re-hospitalisation was similar in both groups with 65% and 68% of all re-admissions in the risperidone and olanzapine group respectively due to relapse of schizophrenia, with 42% (192 cases) of all re-hospitalisations linked to non-compliance. The time to first re-admission was longer in the risperidone group (KM median estimate: 925 days; 95%CI: 660–1249 days) than in the olanzapine group.

PMH4
PMH4

THE COST OF RELAPSE IN PATIENTS WITH SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER IN AUSTRALIA: A RETROSPECTIVE AUDIT
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OBJECTIVES: To quantify the costs and resource utilisation associated with a relapse episode in patients with schizophrenia or schizoaffective disorder. METHODS: A retrospective audit of data from 200 patients diagnosed with schizophrenia or schizoaffective disorder was performed. These patients accessed both inpatient and community services from two mental health services in Australia between June 1, 2001 and May 31, 2002. Entry into the audit was determined by a hospitalisation due to relapse. Data was collected for the 12 months before and 12 months after the hospitalisation. Number of contacts, type of contact and the cost associated with these contacts were determined, together with length of stay in hospital before, after and during the relapse episode. Costs were assigned based on the Australian Department of Veteran Affairs data. RESULTS: Preliminary data from 193 patients show that prior to hospitalisation, (mean stay 23.3 ± 26.3[SD] days) the number of contacts per month ranged from 3.1 ± 3.7 at 12 months pre-hospitalisation to 3.6 ± 5.2 at 2 months pre-hospitalisation. The number of contacts rose to 5.4 ± 6.6 in the month prior to hospitalisation. After hospitalisation, the average number of contacts per month ranged from 4.6 ± 4.8 at 1 month to 4.7 ± 5.7 at 12 months post-admission. The mean stay in hospital was 23.3 ± 26.3 days. The trends for the costs associated with contacts are consistent with the use of health care professional contacts over the audit period. CONCLUSIONS: Increased health care resource utilisation may be associated with relapse episodes in patients with schizophrenia or schizoaffective disorder. Increases in service use appear to persist across the 12 months following the relapse episode.

PMH5

FOLLOW-UP OF SCHIZOPHRENIA PATIENTS DISCHARGED FROM PSYCHIATRIC HOSPITALS IN THE UK ON RISPERIDONE OR OLANZAPINE: A TIME-TO-EVENT ANALYSIS
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OBJECTIVES: To examine time to, and rate of re-hospitalisation of schizophrenia patients discharged from psychiatric hospitals while being treated with risperidone or olanzapine. This study was carried out in nine centres across three European countries (Germany, Netherlands and UK). In this analysis, we present results for the 5 participating UK centres. METHODS: Re-hospitalisation status was monitored in 196 patients previously discharged on risperidone or olanzapine using a standardised data collection template. Time to re-admission was compared using Kaplan-Meier curves, log-rank test and Cox proportional hazard models. The proportion of re-hospitalised patients was compared using the Cochran-Mantel-Haenszel test stratified by centre. RESULTS: In total, 119 (61%) of the 196 patients required at least one re-hospitalisation during the evaluation period. The most common reason for re-admission was schizophrenia relapse and readmission was specifically attributed to non-compliance in 34% of cases. Median follow-up was 1344 days and 1115 days in the risperidone and olanzapine groups, respectively. The KM median estimate of time to first re-admission was longer in the risperidone group (1045 days) than the olanzapine group (604 days). The overall risk of a first re-admission was lower after discharge on risperidone than on olanzapine, with a strong trend to significance (Hazard ratio: 0.69; 95% CI: 0.47–1.01). Results for the UK patients were consistent with the pooled results for the three countries. CONCLUSIONS: In this UK follow-up study, patients treated with and discharged on risperidone had a lower risk of re-admission than those treated and discharged on olanzapine. Patients treated with risperidone had a longer median time to first admission than those treated with olanzapine.