all diagnoses was 146, 149, and 114 days for olanzapine, risperidone and quetiapine respectively. Mean duration of therapy varied widely by diagnostic conditions (190, 202 & 171 days for schizoaffective disorder, 146, 131 & 121 days for PTSD all for olanzapine, risperidone and quetiapine respectively). Concomitant use of more than one atypical antipsychotic medication occurred in 17–25% of patients, and most commonly with quetiapine. Concomitant use of any other psychotropic medication was similar in subjects receiving risperidone, olanzapine, and quetiapine (85, 86, 85% respectively). Twenty-two percent of patients switched atypical therapy at some point during the study period. Of patients who had received therapy for at least 10 weeks and switched atypical, the most common switching occurred from olanzapine to quetiapine (48%). CONCLUSIONS: Dosing and duration of therapy of atypical antipsychotics in the Cleveland VA varies widely between diagnostic conditions.

DIFFERENCES AMONG ANTIPSYCHOTICS IN THE TIME TO ALL-CAUSE DRUG DISCONTINUATION: RESULTS FROM A LONGITUDINAL NATURALISTIC STUDY OF SCHIZOPHRENIA

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OBJECTIVE: Time to treatment discontinuation for any cause was previously identified as an important outcome parameter in the medication management of schizophrenia. This study compared four antipsychotics—olanzapine, risperidone, quetiapine, and haloperidol—on the time to all-cause discontinuation. METHODS: Participants (N = 964) were new initiators of olanzapine, risperidone, quetiapine or haloperidol in the Schizophrenia Care and Assessment Program (SCAP), a 3-year longitudinal, observational study of schizophrenia. Time to all-cause discontinuation of the antipsychotic during the 1 year following its initiation was measured by a) the total number of days on the antipsychotic, and b) the number of days of continuous treatment up to the first gap of >14 days. Analyses employed Mantel-Haenszel and Cox proportional hazard model. Results were further confirmed using a mixed model approach. RESULTS: Olanzapine-treated patients were on their medication significantly longer than patients receiving risperidone, quetiapine, or haloperidol. Compared with olanzapine, the likelihood of discontinuation was 26%, 54%, and 158% greater among patients receiving risperidone, quetiapine, or haloperidol, respectively. CONCLUSION: Antipsychotics were found to significantly differ in the time to all-cause discontinuation, such that olanzapine-treated patients evidenced the longest time to discontinuation, followed by risperidone, quetiapine, and haloperidol.

IMPACT OF A CONVERSION PROGRAM FROM SERTRALINE TO GENERIC FLUOXETINE IN A STAFF-MODEL MANAGED CARE ORGANIZATION ENHANCED BY PHYSICIAN PROFILING AND ACADEMIC DETAILING

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OBJECTIVES: Recent changes to the formulary status of selective serotonin reuptake inhibitors (SSRIs) at our institution, notably the removal of sertraline and availability of generic fluoxetine, have altered the selection of the most cost-effective SSRI. Objective of this protocol is to evaluate the effect of physician profiling and academic detailing on the utilization and cost of SSRIs in a staff-model managed care organization. METHODS: A retrospective review of 71,801 SSRI pharmacy prescription claims was performed for CY 2002. Following removal of sertraline from the formulary (average monthly copayment increased from $20 to $43 after removal), a voluntary program to encourage conversion to a formulary alternative (paroxetine, citalopram, or generic fluoxetine) was initiated. A physician prescribing report program, supplemented with academic detailing, was implemented highlighting SSRI utilization and formulary and pricing concerns. Prescriptions, patients (utilizing members), and drug costs were measured. RESULTS: In January 2002, the number of prescriptions was 2537 (44.9% of SSRI market share) and 1186 (21%) for sertraline and generic fluoxetine, respectively. By December 2002, the corresponding prescription numbers were 1039 (16.5%) and 2601 (41.7%). For CY 2002, the number of utilizing members for sertraline decreased from 2415 to 982 and increased from 1116 to 2434 for generic fluoxetine. Prescription claims for other SSRIs remained relatively constant. Net health plan savings in CY 2002 were $584,369, primarily as a result of the conversion from sertraline to generic fluoxetine. CONCLUSIONS: Although conversion of sertraline to non-formulary status greatly assisted in this program, a significant industry-based marketing effort also began to direct those patients to either paroxetine or citalopram ($20 monthly copayments for each). However, the combination of physician profiling and academic detailing was associated with an increase in utilization of less-expensive generic fluoxetine as opposed to further gains by other formulary SSRIs. Estimated annual savings for CY 2003, based on current SSRI utilization, are at least $975,536.

REINFORCE AND ADVOCATE COMMUNITY AND SCHOOL EDUCATIONAL PROGRAM IN SAFETY USE OF MEDICATION AND PREVENTION OF DRUG ABUSE IN CENTRAL OF TAIWAN

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OBJECTIVE: To set up regional assistant systems, integrate health resources and advocate high-quality health service, Department of Health in Taiwan promotes the 4th Health Network-New Era Health Care Program in central of Taiwan. One of the major issues is to promote public health education. We set up an educational program to promote appropriate medication concept to the public and students in communities in central of Taiwan. METHODS: Supported by Department of Health and conducted for one year, this was a prospective program consisting of training workshops for community pharmacists, developing and implementing surveys, and public educational promotion. The major issues of public educational promotions include appropriate use of medication, especially those about general medication use, antimicrobial agents and being alert against drug abuse. Even though 34 community pharmacists were recommended from four pharmacy associations in central Taiwan and participated in the training workshops, only 8 pharmacists were qualified as instructor pharmacists according to the results of questionnaire and realistic demonstration after training and evaluating. During 3 months, we held 13 promotions; 6 of them were held in communities and 7 in schools. To evaluate the outcomes of promotions, we conducted a pre- and post-promotion survey via questionnaires. Questionnaires included general information, medication information resources and medication knowledge. RESULTS: A total of 226 participates in communities were distributed with 115 post-promotion survey (51%) and of 475 participates in schools were distributed with 410 (86%) post-promotion survey. The pre-promotion results showed that 57.07% community participators and 77.48% students got medication information from more than 2 sources. After promotions, the results showed that medication knowledge improved significantly in schools and community participators (p < 0.05). CONCLUSIONS: We can find out that it is sure is a good opportunity for pharmacists to contact the public through well-designed promotion activities and benefit the healthcare systems.

MENTAL HEALTH—Economic Outcomes

A NATIONAL ESTIMATE OF INDIRECT COSTS ASSOCIATED WITH ANXIETY DISORDERS

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OBJECTIVES: Anxiety disorders are among the most common mental health conditions in the United States but study of their impact on labor productivity has been limited. The objective of this study was to estimate the annual indirect costs due to anxiety disorders in the U.S. population. METHODS: Retrospective analysis was conducted of the 1999 Medical Expenditure Panel Survey (MEPS). The MEPS provided data from a nationally representative sample of 24,618 respondents and their medical care and health insurance providers and employers. Data extracted for this study included medical conditions and employment information comprised of hourly earnings, hours worked per week, and disability days. Anxiety disorders were defined using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and were mapped to corresponding ICD-9-CM codes and included anxiety and panic disorders, stress disorders, obsessive compulsive disorder, and phobias. Patients with an anxiety disorder who incurred absence from work were identified using ICD-9-CM codes and variables denoting disability days. Indirect costs were calculated for patients who missed workdays using the human capital approach. Sample estimates were weighted and projected to the population and 95% confidence limits were calculated using the Taylor expansion method. RESULTS: As a percentage of the population, the number of patients with an anxiety disorder who missed workdays was low, at 0.20 percent (95% CL = 0.13 to 0.27). However, the associated indirect costs were substantial, estimated at $2,981,633,568. Mean indirect costs were $5,347 per patient who missed workdays. Relative to the entire population, mean indirect costs per person were $10.79. CONCLUSIONS: Although the prevalence of anxiety disorders resulting in absenteeism was found to be relatively low, the corresponding losses in productivity were almost $3 billion. This suggests long-term disability associated with these conditions and highlights the importance of early diagnosis and treatment to minimize work loss.

PHARMACOECONOMIC COMPARISON BETWEEN TWO DRUG STRATEGIES OF TREATMENT OF ANXIETY DISORDERS: HOMEOPATHY AND PSYCHOTROPICS

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OBJECTIVES: To compare “homeopathic drugs” strategy (strategy H) with “psychotropic drugs” strategy (strategy P) for treating anxiety disorders in France, in terms of effectiveness, satisfaction, and costs. METHODS: Effectiveness, satisfaction, and economic data were derived from a 3-month pragmatic prospective study including 394 patients which were “male or female over 18, who consulted a homeopathic or non-homeopathic GP for the first time for symptoms of anxiety disorders such as defined by the DSM IV”. Strategy H included 135 patients that received at least one homeopathic drug and no psychotropic drugs, and strategy P 185 patients that received at least one psychotropic drug and no homeopathic drugs. In both strategies, other drugs could have been prescribed (trace elements, etc). Effectiveness was assessed by GPs using the “Hamilton Anxiety Scale”, and by patients using the “Spielberger State Trait Anxiety Inventory.” Satisfaction of GPs and