thermore, FC and HC differ in valuation of both volume and price. Apart from the differences between FC and HC, neither method takes account of disablement. Many patients were disabled at the start of the study, and in the majority of cases, disablement was due to BPD. FC does not take these costs into account. Although HC is potentially able to value the costs of disablement, this is currently not the practice in RCTs. However, production losses associated with disablement are considerable. In addition, neither FC nor HC provides an answer to the question what calculations to perform when a person recovers from disablement and resumes work.

**PMH 1.2**

**ECONOMIC CONSEQUENCES OF THE ADVERSE EVENTS RELATED WITH CURRENT ANTIPSYCHOTICS**

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**OBJECTIVES:** Frequency of adverse events -AEs- related with antipsychotics usage is high. Along with clinical implications, economic impact might be important. A pharmacoeconomic model has been developed to ascertain the economic impact of patients experiencing these AEs. The purpose of this study was to model the economic consequences of AEs related with current antipsychotics in Spain. **METHODS:** A cost-effectiveness model was developed using a Markov modeling approach simulating treatment of a cohort of schizophrenics for 12 months, initiating treatment with one of four antipsychotic drugs; haloperidol, risperidone, olanzapine and ziprasidone. The model assumes equivalent efficacy among the antipsychotics. Conditional probabilities of developing any of four adverse events was calculated. Treatment was modified (decrease dose, switch medication) according to incidence of AEs and physician judgments, obtained from a local cross-sectional study and clinical trials previously published. The analysis was conducted in year 2002 from a 3rd party payer perspective (only direct medical cost are computed). Results are shown as annual cost per month with psychotic symptoms controlled. Univariate sensitivity analysis was performed. **RESULTS:** The therapeutic strategy starting with Ziprasidone showed the most favorable cost-effectiveness ratio, being the dominant option (showing the lower costs and the greater number of months with symptoms controlled), versus the other options considered. The annual cost per patient per month with symptoms controlled was €1,035 with that of ziprasidone, versus €1,084, €1,087, and €1,090 with haloperidol, risperidone and olanzapine, respectively. Results are robust to one-way sensitivity analysis. **CONCLUSIONS:** Adverse events related with the usage of antipsychotic drugs produce a considerable economic impact. Availability of drugs with similar effectiveness but better tolerability than existing agents, should positively impact on clinic aspects of schizophrenia and health care budgets as well.

**PMH 1.3**

**AFFECTIVE PSYCHOSIS IN ADOLESCENTS: THE ECONOMIC CONSEQUENCES OF ACUTE CARE HOSPITAL ADMISSIONS OVER THREE YEARS**

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**OBJECTIVE:** Although affective psychoses are usually associated with adults, it has been reported that at any given point in time approximately 5% of children and adolescents in the U.S. general population suffer from depression. This study sought to identify adolescents (10–19 years) requiring acute hospital management in 1998 for affective psychoses, their readmissions for these problems over a 3-year period and the resulting costs. **METHODS:** The index admission was identified in the 1998 Massachusetts all payer hospital database using ICD-9 diagnosis codes. Suicide attempts were identified by E codes. Readmissions were tracked over three years (1998–2000) by means of a unique patient identifier. All accommodations, ancillaries and physician services were included in the cost estimates, which were adjusted for medical inflation, national values, cost-to-charge ratios, and reported in 2003 US$. **RESULTS:** A cohort of 890 patients was identified with 26% coded as bipolar; 12% admitted due to intentional self-harm. Mean age was 16.4 years (22% = 10–14 years, 78% = 15–19 years); 45% were male. Index admission mean length of stay was 8.5 days (range: 1–106); 68% spent time in a psychiatric unit. Mean cost per stay was $7,239 (range: $491–$107,747). All survived the hospital stay. At discharge, 5% were transferred to mental health facilities (MHF). Subsequent to index admission, 25% were readmitted at least once (mean 1.5, range: 1–11) within 3 years for affective psychoses or self-harm and all survived to discharge. The cumulative 3-year hospital cost for study-relevant admissions for the cohort was estimated at $9.1 million. **CONCLUSIONS:** One quarter of adolescents with affective psychoses who require acute hospital management can be expected to incur additional disorder-related hospital costs within three years. The estimates, albeit conservative, as outpatient therapy and MHF care were not included, illustrate the economic consequences of these disorders for this age group.

**PMH 1.4**

**THE BURDEN OF ATTENTION DEFICIT AND HYPERACTIVITY DISORDER (ADHD) IN THE NORDIC COUNTRIES—A LITERATURE REVIEW**

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