desde la perspectiva del financiador tomados para el año 2014. La definición de los esquemas de manejo clínico (procedimientos médicos y medicamentos para el diagnóstico, tratamiento y seguimiento de la enfermedad) provienen de las Condiciones Asegurables del Plan Esencial de Aseguramiento en Salud (PEAS). Cada esquema de manejo clínico se ha estimado con la metodología de costeo estándar. El costo total fue ajustado por factores de oferta, demanda y adherencia. **RESULTADOS:** La cohorte hipotética de pacientes con enfermedades mentales prevalentes (EMP) es de 75,584 (Incidencia esquizofrenia: 1%, incidencia de ansiedad: 19.5%, incidencia de depresión: 9% e incidencia de alcoholismo: 11.6%). El costo total para EMP es de 21,893,108 dólares distribuido según enfermedad para esquizofrenia 3,356,030 dólares (15%), ansiedad 2,040,292 dólares (9%); depresión 12,621,897 dólares (58%) y para alcoholismo 3,874,889 (18%). El costo total correspondiente a prevención es 943,888 dólares (4.3%), diagnóstico 1,771,448 dólares (8.1%), tratamiento 15,030,859 dólares (68.7%) y para seguimiento 4,146,913 dólares (18.9%). El costo fijo correspondió a 10,160,137 dólares (46.4%) y el costo variable a 11,732,971 dólares (53.6%). **CONCLUSIONES:** El costo anual total para enfermedades mentales prevalentes en el país se estimó en 21,893,108 dólares. Este monto representa el 91.3% del presupuesto asignado 2015 del Programa Presupuestal 131 Control de Enfermedades Mentales.

PMH8

EVALUACION ECONOMICA DEL SEGUIMIENTO FARMACOTERAPÉUTICO EN PACIENTES CON TRASTORNO AFECTIVO BIPOLAR I

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OBJECTIVOS: El seguimiento farmacoterapéutico (SFT) es una tecnología en salud, en la cual un profesional farmacéutico se responsabiliza de las necesidades del paciente para contribuir al logro de mejores resultados farmacoterapéuticos posibles. Propósito para el cual el método Dáder ha sido ampliamente utilizado. El objetivo de este estudio fue realizar un análisis costo efectividad del efecto del método Dáder de SFT en pacientes con Trastorno Afectivo Bipolar (TAB I), usando la perspectiva del tercer pagador en Colombia. **METODOLOGÍAS:** Análisis de costo/efectividad del SFT en pacientes con TAB I, comparado con el tratamiento convencional. Perspectiva: tercer pagador en Colombia. Horizonte temporal: 1 año. Se construyó un árbol de decisión, con las probabilidades de recaída y los costos asociados de las dos alternativas evaluadas: la atención convencional y la adición del SFT. Los datos de efectividad se tomaron directamente del ensayo clínico randomizado EMDADER-TAB-I, específicamente se utilizó como medida efectividad la probabilidad de mantener al paciente eutímico durante un año. El macrocosteo se realizó con información del mercado y de bases de datos utilizadas como referencia en Colombia. **RESULTADOS:** Los resultados del modelo indican que el SFT es una estrategia dominante sobre la atención convencional, siendo menos costosa (delta costos directos – 58.35 U$) y más efectiva (delta de efectividad 0,1518). Se pueden generar ahorros para el sistema de 396.95 U$ al año por paciente con TAB. Se realizaron dos análisis de sensibilidad; el primero determinístico de una vía, con el costo del SFT como variable incertidumbre y el segundo probabilísticos de todo el modelo. Se confirmó la robustez de los resultados. **CONCLUSIONES:** El SFT, como tecnología que se adiciona a la atención habitual, resultó ser costo efectivo desde la perspectiva del tercer pagador. La disminución de las recaídas y por ende de las hospitalizaciones ofrece un ahorro para el sistema.

MENTAL HEALTH – Patient-Reported Outcomes & Patient Preference Studies

PMH9

INDIVIDUAL AND SOCIETAL BURDEN OF NON-ADHERENCE TO ANTIDEPRESSANTS IN BRAZIL

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OBJECTIVES: The World Health Organization estimates that depression affects 350 million people worldwide and is the leading cause of disability. Although efficacious and cost-effective treatments are available, non-adherence is common and one of the most significant issues for successful treatment. Medication-adherent patients have almost three times greater odds for positive outcomes than patients with low adherence; poor adherence leads to quality of life decrements, mental health deterioration and increased costs, with indirect cost as the major impacting cost. Due to a lack of Brazilian data, this study investigates the association between adherence and burden of depression in the Brazilian population. **METHODS:** Data were from the 2011-2012 Brazil National Health and Wellness Survey (NHWS), an internet-based survey from a representative sample of adults stratified by age and gender. Out of 24,000 respondents, 2,760 (12%) reported a diagnosis of depression and 1,487 (6%) having a prescription medication for depression (Rx). Adherent respondents – high/medium adherence on the Morisky Medication Adherence Scale (MMAS-4) – were compared to the non-adherent on severity (PHQ-9), sociodemographics, health characteristics, health-related quality of life (SF-36), work productivity and activity impairment (WPAI) and healthcare resource use (physician, hospital and emergency visits). **RESULTS:** Non-adherent respondents (79%), compared to adherent respondents, were more severe (22% vs. 17% with PHQ-9 score ≥ 15); had lower Mental Component Summary (MCS: 33 vs. 36); lower health utilities (SF-6D: 0.59 vs. 0.60); higher presenteeism (42 vs. 37); and their satisfaction with medication was lower (4.9 vs. 5.3) (All $p<0.05$). About 33% of both groups were participating in psychotherapy and showed no significant difference in Physical Component Summary (PCS); absenteeism; and healthcare resource use. **CONCLUSIONS:** In this real-world study for Brazilian patients with depression, adherence demonstrated an important relationship on patients' outcomes to medication satisfaction and productivity, being an important key to successful treatment.

PMH10

HEALTHCARE ACCESS DIFFERENCES BETWEEN PUBLIC AND PRIVATE INSURANCE COVERAGE AMONG PATIENTS WITH DEPRESSION IN BRAZIL

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OBJECTIVES: Public and private healthcare systems in Brazil differ in focus and regulations for disease management, especially mental health. The aim of this study was to assess differences between privately and publicly insured patients in access to care, as well as differences in mental health, work productivity impairment, and healthcare resource utilization among patients diagnosed with depression. **METHODS:** The 2014 Brazil National Health and Wellness Survey (N=9,082), a self-reported, cross-sectional survey representative of the adult population, provided data. Access outcomes included physician diagnosis of depression, visits to psychiatrists, and visits to psychologists in the past six months. Other outcomes included work impairment due to health using the Work Productivity and Activity Impairment questionnaire and depression severity according to the Patient Health Questionnaire. Patients with private insurance were compared to patients with only public insurance with chi-square tests; generalized linear models were used to adjust outcomes for covariates. **RESULTS:** Overall, 11% (n=990) of the sample reported a depression diagnosis. Diagnosis was more common among those with private than public insurance (12.5% vs. 9.3%, $p<0.001$), a pattern that remained after controlling for covariates (OR=1.4, $p<0.001$). Visiting a psychiatrist (OR=1.7) or a psychologist (OR=1.8) was also more common with private insurance (both $p<0.001$). Among those diagnosed with depression, severity was lower among those with private insurance (mean 10.8 vs. 11.9, $p=0.026$). Employed patients with depression with private insurance missed more work due to health (14.3% vs. 8.0%, $p<0.01$), while the levels of health-related impairment while at work, overall work impairment, and activity impairment were not significantly different. **CONCLUSIONS:** Private insurance appears to be associated with more access to depression care as well as less severe depression among depression patients. More work missed among privately insured patients warrants further study, and may be due to differences not included here, such as type of employment.

MENTAL HEALTH – Health Care Use & Policy Studies

PMH11

USO DE RECURSOS MEDICOS EN LA INTERVENCION DE EXAMENES DE TAMIZAJE Y TRATAMIENTO DE PACIENTES CON PROBLEMAS Y TRASTORNOS DE SALUD MENTAL 2012-2013

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OBJECTIVOS: Estimar el uso de recursos médicos en la intervención de exámenes de tamizaje y tratamiento de pacientes con problemas y trastornos de salud mental 2012-2013 **METODOLOGÍAS:** Se utilizó la metodología de uso de recursos médicos en referencia al recurso humano, materiales e insumos médicos, medicamentos y equipamiento; considerando la asignación presupuestal en la intervención de exámenes de tamizaje y tratamiento de pacientes con problemas y trastornos de salud mental 2012-2013. en el ámbito de Presupuesto por Resultados (PpR). Contrastándose el uso de recursos médicos versus el indicador de desempeño del programa: Violencia familiar tomado de la Encuesta de Demografía y salud familiar (ENDES) 2012-2013. **RESULTADOS:** El uso de recursos humano en la intervención del 2012- 2013 aumento de US$ 1,341,478 a US$1,796,384, el material e insumo medico disminuyo de US$134,302 a US$70,466, en medicamentos disminuyó de US$54,015 a US$12,899, en equipos disminuyo de US$40,440 a US$1,126, Para el año 2012 el Porcentaje de Mujeres que sufrieron agresión física fue de 12.9, Para el año 2013 Porcentaje de Mujeres que sufrieron agresión física fue de 12.1 **CONCLUSIONES:** La priorización en el presupuesto del uso de recurso humano en la intervención de exámenes de tamizaje y tratamiento de pacientes con problemas y trastornos de salud mental 2012-2013 ha tenido buenos resultados por lo que se debe tener mejor calidad de gasto en este recurso

PMH12

COSTS OF RELAPSE OF SCHIZOPHRENIA FOR COLOMBIAN HEALTH SYSTEM

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Schizophrenia is a chronic, severe, and disabling mental disorder that significantly affects a person's thought processes and emotional responsiveness. People with schizophrenia have a relatively high utilization rate of health care and mental health services.**OBJECTIVES:** To quantify the cost of schizophrenia relapse in Colombia from the perspective of the third payer. **METHODS:** A cost of disease study was performed including direct, indirect and transference costs of relapses in schizophrenia. Bottom-up and top down methodologies were used to obtain direct costs consumed by this population. Validation of clinical criteria took place with local KOLs for epidemiological data and resoureces estimation. Burden of disease was calculated using Disability Adjusted Life Years. The impact on the local economy was also included by obtaining transference costs. **RESULTS:** There is an estimation of 714,927 people living with schizophrenia in Colombia. The prevalence rate is 1.5%. Compared to other chronic conditions, onset of schizophrenia typically occurs at between 20 and 30 years. This study estimated that a total of 150.135 patients experienced some episodes of relapse in 2014. This corresponds to 21% of patients with schizophrenia. This study found that the total potential avoidable direct healthcare costs of relapse in Colombia were COP$ 145´425.137 (US$66, 1 million). Total indirect costs were estimated to be COP $ 28.882 million (US$ 13.1 million) over a 12 month period. There were 5.540 people not employed due to relapse which resulted in a loss of productivity of $COP 27.499 million (US$