with RLAI offers the potential for substantial cost savings in the care of these patients.

PMH24

GEO OBSERVATIONAL STUDY: 24 MONTHS CHARACTERISTICS OF SOCIOECONOMIC AND CLINICAL STATUS IN SCHIZOPHRENIA PATIENTS TREATED WITH OLANZAPINE AND HALOPERIDOL IN GERMANY

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OBJECTIVES: To describe real life disease characteristics, clinical status and socioeconomics for schizophrenia in- and outpatients treated with olanzapine or haloperidol over 24 months.

METHODS: GEO is a two-year prospective naturalistic study in Germany. Quarterly observations were made for 308 patients under olanzapine treatment and 188 patients under haloperidol treatment.

RESULTS: Compared to haloperidol patients, more patients included into the study under olanzapine lived at home without care (59% vs. 39%), were employed (35% vs. 17%), and fewer were in early retirement (30% vs. 51%). During the observational period, olanzapine and haloperidol treatment was stable (olanzapine: 94% retention vs. haloperidol: 92%; dosage changes occurred in 64% vs. 47%, respectively). Concomitant medication related to schizophrenia was prescribed less frequently for olanzapine patients (52% vs. 68%). Mean disease severity, negative and cognitive symptoms as assessed by CGI (scales from no symptoms (one) to very severe (seven)) ranged between three and four. Positive and depressive symptom values were lower (mean value between two and three). During the course of the study disease severity improved for all symptoms with slightly more improvement in olanzapine patients (mean change in disease severity: olanzapine 0.95; haloperidol 0.76). Throughout the 24-month period, olanzapine patients had lower average EPS, Parkinsonism, retardation, dyskinesia and akathisia symptom scores (none (1) to severe (6)) than haloperidol patients (mean EPS: olanzapine 1.3; haloperidol 2.0). Weight gain, depression and other symptoms were reported more frequently for olanzapine (<28% vs. <11%). Nevertheless, olanzapine patients showed a lower mean Body Mass Index (BMI) than haloperidol patients throughout the 24-month study period.

CONCLUSIONS: Schizophrenia patients under olanzapine treatment showed a higher degree of integration into social and occupational environment. For olanzapine patients, all schizophrenia symptoms improved over time. Throughout the study, olanzapine patients exhibited less EPS and had a lower BMI.

PMH25

EFFECTIVENESS AND TOLERABILITY OUTCOMES OF RISPERIDONE LONG-ACTING INJECTION COMPARED TO CONVENTIONAL DEPOT ANTI精神病otics IN A LARGE CANADIAN PSYCHIATRIC HOSPITAL

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OBJECTIVE: To compare effectiveness and tolerability outcomes of patients with schizophrenia treated with risperidone long-acting injection and patients treated with conventional depot antipsychotics.

METHODS: Patients initiated on risperidone long-acting injection during a four-month index period were compared to patients initiated on a conventional depot antipsychotic during the same time period. Patient demographic including age, gender, diagnosis, number of previous psychiatric admissions and in-patient program were evaluated. The effectiveness outcomes of antipsychotic polypharmacy, discharge and readmission rates were compared. Neurological tolerability was assessed as measured by the prescribing of regularly scheduled anticholinergic rescue medications.

RESULTS: Forty patients initiated on risperidone long-acting injection were compared to 49 patients initiated on a conventional depot antipsychotic. The two patient groups were demographically very similar. The risperidone long-acting injection group was 75% male with an average age of 41-years and 6.0 previous psychiatric admissions. The conventional depot group was 67% male with an average age of 47.5 years and 5.9 previous psychiatric admissions. Antipsychotic polypharmacy was reduced from 63% to 31% in the risperidone long-acting injection group but increased from 29% to 73% in the conventional depot group. The use of anticholinergic rescue medications decreased from 47% to 12% in the risperidone long-acting injection group but increased from 31% to 73% in the conventional depot group. After 12-months of observation, 83% of the risperidone long-acting injection patients had been discharged and none had been readmitted, whereas 58% of the conventional depot group had been discharged and, of those, 26% had already been readmitted.

CONCLUSION: In this difficult-to-treat population of patients, risperidone long-acting injection conferred significant advantages over conventional depot antipsychotics in terms of effectiveness and tolerability. As well, the substantial differences in discharge and readmission rates infer considerable pharmacoeconomic advantages in favor of risperidone long-acting injection.

PMH26

USING CLAIMS DATA TO ESTIMATE THE ANNUAL PREVALENCE OF SCHIZOPHRENIA IN THE UNITED STATES, 2002

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OBJECTIVES: This study estimates the annual prevalence of schizophrenia in the U.S. based on administrative claims data analyses and a comprehensive literature review.

METHODS: The 2002 annual prevalence rate of schizophrenia in the U.S. was estimated separately for privately insured, government insured (Medicare, Medicaid), and uninsured populations. The 2002 annual prevalence for privately insured individuals was calculated based on a de-identified administrative claims database of approximately 3.0 million privately insured beneficiaries covering the period from 1999 to 2003. The 2002 prevalence of Medicaid enrollees was calculated from Medi-Cal claims covering the period from 2000-2002. The 2002 schizophrenia prevalence in Medicare population was calculated as a weighted average of the prevalence rates of Medicaid/Medicare dual eligibles and private insurance program enrollees over 65. Published statistics were used to estimate the prevalence of schizophrenia in the uninsured population and to weight prevalence rates in different populations to estimate the 2002 annual schizophrenia prevalence in the general U.S. population.

RESULTS: The annual prevalence rate of schizophrenia in the U.S. in 2002 was estimated at 0.5%. The Medicaid population was identified as having the highest schizophrenia prevalence rate in the U.S. (1.7% for non Medicare dual eligible enrollees), whereas annual schizophrenia prevalence rates in Medicare and privately insured population were 0.7% and 0.1%, respectively. The disease was also more prevalent in the uninsured population (1.1%). Prevalence rates for women were highest in an older age group (56–65 years), whereas men’s prevalence rates peaked somewhat earlier (46–55 years).

CONCLUSIONS: The results suggest that schizophrenia may be more prevalent in the U.S. general population than previously estimated in some epidemiology survey studies, especially given the fact that claims database analyses usually