persons aged 20 to 34 years, 1.0% had used sleeping medication and among those aged 75 to 84 years 16.1% did. Use of sleeping medication was more common among women (5.3%) compared to men (3.0%). Individuals with sleeping problems scored significantly lower (p < .05) than those without sleeping problems on all of the eight domains in SF-36: RE = 20.3; VT = 19.3; MH = 16.8; GH = 16.2; SF = 15.6; RP = 15.1; BP = 13.4 and PF = 7.9. Among individuals with sleeping problems, those using sleeping medication scored lower on seven domains of the SF-36: RE = 10.5; MH = 10.4; SF = 8.8; GH = 8.1; BP = 7.8; VT = 6.1 and PF = 5.8.

CONCLUSION: Sleeping problems are common in the population and lead to a significantly decreased quality of life among affected individuals.

MH5

COST OF THE FIRST, SECOND AND SUBSEQUENT EPISODE OF DEPRESSION IN POLAND
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OBJECTIVE: Depression is a common recurrent disease. Usually, each successive episode of depression is more difficult to cure. The objective of this study is to assess costs, methods of treatment, and outcomes of the first episode of depression compared to the second and subsequent episodes.

METHODS: Study was designed as a one-year prospective, natural observation. Psychiatrists who took part in this trial recruited one patient with a first episode of depression, one with a second episode after a period of remission and one with a third or next episode after a period of remission. During the study, carried out in 1999 with three months tolerance, data concerning treatment costs, methods of treatment, and outcomes of the first episode of depression were collected. A social perspective was applied. The capital cost method was used for indirect costs.

RESULTS: Five hundred thirty two patients were included, and 94% of them were followed to the end of the study (one-year observation). The average direct medical cost per patient with a first episode of depression was 2097 PLN (1 Euro = 3.50 PLN), with a second was 2241 PLN and with a third and the following 3357 PLN. Direct medical costs included: the cost of hospitalization (49%); doctors consultations (29%); non-pharmacological treatment (14%); pharmacological treatment (8%); laboratory and diagnostic tests (1%). Indirect costs per patient with a first episode reached 10,834 PLN, with a second, 13,802 PLN, and with a third and following, 15,012 PLN. The distribution of indirect cost was as follows: sick leaves 40.5%, sickness pensions 59%, and suicides 0.5%. Total costs in the three study groups were 12,931 PLN, 16,043 PLN and 18,369 PLN respectively.

CONCLUSIONS: Treatment of a third episode of depression costs 60% more than the first episode. Direct medical costs account for only 16% of total costs.

MH6

MODELLING THE COSTS OF ILLNESS AND THE COSTS OF RELAPSE IN THE MANAGEMENT OF SCHIZOPHRENIA IN THE UK
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OBJECTIVE: Schizophrenia is probably one of the most costly mental-health illnesses in terms of its impact on the society, on the health-care system and on patients and their families. We aim to develop a framework for analyzing schizophrenia through the estimation of the costs of illness as well as the costs of relapse in the management of schizophrenia in a UK care setting.

METHODS: A model that utilizes a Markov structure was elaborated in order to calculate the lifetime cost of illness and the principal cost driver in schizophrenia, the cost of relapse. The model included the main confounding factors such as compliance, dropout, and treatment location, which have been shown to be important in the literature when constructing a model. The costs were estimated for a 10-year period as well as for the lifetime of a patient, and consider all types of treatment structures in the UK.

RESULTS: The average 10-year cost of illness for a patient in a UK treating environment was estimated at £ 66 600, and the lifetime cost per patient at £ 98 510. As for the cost of relapse of a schizophrenic patient, the 10-year cost was £ 51 630 and the lifetime cost per patient was £ 75 890.

CONCLUSIONS: This model enables the identification and the calculation of the main cost drivers in the treatment of schizophrenia. This model can therefore be used to evaluate the cost implication of treatment options and policy choices, by generating budgetary provisions. Hence, this model can help decision-makers in policy-making for mental health-care organizations in the management of schizophrenia.

NEUROLOGICAL DISORDERS

MD1

INDIRECT COSTS DUE TO BACK PAIN IN THE UNITED STATES
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OBJECTIVE: Back pain is a leading cause of absence and disability in the workplace. Costs associated with lost productivity due to back pain are significant and may be as high as the costs of medical care for this condition. However, there has been limited study of the indirect costs of back pain in the United States. The objective of this study was to determine the indirect costs due to back pain in the US population.