Abstracts

OBJECTIVES: To determine quality-adjusted life-year (QALY) gains associated with buprenorphine treatment for opiate addiction, and estimate the potential cost savings of this treatment from the societal perspective. METHODS: In a randomized clinical trial of buprenorphine therapy, subjects completed the short-form-36 (SF-36) at baseline and every four weeks through week-16, creating up to five data collection points for each patient. We converted SF-36 data to SF-6D to calculate QALYs for each patient-month through published techniques based upon standard gamble methods. Dependent t-tests were used to identify significant differences in QALYs at baseline versus QALYs at the end of each month. Our base case used a buprenorphine 12mg/day dosage plus annual buprenorphine treatment clinic costs ($2356/person). We incorporated social costs of untreated opiate addiction from the literature ($42,957/person-year) and performed a sensitivity analysis using 8mg and 16mg buprenorphine dosages. RESULTS: Due to dropouts, our sample size was 100, 80, 69, 39, and 44 patients at baseline and months one-four, respectively. QALY values (mean ± SD) for each month were: 0.734 ± 0.091 at baseline, 0.761 ± 0.068 at month-one, 0.751 ± 0.087 at month-two, 0.754 ± 0.087 at month-three, and 0.757 ± 0.090 at month-four. Thus, an improvement of 0.027 QALYs (P = 0.008) between baseline and month-one occurred (95% CI = 0.007–0.047). There were no other significant improvements, possibly due to patient dropouts. The sensitivity analysis showed direct medical costs for buprenorphine treatment ranged from $4206 to $6056 per person-year. By incorporating societal costs of untreated opiate addiction, a savings of $36,901 to $38,752 per person-year was estimated. CONCLUSIONS: From a societal perspective, buprenorphine treatment saves money and increases QALYs. For every 37 (95%CI = 21–143) patients treated there is a gain of one QALY. Wide-spread adoption of proper office-based buprenorphine treatment is clearly indicated; undertreatment leads to exorbitant social costs without QALY gains.

MENTAL HEALTH—Anxiety

PMH4

COST-EFFECTIVENESS OF ALPRAZOLAM IN ANXIETY DISORDERS


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OBJECTIVE: To estimate cost-effectiveness of Alprazolam versus Clonazepam, Fluoxetine and Imipramine in anxiety disorders in the Mexican Institute of Social Security (IMSS).

METHODS: A cost-effectiveness study was carried out with a time horizon of one year, no discount rate was used. Utilization of resources and effectiveness data were taken from an expert panel of psychiatrists working at the IMSS and private sector. Inclusion criteria for experts were: psychiatrists with more than five years of clinical experience, that were certified by the Mexican Council of Psychiatry and that had experience in using the studied drugs in anxiety disorders. Use of resources included hospitalisation, emergency services, visits, laboratory and diagnostic tests, as well as pocket expenses. Unit costs were taken from Administrative and Financial departments of IMSS. Costs were expressed in 2004 USD. Effectiveness measure was days free of symptoms. Sensitivity analysis was univariate and probabilistic.

RESULTS: Annual treatment cost of anxiety disorders with Alprazolam was $13,110, with Clonazepam $13,367, with Fluoxetine $13,423 and with Imipramine $14,803. Effectiveness results were 224 days without symptoms for Alprazolam, 232...