PMH28
COST-EFFECTIVENESS OF INTERVENTIONS TO IMPROVE PATIENT MEDICATION COMPLIANCE IN MAJOR DEPRESSIVE DISORDER
Setya
wan J, Hay JW, Nichol MB
University of Southern California, Los Angeles, CA, USA
OBJECTIVES: To determine the CEA of three alternative interventions to improve patient medication compliance in major depressive disorder (MDD).
METHODS: Decision tree analysis from the societal perspective was employed to determine the CEA of several interventions to improve medication compliance. The three relevant alternatives were: psychiatrist + primary care provider (PCP) + antidepressant (Rx); psychologist + PCP + Rx; or PCP + Rx (Usual care). Two sets of CEA were conducted, including program set-up costs and excluding program set-up costs. The target population was patients with MDD between 20 to 30 years in USA. The time horizon was 12 months. Thus, total costs incurred were estimated for the entire 12 months and no discounting was applied to the numerator. A 3% discount rate was applied to the QALYs to account for the lost of life expectancy due to suicide. One-way sensitivity analyses were done.
RESULTS: Both intervention alternatives that utilize either psychiatrists or psychologists are dominant strategies relative to usual care. Analysis with inclusion of program set-up costs demonstrates that, the ICER for psychiatrist vs. psychologist is $3860. For the analysis excluding program set-up costs, the ICER for psychiatrist vs. psychologist is $5038. The model is robust, and most sensitive to variation in daily time spent by caregivers.
CONCLUSIONS: Intervention to improve medication compliance in MDD is a dominant strategy over the current standard of practice, thus should be advocated. When viewed from the societal perspective, the intervention utilizing psychiatrists is cost-effective and should be implemented.

PMH29
COST-EFFECTIVENESS OF ESCITALOPRAM VERSUS CITALOPRAM IN THE TREATMENT OF SEVERE DEPRESSION IN AUSTRIA
Hemels ME1, Kasper S2, Walter E3, Enron T4
1H. Lundbeck A/S, Paris, France; 2University of Vienna, Vienna, Austria; 3IPF—Institute for Pharmacoeconomic Research, Vienna, Austria; 4University of Toronto, Toronto, Canada
OBJECTIVES: Depression, especially severe depression, is a mental disorder that presents an enormous economic burden to individuals and to society. Our objective was to determine the cost-effectiveness of escitalopram compared with citalopram in the management of severe depression [Montgomery-Asberg Depression Rating Scale (MADRS) score ≥ 30] in Austria.
METHODS: A decision analytic model with a 6-month time horizon was adapted from Brown et al. (1999). The model incorporated treatment paths and associated direct resource use (psychiatric hospitalisations, medications, GP and psychiatrist visits, treatment discontinuation and attempted suicide) associated with the treatment of severe depression and the indirect cost due to work absenteeism. Main outcomes were clinical success (remission at 6 months) and cost (2002 Euros) of treatment. The analysis was performed from the Austrian societal and Social Health care Insurance System (SHIS) perspectives. Clinical input data were derived from a meta-analysis of 8-week head-to-head randomised clinical trials. Costs were derived from standard Austrian price lists or from the literature. Societal costs of lost productivity were calculated using the Human Capital approach.
RESULTS: At 6 months after start of treatment, the overall clinical success remission rate was higher for escitalopram (53.7%) than for citalopram (48.7%). From the SHIS perspective, the total expected cost per successfully treated patient was 924€ (32.1%) lower for escitalopram (2879€) compared with citalopram (3803€). From the societal perspective, the total expected cost per successfully treated severely depressed patient was 1369€ (24.4%) lower for escitalopram (5610€) than for citalopram (6979€). Sensitivity analyses demonstrated that the model was robust and that even if citalopram had an acquisition cost of 0€, escitalopram remained the dominant strategy for both perspectives. CONCLUSION: Treatment with escitalopram was the dominant strategy. The results of this study suggest that escitalopram is a cost-effective antidepressant compared with citalopram in the management of severe depression in Austria.