The relapse episode appears to persist across the 12 months following hospitalisation. The trends for the costs associated with contacts are positively correlated with time to next hospitalisation.

**CONCLUSIONS:** The health care resource utilization seems to be lower both per patient and user in [O]. No significant differences were detected between groups in terms of relapses and worsened CGI score. There were more minimally symptomatic patients in group [O] in comparison to [T] a greater proportion of patients achieved clinical response and remained on initial drug. Clinical response was achieved in 53.7% and 27.5% patients in [O] and [T] respectively; OR vs. olanzapine 0.36 (p = 0.001). The mean number of inpatient days was 4.96 and 6.77 per patient; mean number of days in day-hospital/day-care per patient was 26.3 days. The trends for the costs associated with contacts are consistent with the use of health care professional contacts across the audit period. CONCLUSIONS: Increased health care resource utilisation may be associated with relapse episodes in patients with schizophrenia or schizoaffective disorder.

**METHODS:** A retrospective audit of data from 200 patients diagnosed with schizophrenia or schizoaffective disorder was performed. These patients accessed both inpatient and community services from two mental health services in Australia between June 1, 2001 and May 31, 2002. Entry into the audit was determined by a hospitalisation due to relapse. Data was collected for the 12 months before and 12 months after the hospitalisation. Number of contacts, type of contact and the cost associated with these contacts were determined, together with length of stay in hospital before, after and during the relapse episode.

**RESULTS:** Preliminary data from 193 patients show that prior to hospitalisation, (mean stay 23.3 ± 26.3 [SD] days) the number of contacts per month ranged from 3.1 ± 3.7 at 12 months pre-hospitalisation to 3.6 ± 5.2 at 2 months pre-hospitalisation. The number of contacts rose to 5.4 ± 6.6 in the month prior to hospitalisation. After hospitalisation, the average number of contacts per month ranged from 4.6 ± 4.8 at 1 month to 4.7 ± 5.7 at 12 months post-admission. The mean stay in hospital was 23.3 ± 26.3 days. The trends for the costs associated with contacts are consistent with the use of health care professional contacts across the audit period.

**Abstracts**

**PMH4**

**THE COST OF RELAPSE IN PATIENTS WITH SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER IN AUSTRALIA: A RETROSPECTIVE AUDIT**

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**OBJECTIVES:** To quantify the costs and resource utilisation associated with a relapse episode in patients with schizophrenia or schizoaffective disorder. METHODS: A retrospective audit of data from 200 patients diagnosed with schizophrenia or schizoaffective disorder was performed. These patients accessed both inpatient and community services from two mental health services in Australia between June 1, 2001 and May 31, 2002. Entry into the audit was determined by a hospitalisation due to relapse. Data was collected for the 12 months before and 12 months after the hospitalisation. Number of contacts, type of contact and the cost associated with these contacts were determined, together with length of stay in hospital before, after and during the relapse episode. Costs were assigned based on the Australian Department of Veterans Affairs data. RESULTS: Preliminary data from 193 patients show that prior to hospitalisation, (mean stay 23.3 ± 26.3 [SD] days) the number of contacts per month ranged from 3.1 ± 3.7 at 12 months pre-hospitalisation to 3.6 ± 5.2 at 2 months pre-hospitalisation. The number of contacts rose to 5.4 ± 6.6 in the month prior to hospitalisation. After hospitalisation, the average number of contacts per month ranged from 4.6 ± 4.8 at 1 month to 4.7 ± 5.7 at 12 months post-admission. The mean stay in hospital was 23.3 ± 26.3 days. The trends for the costs associated with contacts are consistent with the use of health care professional contacts across the audit period. CONCLUSIONS: Increased health care resource utilisation may be associated with relapse episodes in patients with schizophrenia or schizoaffective disorder. Increases in service use appear to persist across the 12 months following the relapse episode.

**PMH5**

**FOLLOW-UP OF SCHIZOPHRENIA PATIENTS DISCHARGED FROM PSYCHIATRIC HOSPITALS IN THE UK ON RISPERIDONE OR OLANZAPINE: A TIME-TO-EVENT ANALYSIS**

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**OBJECTIVES:** To examine time to, and rate of re-hospitalisation of schizophrenia patients discharged from psychiatric hospitals while being treated with risperidone or olanzapine. This study was carried out in nine centres across three European countries (Germany, Netherlands and UK). In this analysis, we present results for the 5 participating UK centres. METHODS: Re-hospitalisation status was monitored in 196 patients previously discharged on risperidone or olanzapine using a standardised data collection template. Time to re-admission was compared using Kaplan-Meier curves, log-rank test and Cox proportional hazard models. The proportion of re-hospitalised patients was compared using the Cochran-Mantel-Haenszel test stratified by centre. RESULTS: In total, 119 (61%) of the 196 patients required at least one re-hospitalisation during the evaluation period. The most common reason for re-admission was schizophrenia relapse and readmission was specifically attributed to non-compliance in 34% of cases. Median follow-up was 1344 days and 1115 days in the risperidone and olanzapine groups, respectively. The KM median estimate of time to first re-admission was longer in the risperidone group (1045 days) than the olanzapine group (604 days). The overall risk of a first re-admission was lower after discharge on risperidone than on olanzapine, with a strong trend to significance (Hazard ratio: 0.69; 95% CI: 0.47–1.01). Results for the UK patients were consistent with the pooled results for the three countries. CONCLUSIONS: In this UK follow-up study, patients treated with and discharged on risperidone had a lower risk of re-admission than those treated and discharged on olanzapine. Patients treated with risperidone had a longer median time to first admission than those treated with olanzapine.

**PMH6**

**HEALTH EFFECTS AND HEALTH CARE RESOURCE UTILIZATION IN POLISH SCHIZOPHRENIC OUTPATIENTS INITIATING OR CHANGING TO OLANZAPINE OR TYPICAL ANTIPSYCHOTIC MONOTHERAPY: ANALYSIS OF 12-MONTH DATA FROM SOHO STUDY**

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**OBJECTIVES:** To evaluate effects and resource utilization in outpatients with schizophrenia initiating or changing to monotherapy antipsychotic treatment. METHODS: Data on health effects and resource utilization were collected prospectively in a multicentre observational study with a 12-month duration. There were two cohorts: patients initiating or changing to olanzapine [O] or typical antipsychotic monotherapy [T]. The cumulative numbers of inpatient days, days in day-hospital/day-care and outpatient consultations were calculated per patient and per user separately. Treatment groups were compared in terms of these variables using adjusted analysis. The comparison in terms of response, relapse, worsening and minimally symptomatic patients was made using logistic regression analysis with adjustment for baseline variables. RESULTS: A total of 344 patients were included: 254 in [O] and 90 in [T]. The baseline characteristics were comparable for both groups. Clinical response was achieved in 53.7% and 27.5% patients in [O] and [T] respectively; OR vs. olanzapine 0.36 (p = 0.001). No significant differences were detected between groups in terms of relapses and worsened CGI score. There were more minimally symptomatic patients in [O] (34.3%) than in [T] (19.2%). The mean number of inpatient days was 4.96 and 6.77 per patient; and 45.85 and 46.67 per user in [O] and [T] respectively. The mean number of days in day-hospital/day-care per patient was 4.43, 9.3 per patient, and 57.00 and 99.17 per user in [O] and [T] respectively. The mean number of inpatient days was 4.96 and 6.77 per patient; mean number of days in day-hospital/day-care per patient was 26.3 days. The trends for the costs associated with contacts are consistent with the use of health care professional contacts across the audit period. CONCLUSIONS: Increased health care resource utilisation may be associated with relapse episodes in patients with schizophrenia or schizoaffective disorder. Increases in service use appear to persist across the 12 months following the relapse episode.