VALIDATION OF THE PATIENTS' ATTITUDES AND PERCEPTIONS TOWARDS HAART QUESTIONNAIRE
Fumaz C1, Knobel H2, Segador A1, Lorenzo A1, González J1, Garcia Pulgar MS3, Badia X4, Perulero N5
1Hospital Germans Trias i Pujol, Badalona, Barcelona, Spain, 2Hospital del Mar, Barcelona, Spain, 3Hospital Reina Sofia, Córdoba, Spain, 4Hospital La Paz, Madrid, Spain, 5Roche Farma, Madrid, Spain, 4Health Outcomes Research Europe, Barcelona, Spain

OBJECTIVE: To assess the cross-sectional validity of the patients’ attitudes and perceptions towards HAART questionnaire. METHODS: Epidemiological, cross-sectional, multicentre study, where 33 Spanish HIV specialists took part. HIV-infected highly antiretroviral-experienced patients over 18, who had been treated with Fusion Inhibitors, were included. A questionnaire was developed to collect information about patients’ global health perception, HIV treatment and health care received. Questions were grouped into five dimensions: treatment satisfaction (TS) (0–10), treatment affection in daily situations (TADS) (0–28), psychological affection due to treatment (PAT) (0–36) and side effects (PASE) (0–52) and health care importance (HCI) (0–24), where 0 indicates a higher TS, lower TADS, PAT and PASE, and a higher HCI. Total score was calculated for each of the domains. Therapeutic adherence was evaluated through the SMAQ questionnaire. RESULTS: A total of 258 patients were included. Mean age (SD) was 44.5 (8.1) years, 77.8% were men and 62.7% of the patients were in stage C. In all questionnaire’s dimensions, a Cronbach’s alpha higher than 0.70 was obtained, except for TS (Cronbach’s alpha = 0.40). Patients who reported better health status had lower scores (higher satisfaction) in the different dimensions of the questionnaire. This indicates, higher TS (p < 0.01), lower TADS (p = 0.045), lower PAT and PASE (p < 0.01) and a higher HCI, although in the HCI dimension no significant differences were found. Adherent patients had lower scores in TS dimension (p < 0.01), PAT (p = 0.008) and PASE (p = 0.008). Patients without side effects had lower values in PASE (p = 0.028). CONCLUSION: The patients’ attitudes and perceptions towards HAART therapy questionnaire is a suitable tool for the clinical management of HIV-infected patients. There is a clear relation between satisfaction and adherence, global health status and presence of side effects in advanced HIV-infected patients.

MENTAL HEALTH

COST-EFFECTIVENESS OF CLINICALLY PROVEN TREATMENT STRATEGIES FOR ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD): IMPACT OF COEXISTING CONDITIONS
Schlander M1, Schwarz O1, Foster EM2, Hakkaart-van Roijen L3, Jensen PS4, Persson U5, Santosh PJ6, Trott GE7, MTA Cooperative Group O3
1Institute for Innovation & Valuation in Health Care (InnoVal-HC), Eschborn, Germany, 2University of North Carolina, Chapel Hill, NC, USA, 3Institute for Medical Technology Assessment (IMTA), Rotterdam, The Netherlands, 4Columbia University, New York, NY, USA, 5The Swedish Institute for Health Economics, IHE, Lund, Sweden, 6Institute of Child Health—Great Ormond Street Hospital, London, UK, 7University of Wuerzburg, Aschaffenburg, Germany, 8National Institutes of Mental Health, Bethesda, MD, USA

Most patients with ADHD suffer from coexisting conditions, notably oppositional defiant disorder and conduct disorder (“externalizing”, in ~50–60%) or anxiety and depression (“internalizing”, in 12–26%). Yet, the impact of comorbidity on the cost-effectiveness of clinically proven treatment strategies for ADHD is poorly understood. OBJECTIVES: To combine data on symptom normalization and functional improvement from the NIMH MTA Study (enrolling n = 579 children with ADHD according to DSM-IV criteria) with data on resource utilization, in order to explore the relevance of coexisting conditions for cost-effectiveness of MTA-type treatment strategies, i.e., medication management (MedMgt), intense behavioral management (Beh), and the two combined (Comb), versus (United States) community care (CC) and a hypothetical “Do Nothing” alternative (time horizon 14 months). METHODS: Patient subgroups were defined by coexisting conditions: pure ADHD (n = 184, ~32%), ADHD and internalizing (n = 81, ~14%) or externalizing (n = 172, ~30%) comorbidities only, or ADHD and both comorbidities (n = 142, ~25%). Resource utilization data from the MTA Study were combined with country-specific unit costs (Germany, The Netherlands, UK, and United States; year 2005). SNAP-IV scores <1 defined symptomatic “responders”, whereas functional improvement was measured as effect size (ES) changes in Columbia Impairment Scale scores. Cost-effectiveness was determined calculating incremental cost-effectiveness ratios (ICERs) and cost-effectiveness acceptability curves (CEACs). RESULTS: In terms of symptomatic improvement, MedMgt represented the economically most attractive strategy across jurisdictions and comorbidities (ICERs versus CC ranging from €100 to €5000 per patient “normalized”, dominating Beh). In terms of functional improvement, MedMgt was attractive at low levels of willingness-to-pay, whereas Beh was more attractive at moderately higher levels of willingness-to-pay for patients with internalizing comorbidity, and Comb became more attractive in the presence of externalizing comorbidities. CONCLUSIONS: The observed pattern of cost-effectiveness by comorbidity was remarkably similar across jurisdictions. Further research is needed to determine the relative merits of better-targeted, less expensive behavioral interventions.

PREVALENCE OF METABOLIC SYNDROME IN PATIENTS WITH BIPOLAR DISORDER: A CROSS-SECTIONAL ASSESSMENT OF A HEALTH MANAGEMENT ORGANIZATION IN SPAIN
Sicras A1, Rejas J2, Navarro R1, Serrat J1, Blanca M1
1Badalona Serveis Assistencials, Badalona, Barcelona, Spain, 2Pfizer Spain, Alcobendas, Madrid, Spain

OBJECTIVES: To estimate the prevalence of Metabolic Syndrome (MS) in patients with Bipolar Disorder (BD) in a Health Management Organization. METHODS: Cross-sectional study assessing the administrative claim database of Badalona Serveis Assistencials. All patients above 15 years, both sexes, on BD therapy for more than 2 months were included in the study cohort. The control group was formed for the rest of patients in the BSA database without BD. MS was defined according to NCEP ATP III-modified criteria and required fulfilment of at least 3 of following 5 components: body mass index (BMI) >28.8 kg/m², triglycerides >150 mg/dl, HDL-cholesterol <40 mg/dl (men)∕<50 mg/dl (women), blood pressure >130∕85 mmHg and fasting glucose >110 mg/dl. Descriptive statistics, bivariate analysis and logistic regression models were applied. RESULTS: We identified 178 patients with BD out of 86,028 subjects (50.5% women; 45.5 + 17.8 years, mean ± SD) included in BSA database. MS prevalence was significantly higher in BD; 24.7% (95% CI, 18.6%–31.7%) vs 14.4% (14.2%–14.7%); age adjusted OR = 1.65 (1.11–2.44, p = 0.013). All components of MS were higher in BD group, particularly high BMI (33.8%–40.6%) vs 17.9% (17.7%–18.2%), adjusted OR = 2.05 (1.46–2.87, p < 0.001), high triglycerides (23.0% (17.1%–