OBJECTIVES: With rapid ageing, prevalence of dementia in the elderly is increasing at a fast rate. This study aimed to examine the medical expenditure for dementia in the elderly and to analyze factors affecting its expenditure in South Korea.

METHODS: We analyzed the data of sampled patients from National Health Insurance. Direct medical costs including hospitalization, out-patient service and pharmacy costs were calculated from claims of patients in 2010. To examine the determinants of costs, we used a two-part model to deal with the zero skewed nature of expenditure. The first part predicted the probability of any expenditure with a logistic regression while the second part used an OLS regression model with log-transformed expenditure. RESULTS: Average medical expenditure in the total of 3729 patients with dementia was 12.5 million won. The average expenditure was increased with severity (p=0.004). In the first part, patients in the long-term care facilities had a lower probability of expensing medical costs than patients with family-based care (OR=0.21-0.43). The probability of incurring expenditure was much higher for severe patients than mild patients (OR=1.33, 95% CI: 1.02-1.74). Among the patients with expenditure, better educated (elementary, middle school gradu- ates and high school graduates) spent more costs than under educated (less than elementary graduates) patients (17%, 27%, respectively) (p<0.05). Cost estimates demonstrated that education levels, facility care and types of dementia were significantly associated with the costs. Interestingly, the costs were 20% lower for severe patients versus mild patients because outpatient and pharmacy costs decreased as the severity increases. CONCLUSIONS: This study showed a burden of medical expenditures different among conditions. However, this study considered only medical costs for dementia. Therefore, further research needs to include non-medical costs and indirect costs for dementia.

PMH8
A REVIEW OF CONSEQUENCES OF RELAPSE IN SCHIZOPHRENIA
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OBJECTIVES: To review the consequences associated with schizophrenia relapse. METHODS: We searched the Medline, EBSCO and EMBASE up to February 2012 for eligible studies. Included studies were systematic reviews, meta-analyses, prospective observational studies, retrospective cohort studies or randomized controlled trials (RCTs) measuring the cost consequences of schizophrenia relapse or recurrence. The consequences from studies with different designs, countries and years were compared. RESULTS: Eleven studies conducted in Europe, United States, Germany, England, Australia, Japan and Brazil were identified and reviewed. Relapse in schizophrenia were characterized by higher rates of hospitalization, day hospital visit and psychiatric visit; longer inpatient days and more medications. Schizophrenia patients with relapse incurred significantly higher total annual direct medical costs, which were almost 2 to 4 times of those without relapse. The absolute annual cost of relapsed schizophrenia patients changed tremendously in different countries, approximately ranging from 1,198 USD (in 2006 USD) in Brazil to 50,986 USD (in 2000 USD) in the United States. The average cost of a relapse was 3421 EUR (in 2005 EUR). The driving part of the cost difference was attributed to inpatient care. Higher frequencies of reemergence of psychotic symptoms and aggressive behaviors were observed in patients with relapse. Significant differences in patient quality of life in favor of patients without relapse were captured in some of the studies, while in other studies the differences were insignificant. The most frequently employed quality of life measurements were CGI, Global QoL, QoL, WHO-5, SF-36 and EQ-5D. In all studies, the cost of relapse varied significantly among countries. The cost consequence of relapse varies among countries. Relapse causes deterioration in patient quality of life as well.

PMH9
COST CONSEQUENCES OF NON-COMPLIANCE IN SCHIZOPHRENIA TREATMENT – A LITERATURE REVIEW
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OBJECTIVES: To analyze the cost consequences associated with non-compliance in schizophrenia treatment. METHODS: We searched the PubMed, EBSCO, Adis Pharmacoeconomics, Wiley, Springer and Elsevier up to February 2012 for eligible studies using the key words of schizophrenia, compliance, adherence and cost. Included studies were systematic reviews, meta-analyses, prospective observational studies and retrospective cohort studies measuring the cost consequences related to non-compliance of anti-psychotic medication. The cost consequences from different studies were compared. RESULTS: Six primary systematic reviews and seven literature reviews were identified and included in this analysis, of the primary studies 2 in UK, 1 in Sweden, 1 in Canada and 1 in Taiwan. Non-compliance with treatment is the main driver of relapses and re-hospitalizations which cause significant economic burden on patients and their families. Schizophrenia patients who were compliant with treatment had more relapses, higher rates of hospitalizations, longer hospitalization days, more needs for intensive care, more psychiatric visits, and more medications. One of the UK studies showed that non-compliant patients incurred significantly higher total annual direct medical costs, which were almost 1.5 times of those who were compliant with treatment. The other 5-year UK study showed that if we improve compliance rate for a patient by 20%, $16,147 will be saved and 0.55 relapse will be avoided for the patient. Three studies showed a significant increase of compliance by using long-acting Risperidone injection compared with oral anti-psychotics and long-acting typical anti-psychotic injections which may result in cost savings and improvement in patient quality of life. CONCLUSIONS: The findings of the review showed significant cost saving by increasing compliance with treatment due to reductions in relapse and re-hospitalization. Long-acting Risperidone injection could significantly increase the compliance of medication which may result in cost savings.

PMH10
COST-EFFECTIVENESS OF ANTIDEPRESSANT BASED ON DISCRETE EVENT SIMULATION MODELING IN TREATMENT OF MAJOR DEPRESSIVE EPISODES: A COMPARISON OF AGOMELATINE VERSUS ESCITALOPRAM-VENLAFAXINE
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OBJECTIVES: To compare cost-effectiveness of Agomelatine versus Escitalopram-Venlafaxine in patients with major depression in the Thai setting. We conducted a Discrete Event Simulation model based on the available studies. The eligible studies were published in English and designed as randomized controlled trials (4) or with a comparative design (15). RESULTS: In all, 16 studies were reviewed. Fifteen studies compared the direct costs of treatments, including hospitalizations, medications, and rehabilitation. The included RCTs showed that Risperidone LAI was more cost-effective than comparators, including Risperidone, Olanzapine, and Haloperidol. Among the period of follow-up, Risperidone LAI was more cost-effective than the baseline comparator. CONCLUSIONS: Risperidone LAI was a more cost-effective treatment option for major depressive disorders compared to a baseline comparator of Escitalopram and Venlafaxine.

PMH11
THE COST-EFFECTIVENESS OF RISPERIDONE LONG-ACTING INJECTION IN SCHIZOPHRENIA TREATMENT: A SYSTEMATIC REVIEW
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OBJECTIVES: To evaluate the cost-effectiveness of Risperidone long-acting injection (LAI) in schizophrenia treatment. METHODS: We searched medical literature using key words risperidone, long-acting, cost-effectiveness, pharmacoconomics and economic evaluation in Medline, Embase, Elsevier and Ovid databases up to December 2011. Thirteen literature reviews were identified and included in this review. RESULTS: Twelve primary study articles were indentified and included in this review of which 2 in Germany, 2 in Sweden, 1 in US, 1 in France, 1 in Belgium, 1 in the UK, 1 in New Zealand, 1 in Canada, 1 in China Mainland, 1 in Taiwan. All studies only calculated the direct costs of treatments, including hospitalizations, medications, and consultations. Ten studies showed cost savings while the rest 2 studies concluded Risperidone LAI was more cost-effective than comparators. Among the 10 studies showing cost savings, 4 studies further demonstrated better efficacy of Risperidone LAI than oral psychotics and Haloperidol long-acting injection, 4 studies showed a change of 0.22-0.55 relapses reduction with Risperidone LAI treatment resulting in significant cost savings, 2 studies showed a 0.043-0.103 QALY gained per patient in 5 years with Risperidone LAI, 3 studies compared the inpatient days and hospitalization frequencies before and after using Risperidone LAI with fewer inpatient days and hospitalizations. CONCLUSIONS: Based on the available studies, this systematic review found that Risperidone LAI was a cost-effective treatment for schizophrenia patients.

MENTAL HEALTH - Patient-Reported Outcomes & Patient Preference Studies

PMH12
MEDICATION ADHERENCE, DIABETIC CARE AND RISK OF ACUTE COMPLICATIONS OF TYPE II DIABETICS WITH SCHIZOPHRENIA RECEIVING ORAL HYPOGLYCEMIC THERAPY
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OBJECTIVES: Schizophrenia has been found to be associated with poor medication adherence, and a higher prevalence of diabetes. As appropriate adherence to hy-