over the follow-up period. After matching, there was no significant difference in health services utilization between drug groups. However, risperidone subjects had significantly lower pharmacy costs (<.0001) and total costs (p = 0.0181) compared to olanzapine subjects. Subjects with affective disorders had total costs that were significantly higher compared to subjects with schizophrenia or childhood disorders. CONCLUSIONS: Studies comparing cost and utilization among atypical antipsychotics should consider the host of factors that may influence receipt or regimen of care such as diagnostic condition, duration of therapy and dosing.

ECONOMIC EVALUATION OF ATYPICAL ANTI PSYCHOTICS WITHIN THE WISCONSIN MEDICAID PROGRAM
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OBJECTIVE: Factors influencing atypical antipsychotic selection include physician preference, and patient characteristics. Studies comparing risperidone, quetiapine, olanzapine and ziprasidone resulted in inconclusive evidence suggesting superiority of one agent over another. Amidst concerns over increasing drug expenditures, cost has become a major issue in the drug sector. Therefore, the purpose of this study is to model the potential annual cost savings that may occur as a result of shifting utilization from risperidone, quetiapine, and olanzapine to ziprasidone within the Wisconsin Medicaid population.

METHODS: Retrospective review of Wisconsin Medicaid paid prescription claims data from January 1, 2001 to December 31, 2001. Utilization of schizophrenic doses of risperidone, quetiapine, olanzapine, and ziprasidone were extracted for this analysis. The main outcomes calculated were cost per unit, mean cost per claim, and total yearly expenditure per drug. To test the robustness of the analysis, we modeled the total savings by estimating a 10%, 20% and 50% shift of risperidone, quetiapine, olanzapine and ziprasidone utilization to ziprasidone.

RESULTS: Total number of claims in 2001 for risperidone, quetiapine, olanzapine and ziprasidone were 41,408, 36,722, 48,647, and 9,288, respectively. The corresponding annual total dollar payouts were $8,705,264, $7,271,390, $17,081,012, and $1,729,874 respectively. The cost per claim for ziprasidone ($186.23) was significantly lower than olanzapine ($351.12), quetiapine ($198.01), and risperidone ($210.23). A 50% shift to ziprasidone would result in a total cost savings of $4,722,833,70 annually.

CONCLUSION: This analysis suggests that there is a potential for substantial cost savings within the Wisconsin state Medicaid system that would occur as a result of shifting utilization from other atypical antipsychotics to ziprasidone.

THE ECONOMIC BURDEN OF DEPRESSION IN 2000
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OBJECTIVES: The economic burden of depression was estimated at approximately $44 billion in 1990. A subsequent study refined the estimation of the morbidity costs associated with depressive disorders and revised this figure to $53 billion. The objective of this study is to provide a 10-year update of the economic burden of depression using the same refined methodology.

METHODS: Using a human capital approach we developed prevalence-based estimates of 3 major cost categories: 1) direct costs, 2) mortality costs arising from depression-related suicides, and 3) morbidity costs associated with workplace depression. Estimates were updated to reflect 2000 values, using the most current epidemiological data for prevalence rates and publicly available cost data by condition. RESULTS: We estimate that the total economic burden of depression in 2000 was $81.5 billion. Of this total, $26.1 billion—32%—are direct medical costs, $5.4 billion—7%—are mortality costs, and $49.9 billion—61%—are morbidity costs. Work absenteeism resulted in $34.5 billion—42% of total costs, while work cutback costs were $15.4 billion—19% of total costs. CONCLUSIONS: The economic burden of depression was $81.5 billion in 2000. Morbidity generated the largest portion, 61%, of these costs. Future research investigations will incorporate additional costs associated with depressive disorders, including the excess costs of treating comorbid illnesses and the cost burden of depressed individuals’ family members.

A STUDY OF THE ECONOMIC BURDEN OF DEPRESSION
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OBJECTIVES: Depression is a major public health issue in the United States. It is associated with high morbidity and mortality. Hence it is important to evaluate its economic impact on the U.S. health care system. Information about the economic burden of depression will help in effective utilization and allocation of healthcare resources. The main outcome measure of this study was the economic burden of depression in a patient population of 703 with a primary diagnosis of depression.

METHODS: A secondary database analysis was conducted using the Medical Expenditure Panel Survey, 1999 (MEPS 99). Patients with primary diagnoses of depression were identified using International Classification of Diseases, 9th revision, Clinical Modification (ICD 9 CM).