agomelatine is a cost-effective treatment of major depressive disorders compared to generics of sertraline and venlafaxine.

**PMH40**

COST-UTILITY ANALYSIS (CUA) OF SERTINDOLE Versus CITALOPRAM IN THE TREATMENT OF SCHIZOPHRENIA IN POLAND IN GENERAL POPULATION OF SCHIZOPHRENIC PATIENTS AND POPULATION OF PATIENTS INTOLERANT TO AT LEAST ONE OTHER ANTIPSYCHOTIC AGENT: A FIVE-YEAR MARKOV MODEL

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OBJECTIVES: To evaluate a cost-utility of sertindole compared with commonly used antipsychotic drugs in Poland: haloperidol and risperidone in the treatment of general population of schizophrenic patients and with risperidone in a group of patients intolerant to at least one other antipsychotic agent. METHODS: Cost-utility Markov model was constructed in five-year time horizon. Clinical effectiveness was assessed on the basis of RCTs, meta-analyses, observational studies and systematic reviews. The measures of effectiveness in the CUA were quality adjusted life-years (QALY) and life-years gained (LYG). Direct medical costs were calculated from perspective of two payers (Polish National Health Fund and patient). Cost of: oral antipsychotic treatment, inpatient care, primary health care, specialist care and adverse events treatment (extrapyramidal symptoms, sedation and weight gain) were included. Discount rates of 5% for costs and 3.5% for benefits were used. Utilities and disutilities associated with AEs and relapse were derived from published literature. RESULTS: In general population of schizophrenic patients cost per QALY/LYG gained, using sertindole instead of risperidone was 19,858 PLN (€2,507,641) respectively cost per QALY/LYG gained using sertindole instead of haloperidol, is 82,132/20,670 PLN (€1,898/4,777) respectively. In population intolerant to at least one other antipsychotic agent sertindole dominates risperidone (sertindole is less expensive and more effective considered both QALY/LYG gained). The sensitivity analysis indicated the robustness of the results. Observed results were placed below the acceptable threshold (3xGDP per capita in Poland) which is about 105,500 PLN ($24,380). The 2009 weighted average exchange rate of Polish National Bank was 1PLN = 1 PLN 4.3273. CONCLUSIONS: Treatment of schizophrenia with sertindole is a cost-effective strategy in comparison with risperidone and haloperidol therapy. In a group of patients intolerant to at least one other antipsychotic agent sertindole compared to risperidone is dominant strategy.

**PMH41**

COST-UTILITY ANALYSIS OF ESCITALOPRAM VersUS CITALOPRAM IN MAJOR DEPRESSIVE DISORDER IN ISRAEL

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OBJECTIVES: A recent meta-analysis has shown that escitalopram, a selective inhibitor of serotonin reuptake, is one of the best choices when starting a treatment of moderate to severe major depressive disorder (MDD), with a favourable balance of efficacy and tolerability. Our objective was to perform an economic evaluation of MDD. The model also accounted for second-, third- and fourth-line treatments for patients not responding to therapy, with an overall time horizon of 12 months. A decision tree model was used to assess the cost-utility of escitalopram versus citalopram in first-line treatment of MDD. Citalopram is available as a generic drug in Israel, and escitalopram is about 105,500 PLN ($24,380). The 2009 weighted average exchange rate of Polish National Bank was 1PLN = 1 PLN 4.3273. CONCLUSIONS: The consumption of new generics on the prices of originals as well. RESULTS: The lifetime emotional, social, and financial consequences experienced by caregivers to patients with schizophrenia spectrum disorders. Therefore, it is essential to increase the knowledge and awareness of the informal caregiver burden. Here, the purpose was to study objective burden (time and money spent), as well as subjective burden (care-related quality of life) of informal caregivers to patients with schizophrenia spectrum disorders. METHODS: Patients with schizophrenia spectrum disorders and their close informal caregivers were recruited and patient- and caregiver-related characteristics and variables related to the provision of formal care were assessed. The subjective burden was assessed using the CarerQol. The objective burden was assessed prospectively during four weeks with daily recordings by the caregiver using diaries of the money and time spent on the patient. Data was analyzed using descriptive statistics. RESULTS: One-hundred and seven patients (53% females; mean age 43 ± 11 years) from nine centers in Sweden, and 118 of their closest informal caregivers (67% females; mean age 38 ± 13 years) entered the study. The mean (standard deviation, SD) GAF for the patients was 32 (21). Subjective burden (CarerQol VAS) correlated positively to GAF. The mean (SD) time spent on caring for patients with schizophrenia spectrum disorders was 22 (36) hours per week. Half of this (11 hours) was “stand-by” time and another 5 hours was spent on household work. Caregivers’ mean (SD) monthly expenses in support

**PMH43**

HEALTH CARE UTILIZATION OF PATIENTS WITH DEPRESSION BEFORE AND AFTER INITIATING DULOXETINE

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OBJECTIVES: Evaluate health care utilization among depressed patients before and after initiating duloxetine. METHODS: Depressed adults treated during January 1, 2006-September 30, 2007 were identified from the General Practice Research Database. All-cause health care utilization in the 12-months before and after treatment initiation was compared for patients and for the subset of patients with pre- to post-period unexplained pain (UPay). Generalized Estimating Equation models were used to identify factors associated with the pre-post differences in hospitalization rates. Covariates included age, gender, pre-period comorbid conditions and medication use. RESULTS: A total of 909 patients were identified (mean age = 49.6; female = 67.7%), and 45% experienced UPain. Three-quarters of patients were prescribed a SSRI and 11% were untreated with antidepressants before initiating duloxetine. Among patients, the rate of hospitalization was higher in the pre-period compared to the post-period (20.7% vs.16.5%, p = 0.006). There were no significant pre-post differences in the rates of accident & emergency visits, specialist referrals, or analgesic use. Among patients with UPain, fewer were hospitalized (26.2% vs. 19.1%, p = 0.003) or received analgesics in the post-period (77.6% vs. 71.7%, p = 0.015). Multivariate analysis confirmed fewer patients experienced hospitalization after duloxetine initiation. All depressed patients with pre-period alcohol/drug dependence (OR = 0.78, 95% CI, 0.59–0.97, p = 0.026) experienced a decreased hospitalization rate after initiating duloxetine and the magnitude of change was larger than that for patients not receiving these medications. All depressed patients with pre-period alcohol/drug dependence (OR = 1.83, 95% CI, 1.01–3.30, p = 0.045) and sleep disorder (OR = 1.65, 95% CI, 1.05–2.59, p = 0.031) had an increase in the hospitalization rate from the pre- to post-period, while those without the conditions had a decreased hospitalization rate. CONCLUSIONS: Hospiatalization rates were lower following duloxetine initiation among depressed patients. Pre-period alcohol/drug dependence, sleep disorders, anxiolytic and anticonvulsant use were associated with the pre-post difference in the hospitalization rate.

**PMH44**

AN OBSERVATIONAL STUDY OF THE BURDEN OF INFORMAL CAREGIVERS TO OUT-PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS

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OBJECTIVES: The lifetime emotional, social, and financial consequences experienced by individuals with schizophrenia spectrum disorders have significant effects on their families. Therefore, it is essential to increase the knowledge and awareness of the informal caregiver burden. Here, the purpose was to study objective burden (time and money spent), as well as subjective burden (care-related quality of life) of informal caregivers to patients with schizophrenia spectrum disorders. METHODS: Patients with schizophrenia spectrum disorders and their close informal caregivers were recruited and patient- and caregiver-related characteristics and variables related to the provision of formal care were assessed. The subjective burden was assessed using the CarerQol. The objective burden was assessed prospectively during four weeks with daily recordings by the caregiver using diaries of the money and time spent on the patient. Data was analyzed using descriptive statistics. RESULTS: One-hundred and seven patients (53% females; mean age 43 ± 11 years) from nine centers in Sweden, and 118 of their closest informal caregivers (67% females; mean age 38 ± 13 years) entered the study. The mean (standard deviation, SD) GAF for the patients was 32 (21). Subjective burden (CarerQol VAS) correlated positively to GAF. The mean (SD) time spent on caring for patients with schizophrenia spectrum disorders was 22 (36) hours per week. Half of this (11 hours) was “stand-by” time and another 5 hours was spent on household work. Caregivers’ mean (SD) monthly expenses in support