OBJECTIVES: The objective of this study was to assess the potential cost savings associated with a reduction in the utilization of psychotropic medications in Alzheimer’s Disease (AD) patients receiving rivastigmine and residing in long-term care facilities.

METHODS: A 26-week, open-label clinical trial assessing the effect of rivastigmine on behavioral problems of AD was conducted at 29 long-term care facilities in the United States. Patients were titrated to the best tolerated dose between 3 and 12 mg/day of rivastigmine. All patients were at least 50 years of age and diagnosed with AD. This analysis focused on the cohort of 69 of 173 patients who completed 26 weeks of rivastigmine therapy and were receiving antipsychotic medication at some point during those 26 weeks. This analysis measured the average daily cost of these drugs (sorted into 5 classes) over the 26-week period.

RESULTS: There was no appreciable difference over time in the average daily cost of any class of psychotropic medications except antipsychotics. The average daily cost of antipsychotic medication decreased from $1.57 (SD=$4.70) at day 0 compared to $0.88 (SD=$1.93) at day 180.

CONCLUSIONS: This analysis demonstrates decreased utilization of antipsychotic medications in institutionalized AD patients receiving rivastigmine. It also suggests that patients taking rivastigmine may realize cost savings associated with decreased use of antipsychotic medications.

CONCOMITANT DRUG USE IMPLICATIONS IN ALZHEIMER’S DISEASE PATIENTS USING DONEPEZIL
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OBJECTIVES: To assess the prevalence rate of concomitant drug use and the potential for drug interactions in Alzheimer’s Disease (AD) patients prescribed donepezil.

METHODS: Outpatient pharmacy claims data from the Protocare Sciences Proprietary Managed Care database during the period from October 1, 1998 to December 31, 1998 was reviewed. Donepezil-treated patients were defined as patients having at least one outpatient pharmacy claim for donepezil. Patients at risk of potential drug-drug interaction were identified as those patients who were prescribed at least one drug that has the potential to interact with donepezil based on published literature including the package insert. AD patients with the above criteria were classified as being at risk for adverse reactions.

RESULTS: Among AD patients using donepezil, 41% were prescribed at least one medication with the potential to interact with donepezil.

CONCLUSIONS: Based on this study, forty-one out of every 100 patients who use donepezil are likely to experience drug-drug interactions. The risk that this confers warrants physician attention and policy considerations at several levels of organization. To avoid adverse clinical effects and the economic consequences of drug interactions, donepezil should be prescribed with caution, and alternative medications that do not have a potential for interaction should be considered.

DISEASE MANAGEMENT IN MIGRAINE AND TENSION-TYPE HEADACHE — RESULTS OF A SOCIO-ECONOMIC PILOT STUDY
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OBJECTIVE: Chronic headache is a disease where improvement in quality of care is not only beneficial for the patient but also a mandatory goal. Disease-management approaches focusing on patient education are means by which to reduce symptom severity, workplace absenteeism and improve health-related quality of life (HRQoL).

METHODS: Non-scientific employees (N = 5000) of Dresden University were screened for migraine and tension-type headache (TTH) according to International Headache Society criteria (n = 378). Patients were asked about their HRQoL (MOS Short-Form 36) and about therapy patterns using non-standardized questions, success, satisfaction, and workplace absenteeism both before and one year (settlement phase) after intervention. Intervention was by basic information material and a voluntary two-hour intensive patient education program in accordance with therapy recommendations. Results were obtained by means of descriptive statistics and comparison of run-in and post-intervention data.

RESULTS: One hundred forty-three patients returned the post-intervention questionnaire. Patient education sessions were attended by 54 patients. Overall, 27.6% were able to treat their headache more successfully after intervention; 42.3% were still not under GP surveillance. Migraine treatment with triptans was most successful for all eligible patients. Success rate in ergotamine users was 72.2%. 39.5% of patients changed their medication during the settlement phase. Education in combination with change in medication yielded maximum increase in HRQoL. Patients with severe initial pain had a significant increase in HRQoL scores for three dimensions: pain (+19.7), physical functioning (+10.4), and social functioning (+10.5). Direct and indirect workplace absenteeism decreased by 3.14 hours per four-week period, gaining more than 600 Euros/year/patient (human capital approach). The benefit of patients switching medication was 5.26 hours/patient.

CONCLUSION: The study results demonstrate that education of patients results in a change of coping strategies, reduced headache severity, improved HRQoL, increased satisfaction and restored productivity.