MILD TO MODERATE ALZHEIMER’S DISEASE ASSOCIATED WITH SIGNIFICANT TIME BURDEN TO CAREGIVERS
Jonsson L1, Grundman M2, Black R3, Liu E4, Minassian S5, Zbrozek A5, Leibman C1, Lucas C1, McLaughlin T7
1i3 Innovus, Stockholm, Sweden, 2Elan Pharmaceuticals, San Diego, CA, USA, 3Wyeth Research, Collegeville, PA, USA, 4Wyeth Research, Philadelphia, PA, USA, 5Elan Pharmaceuticals, Inc, San Diego, CA, USA, 6Elan Pharmaceuticals, Stevenage, UK, 7Elan Pharmaceuticals, South San Francisco, CA, USA

OBJECTIVES: To estimate the amount of assistance caregivers (CG) of mild to moderate Alzheimer’s Disease (AD) patients must provide in a typical day, and to compare those estimates across varying levels of cognition, function or behavior. METHODS: Observational study of 180 patients with mild to moderate AD. Patients were required to have a study partner (CG) who spent at least 10 hours per week with the patient. These results represent an initial analysis of 82 patients enrolled as of January 2007. Estimates of time spent assisting with basic activities of daily living (ADL), instrumental activities (IADL) and supervision during the previous month were collected using the Resource Use in Dementia (RUD)-Lite version 2.3. Total CG time (sum of ADL, IADL, supervision) was assessed across varying levels of cognition (Mini-Mental State Examination, MMSE), function (Disability Assessment of Dementia, DAD), and neuropsychiatric symptoms (Neuropsychiatric Inventory, NPI). RESULTS: Mean patient age was 76.0 years (SD = 6.38), compared to 70.9 years (SD = 11.26) for caregivers. Caregivers were typically the patient’s spouse (74.4%), 56.1% were female, and 75.0% were the sole caregiver. Over one in five CG (18/82) provided more than 8 hours of care/day; support with IADL and supervision accounted for the greatest number of CG hours. CONCLUSION: Mild to Moderate AD is associated with significant time burdens for caregivers, with 20% of patients in this study requiring as much as or more than a full working day of support.

A COMPARISON OF OUTCOMES AMONG MULTIPLE SCLEROSIS PATIENTS TREATED WITH GLATIRAMER ACETATE INJECTION OR HIGH-DOSE INTERFERON BETA-1A
Castelli-Haley J1, Laje MJ2, Oleen-Burkey M3
1Teva Neuroscience, Inc, Kansas City, MO, USA, 2HealthMetrics Outcomes Research, LLC, Grotto, CT, USA, 3Health Outcomes Research, Kansas City, MO, USA

OBJECTIVES: To compare outcomes among multiple sclerosis (MS) patients treated with either glatiramer acetate injection (Copaxone) or High-Dose Interferon Beta-1a (Rebif). METHODS: Data from September 2001 to June 2006 were obtained from i3’s Lab Rx Database. An “intent-to-treat” (ITT) cohort (N = 845) was created of patients diagnosed with MS who initiated therapy on one of two disease-modifying drugs (DMD), either Copaxone or Rebif, and had continuous insurance coverage from 6 months prior through 24 months post medication initiation. A “continuous use” (CU) cohort (N = 410) was created where individuals were required to have used the medication of interest within 28 days of the end of the two year post-period. Multivariate regressions were used to examine the association between use of each DMD and two-year total direct medical costs or relapse, where relapse was defined as being hospitalized with a diagnosis of MS or an outpatient visit with a diagnosis of MS followed by a prescription for steroids within a seven day period. All regressions controlled a wide range of factors that may potentially impact outcomes. RESULTS: In the ITT cohort, compared to those who initiated therapy on Rebif, patients who initiated therapy on Copaxone had a significantly lower risk of relapse (Odds Ratio = 0.543; P = 0.0305) as well as significantly lower two-year total direct medical costs ($41,786 vs $49,030, P = 0.0002). In the CU cohort, compared to those who used Rebif, patients who used Copaxone also had a significantly lower risk of relapse (Odds Ratio = 0.213; P = 0.0049) as well as significantly lower two-year total medical costs ($45,213 vs $57,311; P < 0.0001). CONCLUSION: Results from this study indicate that compared to Rebif, use of Copaxone is associated with significantly lower odds of relapse as well as significantly lower total direct medical costs. These results are more pronounced among patients defined as “continuous users.”

NEUROLOGICAL DISORDERS—Health Care Use & Policy Studies

TRENDS IN ANTI-ALZHEIMER’S MEDICATION UTILIZATION AND ASSOCIATED PATIENT CHARACTERISTICS IN SPAIN: RESULTS FROM A LARGE MULTI-CENTER ALZHEIMERNONITOR INITIATIVE
Narayan S1, Pedrosa RG2
1TNS Healthcare, Stamford, CT, USA, 2TNS Healthcare, Madrid, Spain

OBJECTIVES: Investigate the trends in anti-alzheimer’s medication utilization and associated patient characteristics and generate annualized estimates at country-level, in Spain. METHODS: AlzheimerMonitor is a multi-year annual study conducted among neurologists/psychiatrists/geriatricians to collect chart data on patients with AD diagnosis and/or documented anti-alzheimer’s medication use. 2005 & 2006 data on patient demographics, disease severity and medication utilization were used for this analysis to assess trends. A multi-stage weighting method at physician/patient level was employed to extrapolate data to Spain population. RESULTS: Over 3100 patient charts were abstracted each year by over 170 specialists from diverse settings in 2005 & 2006; 71,184 & 80,310 patients were estimated to have AD and/or have used anti-alzheimer’s medications in Spain in 2005 & 2006; 50,470 (71%) & 62,658 (78%) had confirmed AD diagnosis in 2005 & 2006, while the rest had diagnosis of other dementias. Overall medication utilization included (not mutually exclusive): AD-medications (2005:90%, 2006:88%), antipsychotics (2005:10%, 2006:12%), anti-depressants (2005:7%, 2006:8%), anxiolytics (2005/2006: 5%), hypnotics/sedatives (2005/2006: 3%), psychostimulants/neurotropics (2005:4%, 2006:1%). AD-medication utilization trends (not mutually exclusive) among all patients included (2005/2006, % patients): donepezil (40%/38%), memantine (22%/27%), rivastigmine (24%/25%) and galantamine (21%/22%). Among patients with AD diagnosis, average age was 76 yrs (2005/2006); AD severity distribution (2005/2006, % patients) was—mild: 17.7%/21.3%, moderate: 44.2%/45.1%, moderately-severe: 23.1%/24.5%, severe: 14.4%/8.6%, 86% (2005) & 88% (2006) of AD-patients were treated with anti-alzheimer’s medications; utilization in this group included (not mutually exclusive): AD-medications (2005:90%, 2006:88%), antipsychotics (2005:10%, 2006:12%), anti-depressants (2005:7%, 2006:8%), anxiolytics (2005/2006: 5%), hypnotics/sedatives (2005/2006: 3%), psychostimulants/neurotropics (2005:4%, 2006:1%). AD-medication utilization trends (not mutually exclusive) among all patients included (2005/2006, % patients): donepezil (40%/38%), memantine (22%/27%), rivastigmine (24%/25%) and galantamine (21%/22%). Among patients with AD diagnosis, average age was 76 yrs (2005/2006); AD severity distribution (2005/2006, % patients) was—mild: 17.7%/21.3%, moderate: 44.2%/45.1%, moderately-severe: 23.1%/24.5%, severe: 14.4%/8.6%, 86% (2005) & 88% (2006) of AD-patients were treated with anti-alzheimer’s medications; utilization in this group included: donepezil (2005:40%, 2006:38%), memantine (2005:22%, 2006:27%), rivastigmine (2005:24%, 2006:25%) and galantamine (2005:21%, 2006:22%). CONCLUSION: More than two-third of anti-alzheimer’s medication users had AD diagnosis and this group size increased from 2005 to 2006, primarily in the mild/moderate disease categories. In contrary, at least one-in-ten