OBJECTIVE: Examine the impact of clinical syndrome and type of antipsychotic medication on outpatient and inpatient utilization for participants in the U.S. SCAP.

METHODS: Baseline data used to predict 1-year outpatient and inpatient utilization (n = 806). Psychotherapy, clinic visits, rehabilitation treatment, day treatment and hospitalizations examined. Presence of antipsychotics coded for first generation (reference group), second generation, both first and second-generation, and no antipsychotic use. Logistic and negative binomial regressions using predicted values obtained through joint determination (SURE) of clinical/functional status conducted with demographic variables as controls.

RESULTS: Persons with combination of first and second-generation antipsychotics exhibited higher likelihood (p < 0.001) and greater number of psychotherapy visits (p < 0.001), higher likelihood of day treatment (p = 0.002) and shorter hospital length of stay (p = 0.03). Persons prescribed only second-generation antipsychotics had higher likelihood (p = 0.001) and greater number of psychotherapy visits (p = 0.03), lower likelihood and number of clinic visits lower (p = 0.05; p < 0.001) and higher probability of rehabilitation (p = 0.04). Depression (MADRS) and functionality (GAF) exhibited an inverse relationship to number of clinic visits. Higher functioning led to lower probability (p = 0.001) of day treatment. Higher QLS scores associated with higher likelihood of day treatment (p < 0.001) and fewer inpatient days of care (0.05).

CONCLUSION: This analysis indicates that antipsychotic type impacts probability and number of outpatient services and days of inpatient care; impact however is mixed and warrants further investigation. Clinical and functional status impact utilization; results suggest a ‘bimodal’ utilization effect. Individuals with higher functioning levels may require fewer services to maintain community functioning; individuals with lower levels of functioning may not be well enough to participate in outpatient services. Findings suggest medication and functional status are significant determinants of inpatient and outpatient utilization; evaluation of these factors may lead to better clinical management and policy decision-making for persons with schizophrenia.

IS DONEPEZIL COST-EFFECTIVE IN THE TREATMENT OF ALZHEIMER’S DISEASE (AD)?

OBJECTIVE: To estimate incremental cost-effectiveness (ICE) of donepezil for mild or moderate AD as compared with option of no treatment in Polish settings.

METHODS: We used Markov model developed by Naumann et al. Model assumptions: treatment duration and drug effect, 6 months; cohort of patients initially split by 50% into mild and moderate disease states; 50% of patients on 5mg and 50% on 10mg daily dose of donepezil. Data on costs by stage of disease including: medications, medical equipment, home help and community nurse, were taken from the Polish Alzheimer’s Society. Study was conducted from a societal perspective. Three types of outcome were estimated: expected costs, years in state less than severe (SLS), and incremental costs per additional SLS per treated person over 5 years projection.

RESULTS: The difference in expected costs per patient over 12, 24, and 60 months of treatment was: US $634, $520, and $408, respectively. Patients receiving donepezil were predicted to spend additional 0.123 year in less than severe AD compared with untreated patients. Incremental costs of SLS per treated person was $3,315/year. Sensitivity analysis revealed that ICE increased in parallel with the percentage of patients being initially in the mild AD. The difference in the total expected costs of treatment was: $355 and $303 when cohort comprised of 75% and 100% of patients with mild AD, respectively. In these scenarios additional time spent in SLS AD was 0.151 and 0.179 year and incremental costs of SLS per treated person was $3,315/year. Incremental costs of SLS per treated person was $3,315/year. When the duration of treatment and effects were projected for 1 year, incremental costs of SLS was $3,852/year.

CONCLUSION: Donepezil in the treatment of AD is most cost-effective in mild stage of the disease and its cost-effectiveness is reduced when treatment lasts >6 months.

MENTAL HEALTH—Quality of Life Presentations

THE EFFECTS OF PANAX GINSENG ON QUALITY OF LIFE: A PILOT STUDY

OBJECTIVE: To assess the time-dependent effects of Panax ginseng on health-related quality of life (HRQOL) using a general health status questionnaire.