on a wide range. The increase of the mother’s educational level is in significantly posi-
tive relationship with the DS person’s computing (khi2 = 14,314, p = 0.026), drawing/ 
writing (khi2 = 21,027, p = 0.002) and reading (khi2 = 22,169, p = 0.001) perfor-
mance. It has a favourable effect on the development of the basic self-supporting skills (khi2 = 25,371, p = 0.001), and the DS person’s social connections. The majority of 
those lacking friends live with mothers with the lowest qualification (khi2 = 9,799, p = 0.02). The level of happiness was measured on a four-grade scale. Owing to a mental 
retardation of medium gravity, surveying was carried out in an indirect way, by 
questioning the parents. The higher parental qualifications associated with happier DS 
people (khi2 = 17,344, p = 0.008). The parents’ educational levels are correlated (r = 
0.609, P < 0.001).

CONCLUSIONS: More qualified parents provide supportive envi-
ronment rich in stimulus. Higher level of development reduces the DS person’s depen-
dence on others, increases their self-estimation, the level of happiness and through this 
the quality of life improves. It means a smaller burden on the health care system, the 
society and the family. However the professionals taking part in family support must 
be reminded that not every family can perform special child educational tasks inde-
pendently, and they need more intensive family support.

NEUROLOGICAL DISORDERS – Health Care Use & Policy Studies

IMPACT OF MEMANTINE TREATMENT INITIATION ON 
PSYCHOTROPIC USE: ANALYSES WITH THE RAMQ DATABASE

Lachaine J1, Beauchemin C1, Legault M2, Bineau S3

1Montreal Neurological Institute, University of Montreal, Montreal, QC, Canada; 2Lumière Canada Inc., Montreal QC, Canada; 3Lundbeck Oy, Espoo, Finland

OBJECTIVES: Behavioural and psychological symptoms of dementia such as aggres-
siveness, agitation and psychosis are common and very distressful for Alzheimer’s 
disease patients and their caregivers. Their occurrence leads to an increased use of 
psychotropic medications. Memantine treatment has demonstrated significant benefit 
on these symptoms in the experimental setting of randomized clinical trials. The 
objective of this study was to assess the impact of memantine treatment initiation on the 
use of psychotropic medications in real life practice. METHODS: A retrospective 
prescription claims analysis was conducted using the Quebec provincial public health 
plan (RAMQ) database. Data on medical and pharmaceutical services were obtained 
for the period from January 2004 to March 2009 for a random sample of patients 
who received at least one scripts of memantine. Trends in the proportion of patients 
using psychotropic drugs, antidepressants, neuroleptics, and anti-anxiety agents were 
estimated one year before and after the first prescription of memantine. RESULTS: 
Data were obtained from the RAMQ for a total of 2,007 patients. The study sample 
was 82.2 years old on average (SD = 7.6), with 67.6% of female. Proportion of 
patients using a psychotropic drug in the year preceding the initiation of memantine 
increased by 58.3%, from a proportion of 0.450 to 0.713 while this proportion only 
increased by 3.5% (0.713 to 0.738) in the year following the initiation memantine 
initiation. The increase in proportion of antidepressants, neuroleptics, and anti-anxiety 
agents before and after initiation of memantine were 48.3% (0.239 to 0.354) vs. 2.8% 
(0.354 to 0.465), 112.1% (0.219 to 0.465) vs. 1.9% (0.465 to 0.474) and 41.3% 
(0.354 to 0.364), 112.1% (0.219 to 0.465) vs. 1.9% (0.465 to 0.474) and 41.3% 
(0.354 to 0.364) vs. 1.9% (0.465 to 0.474) respectively. The cost range for adults 
(€14,098-€17,702) reflects variability of invasive video-EEG protocols.

Regional funding is under-remunerative. Considering individual procedures, video-
EEG costs €3,406/adult (cost drivers: staff workload); invasive-video-EEG €3,790 
(adverse: electrodes). For children, video-EEG costs €3,063 and invasive-video-EEG 
€2,271; lower values are due to higher seizures frequency and shorter duration of 
recordings. Neurosurgical intervention cost is €16,210/adult and €18,894/child. For 
adults, variability (€14,700-€18,513) depends on the duration of intervention, number 
and cost of staffs. Intervention cost is similar in the three Regions and hospital imbal-
ance is the result of under-funding by regional tariffs. VNS insertion cost is €24,543/ 
adult (€3,518 for the intervention). Under-reimbursement by tariffs is confirmed, even 
considering regional extra-tariffs for the device. Global treatment path for an adult 
(NID + intervention + FUP 5 yrs) amounts to €23,571-NI and €31,373-VNSI, for 
a child €20,066-NI. Regional data: Lombardy, €23,571-NI and €32,244-VNSI, for 
Lazio €25,731-NI and €34,176-VNSI, for Emilia Romagna €22,886-NI and €34,871- 
VNSI. CONCLUSIONS: Funding of the management of resistant epilepsies in 
the larger patient appears insufficient to cover costs actually incurred by Italian hospitals, 
irrespective of organization and Regional funding.

HEALTH RELATED QUALITY OF LIFE DEFFICITS IN MULTIPLE 
SCEROSIS: POPULATION ANALYSIS

Langley P1, Wagner JS2, Gupta S3

1University of Minnesota, Minneapolis, MN, USA; 2Kantar Health, New York, NY, USA; 3Kantar Health, Princeton, NJ, USA

OBJECTIVES: Existing assessments of the health related quality of life (HRQoL) in 
patients with multiple sclerosis have focused on persons with the disease. What has 
not been assessed is the extent to which the presence of multiple sclerosis generates 
HRQoL deficits compared to the general population. METHODS: Data are from the 
internet-based 2008 National Health and Wellness Survey in the UK, France, Spain, 
Italy and Germany. A total of 33,524 respondents completed the survey form, of whom 
308 indicated they had a diagnosis of multiple sclerosis. Respondents completed the 
SF-36 general health survey (SF-36). The SF-36 consists of 30 items (5 item subscales) 
for the physical component (PCS) and mental component (MCS) scores (0-100). The 
utility decrement in the SF-6D model was −12.07; 95% CI: 14.02 to 20.12.

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CONCLUSIONS: Compared to the non-multiple sclerosis population, there are substantial HRQoL deficits associated with the diagnosis of 
multiple sclerosis. These deficits are substantial and far outweigh those attributable 
to socio-demographic characteristics, health risk factors and the presence of 
comorbidities.

NEUROLOGICAL DISORDERS – Conceptual Papers & Research on Methods

NON-LOCAL PATIENT-LEVEL DATA FOR COST-EFFECTIVENESS 
ADAPTATION TO THE SWEDISH ENVIRONMENT

Chowdhury CA4, Coche P4, Nilsson M4, de Bustamante MM4, Lukas KD4, 
Cannela LC5

4Institute of Health Management, The University of North Carolina, Chapel Hill, USA) can serve as a surrogate. This may limit the broad acceptance of the study’s 
results; however, it provides quantitatively supported and customized results based 
on a robust data set, upon which health care decision-makers can derive resource 
allocation and prescribing decisions.

REFERENCES

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