Schlander M

Abstracts

deficit/hyperactivity disorder (ADHD). One-year prevalence rates were determined for attention-with data for West Germany, East Germany, and Germany as a whole. One-year prevalence rates were determined for attention-deficit/hyperactivity disorder (ADHD). RESULTS: Claims data for 2.238m persons insured by the SHI (82.2% of the regional population; cf. Germany: 70.4m or 85.3% SHI insured) were available, representing—as judged by key sociodemographic and medical indicators (which will be presented)—the German SHI insured population. ADHD (hyperkinetic disorder: ICD-10, F90.0, F90.1) prevalence rates were: age 0–6: 1.26% (boys: 1.72%, girls: 0.77%), age 7–12: 4.97% (boys: 7.15%, girls: 2.66%), age 13–19: 1.31% (males: 1.91%, females: 0.60%), and adults: 0.04% (males: 0.04%, females: 0.03%). CONCLUSIONS: Especially when combined with data from regional hospitals and sick funds, databases like the “Nordbaden Project” will provide a valuable tool for studies of real-world health care utilization and direct medical costs associated with defined medical conditions. Specific findings on ADHD will be discussed in light of international epidemiological data.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN ADULTS: SF-6D UTILITIES FROM SF-36 SCORES IN A RANDOMISED TRIAL OF ATOMOXETINE

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OBJECTIVES: To derive utilities for adults with ADHD from a randomised trial of atomoxetine 40mg BID versus 80mg QD (Adler et al., 2004). These patients are largely untreated and there are few therapy alternatives. METHODS: Medical Outcome Study Short Form-36 (SF-36) scores are converted into a Quality Adjusted Life Year (QALY) value for key health states; responder and non-responders without/with adverse event (grouping defined as per clinical trial). The method for conversion is in accordance with that previously published (Brazier et al. 1998, 2004). A total of 218 clinical trial participants were followed for 13 weeks. Pre-treatment utility data of all patients is analysed to assess baseline utility values and is compared with end of trial period. Missing data were addressed according to five criteria. RESULTS: Mean and median results for utility values for responder and non-responders without/with adverse events, respectively. All responders (i.e. regardless of adverse event status) had a score of 0.678. The average gain in utility at end of trial comparing non-responders with all responders was 0.048. Median results increased the utility gain to 0.08. This analysis provided results that were ratio-

DUTCH ADAPTION OF THE COST-EFFECTIVENESS OF QUETIAPINE IN COMBINATION THERAPY IN THE MANAGEMENT OF ACUTE MANIA IN BIPOLAR I DISORDER

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OBJECTIVES: To estimate the cost-effectiveness of quetiapine in combination therapy compared to current combination therapies in the treatment of acute mania in bipolar I disorder using a discrete event model. METHODS: A discrete event simulation
model was used. In this model a cohort of 10,000 bipolar I disorder patients was created using Dutch data on relevant patient characteristics. This cohort was then used for the comparison of the different treatment options. The treatment options compared in the model were: 1) quetiapine & lithium; 2) olanzapine & lithium; and 3) risperidon & lithium. For effectiveness four trials on quetiapine were used. The effect measure was the number of serious side effects. Serious side effects were: extra pyramidal symptoms and/or more than 7% weight gain. Included costs were: drug costs, hospital costs, hospital visits and laboratory tests (2003 price levels). RESULTS: For the combination therapy of quetiapine & lithium, the incremental net costs per serious side effect averted were €1203 compared to risperidon & lithium and €3481 compared to olanzapine & lithium. The effectiveness on hospital stay is comparable over the three combination therapies compared. CONCLUSIONS: Serious side effects may be averted with quetiapine & lithium therapy at incremental costs. Whether these costs are acceptable requires further research into the ‘willingness to pay’ to avert one serious side effect.

PMH15

GALANTAMINE REDUCES CAREGIVER BURDEN: RESULTS FROM A NATURALISTIC STUDY

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OBJECTIVES: To quantify the effect of galantamine on burden of caregivers of patients with Alzheimer’s Disease (AD) enrolled in INSPIRE (Investigation in a Naturalistic Setting of Patients Initiated on Reminyl). METHODS: INSPIRE is a prospective, observational study conducted across Canada in general practice and specialist sites, involving 471 patients 65 years or older with mild to moderate AD. Patient and caregiver demographics were recorded at baseline, with effectiveness measured by the Mini-Mental State Examination (MMSE) and Physician’s Clinical Global Impression—Disease Status (CGI) at both baseline visit and final visit at 3 months. Caregiver stress was assessed using the Zarit Burden Interview (ZBI). Analysis was based on two-sided paired t-test. RESULTS: This preliminary analysis included 248 patients and caregivers, all of whom had completed the study at time of analysis. Of these patients, the mean age was 80.6 ± 6.5, 61% were female, 54% had a high school degree or less, and 74% lived with their spouse or partner. The mean age of caregivers was 61.4 ± 14.6. The caregiver sample was predominately female (75%), most lived with the patient (54%), and 42% employed on a full-time or part-time basis. At baseline, the mean caregiver ZBI score was 21.5 ± 12.6. Significant improvement in caregiver burden (mean change 1.5 ± 8.4, p = 0.006) was shown after three months of galantamine treatment. CONCLUSIONS: The efficacy and safety of galantamine has been demonstrated in multiple randomized, double-blind, placebo-controlled trials in patients with mild-to-moderate AD. This naturalistic study shows that galantamine significantly reduces burden among caregivers of patients with AD. Overall, galantamine has a broad ranging beneficial effect from both patient and caregiver perspectives.

PMH16

EFFECT OF BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BDPS) ON COST OF CARE IN THE CANADIAN OUTCOMES STUDY IN DEMENTIA

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OBJECTIVES: To determine the contribution of behavioural symptoms to the costs associated with caring for patients with dementia. METHODS: Data from the Canadian Outcomes Study in Dementia (COSID), a 3-year prospective study of community-dwelling dementia patients was examined. Cognition was assessed with the Mini-Mental State Examination (MMSE) and behaviour with the Neuropsychiatry Inventory (NPI). Resource utilization was evaluated monthly with caregiver-completed resource use (RU) questionnaires, which included frequency of community resource use (e.g., home care nurses, Meals-on-Wheels, etc.), hospitalization and respite care, outpatient visits and drug use (direct costs), as well as questions about time away from work or leisure activities for both patient and caregiver (indirect costs). Costs were calculated in 2000 Canadian dollars. RESULTS: Five hundred dementia patients and their caregivers who provided a minimum of 6 of 12 completed RU questionnaires were included in this 1-year preliminary analysis. At baseline, average age of patients was 76.3 (±6.3), 47% were male, and 82% were diagnosed with AD. Average MMSE was 22.4 (±4.5) and average NPI 8.8 (±11.1; range 0–69). Total costs were estimated at $1298 per month ($113 for medication costs, $237 for other direct costs, and $948 for indirect costs). An analysis of covariance model, that included NPI, MMSE, gender, age, marital status, dementia diagnosis, type of residence, region of Canada, and number of medical comorbidities, showed that greater cognitive impairment, i.e., lower MMSE (F = 12.77, p < 0.0004), female gender (F = 9.31, p = 0.0024) and non-AD dementia diagnosis (F = 6.27, p = 0.0126) were significant covariates. After accounting for the covariates, there was a significant association between cost and NPI (F = 22.46, p < 0.0001). The incremental cost of a one-point increase in NPI score was $32 per month (95% CI $18–$45). CONCLUSIONS: Behavioural and psychological symptoms of dementia (BDPS) contribute significantly to the total costs of caring for community dwelling dementia patients.

PMH17

HEALTH RELATED QUALITY OF LIFE (HRQOL) AND BURDEN OF FAMILY CAREGIVERS OF DIALYSIS PATIENTS

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OBJECTIVES: To evaluate the HRQoL and burden of family caregivers of dialysis patients and to analyze which variables were associated to it. METHODS: A sample of 221 patient-carer pairs, stratified by age and gender, was randomly selected from 14 dialysis units: 152 patients were on hemodialysis and 69 on peritoneal dialysis. Patients and carers answered the SF-36, obtaining Physical (PCS) and a Mental (MCS) Component Summary scores standardized by age and gender, and the Duke-UNK Functional Social Support (FSS). Carers also answered the Caregiver Burden Interview of Zarit (ZS). RESULTS: Mean PCS and MCS scores of carers were 48.4 ± 13.8 and 48.0 ± 11.3 respectively. Multiple regression analysis showed that the variables associated to lower PCS of the carer were: higher ZS and older patient age (R2 = 0.15; p < 0.001). Variables associated to lower MCS were: higher ZS and lower FSS of the carer, and lower MCS of the patient (R2 = 0.29; p < 0.001). Variables associated to a higher ZS of carers were: lower FSS and lower PCS and MCS scores of the carer and higher age and lower PCS and MCS scores of the patient (R2 = 0.49; p < 0.001). Carers with a MCS ≥ 42 points (cutoff point associated with depression) were 28.3% (95% CI = 22.4–34.8). Logistic regression analysis