

**PMH 10****LENGTH OF STAY AND ANTIPSYCHOTIC TREATMENT COSTS OF PATIENTS WITH ACUTE PSYCHOSIS ADMITTED TO HOSPITAL: DESCRIPTION AND ASSOCIATED FACTORS—THE PSYCHOSP STUDY**Peiró S<sup>1</sup>, Gómez G<sup>2</sup>, Navarro M<sup>3</sup>, Guadarrama I<sup>4</sup>, Rejas J<sup>5</sup><sup>1</sup>Fundación Instituto de Investigación en Servicios de Salud, Escuela Valenciana de Estudios para la Salud, Valencia, Spain;<sup>2</sup>Fundación Instituto de Investigación en Servicios de Salud, Valencia, Spain; <sup>3</sup>Servicio de Farmacia, Hospital de Santa Maria, Lleida, Spain; <sup>4</sup>División Corporativa e Institucional, Pfizer SA, Alcobendas, Madrid, Spain; <sup>5</sup>Pfizer, S.A, Alcobendas, Madrid, Spain

**OBJECTIVE:** To describe the length of stay, cost of drug treatment, diagnostic tests and other therapeutic measures in acute psychotic patients admitted to acute in-patient psychiatric units and to analyse the factors associated with these. **METHODS:** Retrospective review of medical records of 200 patients admitted for acute psychosis in 8 Spanish hospitals. Description of the length of stay, cost of drug treatment and diagnostic tests; bivariate and multivariate analysis of factors associated with length of stay and cost of antipsychotic drug treatment. **RESULTS:** The average admission cost ranged between €2,830.29 and €3,624.95, with a wide variability among hospitals. Of this cost, 94.3% corresponded to fixed costs, 3.4% to diagnostic tests and 2.4% to drug treatment (84.2% of this latter cost corresponded to antipsychotic drugs). An age younger than 25 years and a diagnosis of schizophrenia were associated with longer hospital stays; longer length of stay, the presence of aggressiveness/agitation, a diagnosis of schizophrenia, age younger than 25 years and the use of atypical antipsychotics were associated with higher costs in antipsychotic drug treatment. **CONCLUSIONS:** The hospital admission cost of an acute psychotic episode is mostly dependent on the structural costs derived from in-patient treatment. The differences in costs seem to be related to different length of stay schemes used by the various hospitals rather than to the clinical characteristics of patients or the drugs used.

**MENTAL HEALTH—Clinical Outcomes****PMH 11****ANTIPSYCHOTIC MEDICATION PATTERNS IN SCHIZOPHRENIA OUTPATIENTS AND INPATIENTS TREATED WITH OLANZAPINE AND HALOPERIDOL IN GERMANY: RESULTS FROM THE GEO OBSERVATIONAL STUDY**Eichmann F<sup>1</sup>, Reitberger U<sup>1</sup>, Spannheimer A<sup>1</sup>, Lothgren M<sup>2</sup>, Clouth J<sup>3</sup>, Naber D<sup>4</sup><sup>1</sup>Kendle International Inc, Munich, Germany; <sup>2</sup>Eli Lilly & Company Ltd, Windlesham, United Kingdom; <sup>3</sup>Lilly Deutschland, Bad Hamburg, Germany; <sup>4</sup>Universitäts-Krankenhaus Eppendorf, Hamburg, Germany

**OBJECTIVES:** To compare antipsychotic medication patterns, side-effects and concomitant medication usage for olanzapine and haloperidol patients in a cross-sectional analysis of the GEO observational study. **METHODS:** GEO is a 2-year prospective naturalistic combined in- and outpatient observational study in Germany. 646 adult schizophrenia patients treated with either olanzapine (N = 416) or haloperidol (N = 230) were enrolled in the study and quarterly observations on the disease course, resource consumption and quality of life are made during the follow-up period. **RESULTS:** More olanzapine patients were newly switched to their current treatment (27% vs. 18% within 2 weeks before enrolment) or switched more than 2 weeks but less than 3 months before enrolment (19% vs. 12%). Patients switched within the last 3 months had spent more days in hospital during the last year than patients treated for more than 3 months (29 days vs. 15 days). In the 12 months prior to being enrolled in the study, olanzapine patients had spent more days in hospital due to schizophrenia compared with the haloperidol patients (23 vs. 19 days). Olanzapine patients had lower incidence of treatment related EPS side-effects (27% vs. 70%), whereas other treatment side-effects (mainly related to adipositas and depression) were reported more frequently for olanzapine patients (29% vs. 9%). A smaller proportion of olanzapine patients received concomitant antipsychotic medication (31.0% vs. 48.7%) and EPS medication (1.6% vs. 20.5%) compared with haloperidol patients. The concomitant use of antidepressants (24.8% vs. 5.4%) and anxiolytics (24.0% vs. 13.4%) were more common for olanzapine compared with haloperidol patients. **CONCLUSIONS:** At time of enrolment in the GEO observational study, more olanzapine patients were recently switched to their current treatment, and had spent more days in hospital. Additional antipsychotic medication use was more common for haloperidol patients. Olanzapine patients had fewer treatment side-effects and lower usage of concomitant side-effects medication.

**PMH 12****PATIENT AND DISEASE CHARACTERISTICS IN SCHIZOPHRENIA OUTPATIENTS AND INPATIENTS TREATED WITH OLANZAPINE AND HALOPERIDOL IN GERMANY: RESULTS FROM THE GEO OBSERVATIONAL STUDY**Eichmann F<sup>1</sup>, Reitberger U<sup>1</sup>, Spannheimer A<sup>1</sup>, Lothgren M<sup>2</sup>, Clouth J<sup>3</sup>, Naber D<sup>4</sup><sup>1</sup>Kendle International Inc, Munich, Germany; <sup>2</sup>Eli Lilly & Company Ltd, Windlesham, United Kingdom; <sup>3</sup>Lilly Deutschland GmbH, Bad Hamburg, Germany; <sup>4</sup>Universitäts-Krankenhaus Eppendorf, Hamburg, Germany

**OBJECTIVES:** To compare disease characteristics, living situations and employment status for schizophrenia patients treated with olanzapine or haloperidol in a cross-sectional analysis of the GEO observational study. **METHODS:** GEO is a 2-year prospective naturalistic