consisted of the direct economic burden of this disease. CONCLUSIONS: Serious economic burden has been caused by schizophrenia and increased sharply in China. Indirect cost of schizophrenia is largely more than its direct cost.

PMH14
COMPARISON OF MEDICAL COSTS AND UTILIZATION ASSOCIATED WITH USE OF ZIPRASIDONE AND OLANZAPINE AMONG SCHIZOPHRENIA AND BIPOLAR DISORDER PATIENTS

Lange A, Lidskog T, de Vries J, Wu
University of Southern California School of Pharmacy, Los Angeles, CA, USA

OBJECTIVES: Ziprasidone is increasingly used for the treatment of schizophrenia and bipolar disorder. The purpose of this study is to compare health care costs and utilization associated with use of ziprasidone and olanzapine. METHODS: Schizophrenia and bipolar disorder patients who initiated use of ziprasidone or olanzapine between 01/2007 and 12/2010 were identified in the IMS LifeLink™ Healthcare Claims Database. Claims were stratified into treatment episodes, and one-year costs and utilization after the initiation of episodes were analyzed. OLS regressions, general liner models, and two-part models were used to compare various types of costs associated with the use of ziprasidone and olanzapine. Logistic regressions, Poisson regressions, and hurdle models were used to compare the numbers of emergency room visits and hospitalizations associated with each drug. Lastly, we used various statistical methods to test the sensitivity of our estimates. RESULTS: We identified 7,138 (46.93%) ziprasidone episodes and 8,072 (53.07%) olanzapine episodes, and found that patients using ziprasidone were significantly younger (41.50 vs. 45.38) and were significantly less likely to be male (29.81% vs. 44.21%). At baseline, ziprasidone group and olanzapine group differed in total costs and all components of costs. Breakdown analyses of costs per episode showed that ziprasidone, when compared to olanzapine, was associated with significantly higher medication costs ($232, p < 0.05). Decreased ER costs (-$73, p < 0.05) and increased hospital costs ($501, p < 0.05) were also observed. The number of significantly fewer ER visits (0.266, p < 0.001) and hospitalizations (1.117, p < 0.001). Sensitivity analyses suggest these results were robust. CONCLUSIONS: While ziprasidone is associated with higher medication costs and outpatient costs, it reduces patients’ utilization of ER and inpatient services.

PMH15
HEALTH INSURANCE COST OF ALZHEIMER DEMENTIA IN HUNGARY: A COST OF ILLNESS STUDY

Oberfrank F, Donka-Verebes É, Bonce I
1Institute of Experimental Medicine (IEM), Budapest, Hungary
2Integra Consulting Ltd., Budapest, Hungary
3University of Pécs, Pécs, Hungary

OBJECTIVES: The aim of our study is to calculate the annual health insurance treatment cost of Alzheimer disease in Hungary. METHODS: The data derive from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), the only health care financing agency in Hungary. We analyzed the health insurance treatment cost and the number of patients for the year 2010. The following cost categories were included into the study: outpatient care, inpatient care, inpatient care in the department of nursing home, and medical devices. RESULTS: The Hungarian National Health Insurance Fund Administration spent 13.535 billion Hungarian Forint (HUF) (65.026 million USD) for the treatment of anxiety disease in Hungary. The annual average expenditure per patient was 13323 HUF (64 USD) while the average expenditure per one inhabitant was 1352 HUF (6.5 USD). Major cost drivers were general practitioners of primary care (43.8 % of total health insurance costs), pharmaceuticals (32.2 %) and outpatient care (23.5 %). The number of patients with anxiety disease was 1014 per 100000 population. We found the highest patient number in general practitioners of primary care (1015938 patients), pharmaceuticals (774096 patients) and outpatient care (521760 patients). CONCLUSIONS: Anxiety represents a significant burden for the health insurance system. General practitioners of primary care and pharmaceutical reimbursement are the major cost drivers for anxiety disease in Hungary.

PMH16
DISEASE MANAGEMENT, RESOURCE UTILISATION AND ASSOCIATED COST FOR MODERATE AND SEVERE DEMEN TIA PATIENTS IN CHINA: RESULTS FROM A DELPHI PANEL

Yan L, Ge L, Clay E, Toumi M, Miles D
1Crestu-Creativ, London, UK
2Lundbeck China, Beijing, China
3Crestu-Creativ, Paris, France
4University of Mersin, Mersin, Turkey

OBJECTIVES: Resulting from the scarcity of literature on dementia in China, a Delphi panel was used to obtain information on disease management, resource utilisation and associated costs for patients with moderate or severe dementia in China as it is difficult to collect data. An economic model comparing different alternative strategies for treatment of dementia. METHODS: The Delphi panel method was used to leverage expertise of physicians involved in the treatment of dementia (Round-1 interviews with eight interviewees) and hospital administrators (Round-2 interviews with two interviewees). Final Delphi meeting gathered six experts from previous interviewees to reach a consensus. Round-1 interviews collected information about identifying a diagnosis for dementia, dementia disease management and the distribution of patients by severity, dependence and aggressiveness. Round-2 interviews were based on results of Round-1 interviews to collect data on relevant costs. Interviews were done individually without sharing information from other interviewees. Results from two rounds were integrated and shared in the final Delphi discussion. A consensus was reached to obtain the final value or range of values of interest. RESULTS: Distribution of independent/non-aggressive, independent/aggressive, dependent/non-aggressive, and dependent/aggressive was moderate to severe dementia patients was 70%, 15%, 5% and 5% at time of first diagnosis. Unit costs and resource utilisation, collected for each health state for a cycle of 6-months, showed that severe dependent/aggressive dementia patients required the most time from caregivers (15 hours/day). Moderate depend- ent/aggressive patients had the highest probability (90%) to be hospitalised. The average stay of hospitalisation was two months. Moderate and severe patients had the probability of being institutionalised (60%, 90%, 20% and 20% for each health state). CONCLUSIONS: Delphi panel method is a useful approach to collect data for diseases when they are not published in the literature or when automated health care databases are not available or accessible.

PMH17
HEALTH INSURANCE COST OF ANXIETY IN HUNGARY: A COST OF ILLNESS STUDY

Oberfrank F, Donka-Verebes É, Bonce I
1Institute of Experimental Medicine (IEM), Budapest, Hungary
2Integra Consulting Ltd., Budapest, Hungary
3University of Pécs, Pécs, Hungary

OBJECTIVES: The aim of our study is to calculate the annual health insurance treatment cost of anxiety in Hungary. METHODS: The data derive from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), the only health care financing agency in Hungary. We analyzed the health insurance treatment cost and the number of patients for the year 2010. The following cost categories were included into the study: outpatient care, inpatient care, inpatient care in the department of nursing home, and medical devices. RESULTS: The Hungarian National Health Insurance Fund Administration spent 13.535 billion Hungarian Forint (HUF) (65.026 million USD) for the treatment of anxiety disease in Hungary. The annual average expenditure per patient was 13323 HUF (64 USD) while the average expenditure per one inhabitant was 1352 HUF (6.5 USD). Major cost drivers were general practitioners of primary care (43.8 % of total health insurance costs), pharmaceuticals (32.2 %) and outpatient care (23.5 %). The number of patients with anxiety disease was 1014 per 100000 population. We found the highest patient number in general practitioners of primary care (1015938 patients), pharmaceuticals (774096 patients) and outpatient care (521760 patients). CONCLUSIONS: Anxiety represents a significant burden for the health insurance system. General practitioners of primary care and pharmaceutical reimbursement are the major cost drivers for anxiety disease in Hungary.