Costs of Dementia in Hungary

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OBJECTIVES: To investigate the costs of dementia in Hungary, analyzing the distribution of direct and indirect costs, considering also the costs of caregivers. On basis of prevalence estimations from previous dementia studies we extrapolated the mean cost issues and estimated the burden of dementia for the population aged ≥60.

METHODS: A cross-sectional study of 88 consecutive patients with dementia and their caregivers was conducted in 2008 involving physicians and nurses of 3 GP and 1 outpatient practices. Resource Utilization in Dementia (RUD), Mini Mental State Examination (MMSE), and the health related quality of life EuroQol (EQ-5D) questionnaires were used. Using 2007 prices we established the proportion of the main cost-drivers and categorized cost-data by patients’ age and MMSE scores. RESULTS: Patients (59% female) were involved with clinical characteristics of mean MMSE 16.7 (SD 7.24), EQ-5D 0.401 (SD 0.327), 59% were female, mean age was 78 years (SD 8.5). The average monthly direct costs per patient were 282 (SD 532) euros, mean indirect costs were 53 (SD 187) euros/patient/month. Total costs by age-groups (total sample, 65–74, 75–84 and 85 or more) considering mental status (MMSE score level of 0–18, 19–24 and 25–30) within each were 176, 234, 108, 131 and 375, 588, 1694, 611 euros/patient/month, respectively. Dementia-related health services and indirect costs (income loss of caregivers) had the highest shares of the whole, 32%–32% for both. CONCLUSIONS: Costs of increase by age and severity of the disease (measured by MMSE scores). At national level, in 2008 the estimated direct costs of dementia were 255 million euros with 48 million euros indirect costs. Trends show a remarkable growth in the number of the demented patients. Therefore, an increase of disease burden of dementia is expected in the future.

Cost-Benefit Analysis of Four Antipsychotic Drugs for the Treatment of Schizophrenia in Colombia

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OBJECTIVES: To compare, through cost-benefit analysis, a long-acting atypical antipsychotic (risperidone) with two second-generation oral antipsychotics (olanzapine and clozapine) and a “typical” prolonged action antipsychotic (pimozazine).

METHODS: We designed a decision tree that included only direct costs, from the third party payer perspective and a single year time frame. Main epidemiological variables, obtained mostly from international literature and clinical trials, were adherence, relapses with and without hospitalization, and side effects. Local costs were obtained from Colombian health insurers and providers. RESULTS: According to the model, the use of long acting risperidone injection was associated with the lowest overall costs to the system ($US$1169 per year) followed closely by clozapine ($US$1221) whose long term metabolic effects were not included in the model. Either one of these drugs would save around US$ 800 per year when compared with olanzapine ($US$607), and more than US$1000 when compared with pimozazine ($US$544), the least expensive of the group and currently the standard of care in most patient groups.

CONCLUSIONS: Despite their apparent higher costs, atypical antipsychotics can be cost saving through their reduction in relapses and hospitalizations. The economic benefit, particularly with risperidone injection which had the lowest side effect profile, would be added to the direct and indirect benefits to the patients and their communities due mainly to relapse reduction.

Health Care Costs Associated with Treatment of Bipolar Disorder Using a Mood Stabilizer Plus Adjunctive Aripiprazole, Quetiapine, Risperidone, Olanzapine or Ziprasidone

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OBJECTIVES: Bipolar disorder has an associated economic burden due to its treatment, including medication and hospitalization costs as well as costs associated with treatment of comorbid medical conditions. This study compared health care costs in patients treated with a mood stabilizer and adjunctive aripiprazole versus adjunctive olanzapine, quetiapine, risperidone or ziprasidone. METHODS: A retrospective propensity score-matched cohort study was conducted in the LabRx integrated claims database from January 2000 through December 2008. Patients with bipolar disorder and 90 days post-index enrolment were eligible for inclusion. Mood stabilizer therapy was initiated prior to index atypical prescription. Generalized gamma regression models were used to compare the total health care costs of patients treated with adjunctive aripiprazole and patients treated with adjunctive olanzapine, quetiapine, risperidone or ziprasidone. RESULTS: After controlling for differences in baseline characteristics and pre-index cost, psychiatric costs and subtotal psychiatric treatment costs were significantly higher for all adjunctive atypical antipsychotics than adjunctive aripiprazole (p < 0.001). There was no significant difference in general medical costs between aripiprazole and olanzapine, quetiapine, or risperidone. CONCLUSIONS: Adjunctive aripiprazole may have economic benefits over other atypical antipsychotics in terms of lower psychiatric treatment costs. Costs of care than adjunctive olanzapine, quetiapine, risperidone or ziprasidone, and lower total health care costs than adjunctive olanzapine, risperidone or ziprasidone.