OBJECTIVES: To assess the demographic, diagnostic and cost differences at baseline among Medi-Cal patients with schizophrenia using olanzapine, risperidone, or typical antipsychotics.

METHODS: Ambulatory patients with schizophrenia, who initiated antipsychotic drug therapy on olanzapine, risperidone or typical antipsychotics, after a break of more than 30 days from their previous antipsychotics, were identified. Of these, patients with data available for at least six months prior to and 12 months following the initiation date of these medications during March 1998-August 2001 were included. Baseline demographic, diagnostic and cost variables were compared among these three groups.

RESULTS: The final sample comprised of 8022, 4909, 4867, olanzapine, risperidone and typical (O;R;T) patient episodes respectively. The episodes for which typical antipsychotics were initiated had the highest total costs in the six months prior to drug initiation (mean (SE): O = $4,224 (11,219); R = $4,339 (11,217); T = $5,403 (14,786); p < 0.0001). Patients initiated on olanzapine had been more treatment resistant, as indicated by differences in use of more than two antipsychotics previously (O = 42.97%; R = 37.10%; T = 40.13%; p < 0.0001), prior clozapine use (O = 1.11%; R = 0.71%; T = 1.07%; p < 0.07), prior use of depot antipsychotics (O = 3.96%; R = 2.53%; T = 2.16%; p < 0.0001) and dose of prior antipsychotic (mean chlorpromazine equivalents (SE): O = 228.1 (662); R = 161.2 (494); T = 130.5 (474); p < 0.0001). Patients with episodes treated with typical antipsychotics had a higher proportion of comorbidities including musculoskeletal system disorders, anxiety disorders, and circulatory system diseases. Olanzapine had relatively few older and younger initiators (age <20 or age >65), compared to risperidone (O = 13.67%; R = 24.69%; T = 18.90%; p < 0.0001).

CONCLUSIONS: Significant cost, demographic and diagnostic differences at baseline existed among patients initiating risperidone, olanzapine, and typical antipsychotics. Specifically, olanzapine was used for more treatment resistant patients with schizophrenia. Non-randomized studies comparing treatment and cost outcomes for these medications need to account for the differences.

THE IMPACT OF SECOND-GENERATION ANTIPSYCHOTICS IN BIPOLAR PATIENTS IN THE CALIFORNIA MEDICAID PROGRAM

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The California Medicaid program added second-generation antipsychotic medications to its formulary in October 1997.

OBJECTIVE: To investigate the impact of the formulary expansion on antipsychotic drug selection. STUDY POPULATION: 52,389 antipsychotic-initiated patient treatment episodes were separated into three groups, new: no previous drug therapy history, restarters: restarted drug therapy while not on active therapy, and augmenters: started a new drug while on active therapy.

METHODS: Time trend analysis was performed to determine the changes in the number of overall treatment episodes initiated with an antipsychotic within each of the three subgroups. Multivariate logistic regression models of the selection of drug therapy were estimated separately for the three subgroups. Independent variables included patient demographics, prior use of services, and diagnostic profile.

RESULTS: The formulary expansion immediately but temporarily increased the total number of restarter and augmenter episodes, with a less apparent increase in the total number of new episodes (access effect). Once at steady state level within all three subgroups, second-generation antipsychotics accounted for approximately two-thirds of antipsychotic treated episodes. The formulary expansion changed the clinical parameters that influenced the selection of antipsychotic therapy. Factors that correlate with the use of second-generation antipsychotics in the pre-period appear to have been attenuated by the formulary expansion. The formulary expansion increased access to the second-generation antipsychotics for minorities, HIV+ persons, persons with history of alcohol abuse, individuals in the long term care setting, and in urban counties. Access to the second-generation antipsychotics was less dependent on psychiatric hospital visits, visits to psychiatrists, and having a previous diagnosis of schizophrenia or depression in the medical history.

CONCLUSION: Future research should explore the impact of the formulary expansion on the cost and achievement of drug therapy outcomes of treating patients with bipolar disorder, with consideration of potential treatment selection bias.

REDUCTION IN LONG-ACTING BENZODIAZEPINE THERAPY AND ASSOCIATED FRACTURES IN ELDERLY MEDICAID PATIENTS

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OBJECTIVES: The objectives of this study were to encourage the replacement of long-acting benzodi-