

**CONCLUSIONS:** Patients with schizophrenia treated with either risperidone or olanzapine achieved better drug therapy outcomes after the formulary expansion. The higher cost of drug therapy was largely offset by reductions in the use of other services.

**PMH44**

#### **SURVEY AND STATED PREFERENCE TECHNIQUES FOR ESTIMATING THE DEMAND FOR ALCOHOLISM MEDICATIONS**

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**OBJECTIVES:** 1) To understand why naltrexone, a medication approved by the FDA to treat alcoholism, has not diffused widely and 2) to demonstrate the use of stated preference techniques for predicting physicians' demand for medications with various characteristics.

**METHODS:** Survey of 1372 physicians specializing in substance abuse treatment (65% response rate). Questions about the use of naltrexone and perceptions of naltrexone. Stated preference questions in which physicians are asked to select medications for treating alcoholism based on hypothetical medication characteristics. Combined actual and stated preference data are used to examine the accuracy of stated preference data for forecasting demand for new medications.

**RESULTS:** Only 2% of physicians had never heard of naltrexone, 11% had heard of naltrexone but were not confident in their knowledge about its indications. The mean percent of alcoholism patients prescribed naltrexone was 13%. 37% of physicians did not prescribe naltrexone to any of their patients. When physicians were asked the main reason that they did not prescribe naltrexone to more patients the following reasons were given: 19% said "patients refused to take or comply with medications;" 17% said "patients could not afford medications;" 11% said "small effect size relative to side-effects;" 10% said "patients were not in a formal treatment program." Other analyses will also be presented that examine ratings of efficacy, side-effects, and compliance with naltrexone relative to other more widely used medications. Physicians demand curves and market-share for alcoholism medications are estimated using stated preference data.

**CONCLUSIONS:** Although naltrexone is familiar to most specialists in substance abuse it is still not widely prescribed. A variety of reasons explain why naltrexone is not more widely prescribed. Efforts to increase its use will require efforts focused on a number of areas, including educating physicians and increased availability of the medication outside of formal treatment programs.

#### **PMH45** **THE EFFECT OF SCHIZOPHRENIA SYMPTOMS ON EMPLOYMENT OUTCOMES**

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**OBJECTIVE:** Previous research evaluating labor market outcomes in schizophrenia has focused mainly on patients' earnings, providing an overall economic impact. Two studies exploring employment participation in schizophrenic patients found that "negative" symptoms (e.g., apathy and social withdrawal) are stronger predictors of employment than "positive" symptoms (hallucinations and delusions), however, these studies were based on a static model. In the present study, we used a dynamic employment decision model to examine the impact of schizophrenia symptoms on employment outcomes.

**METHODS:** The decision model was empirically estimated using patients with a DSM-III diagnosis of schizophrenia from the Epidemiologic Catchment Area Study data, 1980–1985 (n = 133). The variables of interest (presence of only positive symptoms, only negative symptoms, or both) were measured as dichotomous variables. Ordinary least squares regression was used to determine the effect of symptoms on months of unemployment. The dependent variable was also broken into discrete outcomes (continuous employment, discontinuous employment, and unemployment) and an ordered probit model was estimated. Both models controlled for demographics, family social support, additional income, and illness severity.

**RESULTS:** Most patients experienced both positive and negative symptoms (82%); no patients experienced only negative symptoms. Positive symptoms only and both positive and negative symptoms were significantly associated with more months of unemployment (14.2 and 13.6 months, respectively) compared with an average of 20 months in patients with no symptoms (p < 0.001); no difference was detected in the coefficient estimates between the positive symptoms only group and the positive and negative symptoms group. Results of the ordered probit model were not significant.

**CONCLUSION:** In this study, the presence of symptoms in schizophrenic patients increased the duration of unemployment by more than a year. This suggests that greater symptom control, possibly through aggressive pharmacotherapy, may lead to increased employment rates among schizophrenic patients, making them more productive members of society.

**PMH46**

#### **MEDICATION TREATMENT PATTERNS FOLLOWING THE INITIATION OF OLANZAPINE VERSUS RISPERIDONE IN A NATURALISTIC SETTING**

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