**ECONOMIC BURDEN OF ALCOHOLISM AND ALCOHOL ABUSE IN A US MANAGED-CARE SETTING**

**Weycker D**, Erder H, Edelsberg J, Holder H, Oster G

1Policy Analysis Inc. (PAI), Brookline, MA, USA, 2Forest Research Institute, Jersey City, NJ, USA, 3Prevention Research Center, Berkeley, CA, USA

**OBJECTIVES:** Alcoholism and alcohol abuse are widespread. The economic consequences of these conditions in a managed-care setting are largely unknown. **METHODS:** The direct economic burden of alcoholism and alcohol abuse was estimated by multiplying numbers of health care encounters and total health care expenditures for alcohol-related conditions by corresponding alcohol-attributable (i.e., etiologic) fractions (AAFs). Alcohol-related conditions—including alcoholism and alcoholic disorders, alcohol-related diseases, and alcohol-related injuries—and AAFs were based on a published taxonomy developed for the US Centers for Disease Control and Prevention (CDC). Encounters and expenditures for the treatment of alcohol-related conditions were estimated using 2004 health care claims data for a random sample of 4 million managed-care plan members. Direct economic burden was estimated on an overall basis and by setting of care, for all members and by age and sex. **RESULTS:** Alcohol-attributable expenditures totaled $216.2 million in 2004, or $5.4 million per 100,000 plan members, representing 3% of total health care expenditures during the year. Alcohol-related diseases represented 55% of alcohol-attributable expenditures; treatment of alcoholism and alcoholic disorders constituted 38%. Hospitalizations represented 61% of attributable expenditures, followed by hospital outpatient visits (13%), physician office visits (10%), and emergency room visits (5%). Expenditures (per 100,000 plan members) were 1.6 times higher for men than women, and increased with age. **CONCLUSION:** The economic burden of alcohol-attributable expenditures in US managed-care settings is substantial. Interventions directed at the problem of alcoholism and alcohol abuse could yield considerable cost offsets.

**HEALTH CARE BURDEN OF PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME**

**Weycker D**, Erder H, Edelsberg J, Holder H, Sofrygin O, Oster G

1Policy Analysis Inc. (PAI), Brookline, MA, USA, 2Forest Research Institute, Jersey City, NJ, USA, 3Prevention Research Center, Berkeley, CA, USA

**OBJECTIVES:** One in every 13 US adults suffers from alcohol dependence. Information on the economic burden these patients place on health insurers is currently lacking. **METHODS:** Using a large US health insurance database, we identified all patients with a diagnosis of alcohol dependence syndrome in calendar year (CY) 2004, as well as an age- and sex-matched group of persons without such a diagnosis during this year (“comparison patients”). Health care expenditures for the treatment of alcohol-related conditions—including alcoholism and alcoholic disorders, alcohol-related diseases, and alcohol-related injuries—were tallied in CY2004 for alcoholics and comparison patients using plan payments to providers. Expenditures were summarized using means and 95% confidence intervals (CI) estimated via nonparametric bootstrapping. **RESULTS:** In a population of 4 million covered lives, 11,151 persons had one or more encounters with a diagnosis of alcohol dependence syndrome. Mean (±SD) age of alcoholics was 40 (±14) years, and 67% were male. Expenditures for alcohol-related conditions averaged $5945 (95% CI $5598–$6297) for alcoholics, versus $345 ($273–$438) for comparison patients, a difference of $5600 ($5255–$5963). Differences in mean expenditures increased with age (ages 65 years and older, $13,243), and were similar for men ($5771) and women ($5233). **CONCLUSION:** Health care expenditures are substantially higher among patients with encounters for alcohol dependence in comparison with persons without evidence of this problem.

**DRUG COST DEVELOPMENT OF CITALOPRAM AND FLUOXETINE FOLLOWING THE INTRODUCTION OF GENERIC SUBSTITUTION IN FINLAND**

**Aalto-Setälä V**

University of Helsinki, Helsinki, Finland

**OBJECTIVES:** The objective of this study was to analyze and describe the drug cost development of the two most commonly prescribed antidepressant drugs in Finland following the introduction of generic substitution by pharmacists in April 2003. **METHODS:** The prescription claims database of the Social Insurance Institution of Finland was used to calculate the quarter-by-quarter cost of reimbursements per user for citalopram and fluoxetine from January 2003 to June 2004. Price data were extracted from the registry of the Association of Finnish Pharmacies for April 2003 to April 2004. **RESULTS:** The quarterly cost of citalopram and fluoxetine per user to the Social Insurance Institution of Finland decreased by 45% and 48% respectively one year following the introduction of generic substitution. The companies which marketed the brand name drugs in Finland adopted two contrasting pricing policies in response to generic substitution. A “pseudo-generic” version of citalopram, but not fluoxetine, was available throughout the study period. Regardless of the pricing policy, cost savings of the same level were realized for both patients and government. These cost reductions did not lead to a corresponding increase in the use of citalopram or fluoxetine. **CONCLUSION:** The introduction of generic substitution was followed by a decrease in price for the two most commonly prescribed antidepressant drugs in Finland. High price elasticity was observed within but not between active ingredients. Price did not appear to guide antidepressant prescribing by physicians.

**HEALTH SERVICE AND PRESCRIPTION DRUG USE AND COSTS AMONG HISPANIC AND NON-HISPANIC CAUCASIAN SUBJECTS WITH ADHD**

**Riedel AA**, Cao E, Zhang H

1i3 Innovus, Eden Prairie, MN, USA, 2i3 Innovus, Reston, VA, USA, 3McNeil Pediatrics Division of McNeil-PPC Inc, Fort Washington, PA, USA

**OBJECTIVES:** To evaluate Attention Deficit/Hyperactivity Disorder (ADHD) management among Hispanic (HIS) and non-