with externalizing comorbidities, in particular conduct disorder, were more likely to have an increased length of hospitalisation among patients diagnosed with ADHD (in Germany, methylphenidate and atomoxetine are available for calendar years 2003 to 2009 and were combined with prescription data to assess treatment patterns). Then, these groups were arranged by age and gender. Finally, the costs associated with hospitalisation were assessed using a generalised linear model, adjusting for patient and hospital characteristics. Length of hospitalisation data were not normally distributed, therefore log-transformed data were included. A post hoc sensitivity analysis evaluated length of hospitalisation (excluding an outlier quetiapine XR patient, with a length of stay > 3x higher than the second longest). RESULTS: In total, 3088 discharges were between July 1, 2007 and August 31, 2010 were included in the analysis. The results showed that treatment with quetiapine XR reduced the length of hospitalisation by 6.7% compared with IR (p < 0.01), which corresponds to 0.6 fewer days in hospital (6.7% of 9.6 days), based on least squares mean estimates of length of hospitalisation for patients treated with quetiapine XR significantly reduced the length of hospitalisation by 6.7% compared with IR (p < 0.01), corresponding to 0.9 days (6.7% of 9.6 days).

CONCLUSIONS: Inpatients using quetiapine XR in patients with acute bipolar mania may be associated with a reduced length of hospitalisation, possibly due to the faster titration schedule for quetiapine XR versus IR. Given the high costs associated with hospitalisation, a reduction in length of stay of approximately 7 to 10% could represent a non-trivial cost reduction and potential savings.