The estimated prevalence of complicated gastrointestinal reflux disease (GERD) is approximately 2% in the European population and showing 10-fold increase over the past 20 years. The objective of this paper was to find out the level of QOL, QALY, and cost of GERD in Slovakia. METHODS: The primary method used for the analysis of QOL was the presence of transient disability period and combined questionnaire consisting of 4 parts: A) Demography and socioeconomic (13 items), B) 6-item Likert scale (4 items), C) Subjective (5 items), D) Opinion (4 items). The Likert scale was used in closed questions. The sample included 100 patients treated in the gastroenterological outpatient clinic (34 men and 66 women). Of these, 72 patients were in productive age. The patients were enrolled into this survey (Medical center n = 80, Regional hospital n = 10, Primary clinic n = 10). Conclusions: For the patients treated in the gastroenterological outpatient clinic, 57.9% had a high QOL. However, the quality of life was assessed by the patients who were treated with medications regularly, although regular and occasional administration of medications was shown to have positive impact on health status in 56% and 44% of patients, respectively.

GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PG9 A LOW ANTIVIRAL TREATMENT RATE IN CHRONIC HEPATITIS C PATIENTS IN TAIWAN: A NATIONWIDE PHYSICIAN-BASED SURVEY

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OBJECTIVES: Hepatitis C virus (HCV) infection is the most common cause of liver cirrhosis and liver cancer worldwide. In addition to low disease awareness both in public and among patients, delayed diagnosis of HCV infection because of its asymptomatic nature is an important issue, especially in Taiwan, because HCV infection is mainly transmitted by the intravenous drug use in this area.

METHODS: A survey was administered in a nationwide physician-based survey of 76 gastroenterologists in Taiwan. The survey included questions regarding the experience of patients with chronic HCV infection, the reasons for delay in diagnosis of HCV infection, factors that influence the treatment decision, and the treatment rates of HCV-infected patients. The patients’ medical records were analyzed, and the patients’ demographic characteristics were collected. The medical records were analyzed, and the patients’ demographic characteristics were collected.

RESULTS: Seventy-six physicians were recruited into this survey (Medical center n = 29, Regional hospital n = 23, Primary clinic n = 23). A total of 7,222 anti-HCV-positive subjects in Taiwan were enrolled into this analysis. Among them, 54.5% (1,479/2,722) had ever received anti-HCV treatment before. The treatment rate of medical centers was 63.1%, which was higher than 52.7% of regional hospitals, and 38.8% of primary clinics, respectively (p < 0.0001 for pair-wise chi square test; p < 0.0001 for trend test). Male had a significantly higher motivation for receiving antiviral therapy than females (58.6% vs. 50.5%, p < 0.0001). The main reason for not receiving anti-HCV therapy was fear of side effects (38%), followed by inelegibility for insurance reimbursement (18%), and lack of awareness (11%). Conclusions: In Taiwan, half of the HCV-infected patients have not received antiviral therapy. The low treatment rate may contribute to HCV hyperendemic status.

MENTAL HEALTH – Clinical Outcomes Studies

PM11 EVALUATION OF FACTORS AFFECTING TREATMENT RESPONSE AND RISK FACTORS FOR PATIENTS DIAGNOSED WITH NON-PSYCHOTIC MAJOR DEPRESSIVE DISORDER: A LITERATURE REVIEW

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OBJECTIVES: To conduct a systematic review of literature on factors that are affecting patient treatment response and risk factors for patients diagnosed with major depressive disorder (MDD). A literature search was performed using relevant search terms to identify articles published from 2000 to 2010 on the factors affecting treatment response and risk factors for MDD. Studies were identified through electronic Embase, Cochrane, Medline, and CINAHL databases. A total of 13 additional articles were recruited from the current literature. A literature search was performed using relevant search terms to identify articles published from 2000 to 2010 on the factors affecting treatment response and risk factors for MDD. Studies were identified through electronic Embase, Cochrane, Medline, and CINAHL databases. A total of 13 additional articles were recruited from the current literature. The authors identified several factors affecting treatment response and risk factors for MDD. The authors concluded that there is a need for further research to better understand the factors affecting treatment response and risk factors for MDD.
van't articles, the final articles that were considered for review were 82 for treatment with risk factors. Fifty-one studies examined non-genetic factors, serotonin-related genetic factors and variety of genes and polymorphism biomarkers to determine their association with MDD treatment response. Thirty-one studies focused on variables that were found to be associated with some aspect of MDD, and focused on comorbidity (n=12), demographic and socioeconomic (n=6), and depression-related (n=13) variables. Thirteen studies examined the risk factors for MDD. Of these, 2 studies focused on the role of biomarkers in MDD risk. And, 11 studies focused on variables that were found to be associated with some aspect of MDD and their impact on MDD risk, and focused on comorbidity (n=5), demographic and socioeconomic (n=2), depression-related (n=3), and environmental variables (n=1). CONCLUSION: The majority of the biomarkers examined associations between the serotonin transporter, genes and polymorphisms in response to various MDD treatments. With respect to correlate studies, younger age of MDD onset and a history of mood disorders, were both associated with a longer duration of MDD illness.

PMH2

LENGTH OF STAY AND OUTCOMES FOR ADOLESCENTS TREATED FOR SUBSTANCE USE DISORDER: AN ANALYSIS OF DOSE RESPONSE USING PROPENSITY SCORES

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OBJECTIVES: This research uses propensity score methods to identify the relationship between the length of treatment and treatment outcome for adolescents with psychoactive substance use disorder (PSUD). The objective is to describe the dose response relationship in terms relevant in economic evaluation. Outcomes in this study were chosen to reflect shorter time frames, although there appeared to be greater variability in the lifetime estimates. Overall, the cost of treating MDD varied with type of study, study patients and inpatient versus outpatient care. By the year in which the costs were calculated, as well as keywords that would afford the best retrieval. Search statements were then combined to produce a final search set. Additional parameters were placed on the final search strategy to limit the retrieval to articles written in English, involving human subjects and published between 2000 and 2010. RESULTS: The initial search revealed 871 articles from PubMed/Medline/Embase/Cochrane databases. After removing duplicates and non-relevant articles, the final articles that were included in the review were 413 groups, stratified by the type of antipsychotic, study design, and the pharmacotherapy prescribed.

PMH3

CLINICAL OUTCOMES OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER TREATED WITH EITHER DULOXETINE OR SELECTIVE SEROTONIN REUPTAKE INHIBITORS IN MEXICO

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OBJECTIVES: To compare treatment outcomes in patients with major depressive disorder (MDD) treated with either duloxetine or a selective serotonin reuptake inhibitor (SSRI) for up to 6 months in a naturalistic setting in Mexico. METHODS: Data in this post hoc analysis were taken from a 6-month prospective, non-interventional, observational study that included a total of 1,549 MDD patients without sexual dysfunction in twelve countries (N=591 in Mexico). Depression severity was measured using the Clinical Global Impression (CGI) and the 16-item Quick Inventory of Depressive Symptomatology- Self Report (QIDS-SR). Pain was measured using the pain related items of the Symptom Inventory (SSI), and quality of life (QoL) was measured using the EQ-5D instrument with the UK population tariff and the EQ-VAS. Probabilities of initiating duloxetine (vs. SSRI), expressed as propensity scores, were first constructed using logistic regression. Mixed effects modelling with repeated measures (MMRM) analysis was then used to compare treatment effectiveness and QoL between the duloxetine (N=168) and SSRI (N=413) groups, controlling for the baseline QIDS-SR scores and other covariates. The severity of depression was comparable between the two groups at baseline. Duloxetine-treated patients, however, had a higher level of pain severity and a lower level of QoL (EQ-VAS) than SSRI-treated patients at baseline (p<0.001). Both descriptive and MMRM regression analyses showed that patients treated with duloxetine had better outcomes during follow-up, compared with patients treated with SSRI. At 6 months, duloxetine-treated patients had lower levels of CGI (2.25 vs. 2.92), QIDS (5.13 vs. 5.35), QoL (0.87 vs. 0.94, p<0.001), and higher levels of EQ-VAS (64.62 vs. 57.63, p<0.006) (MMRM results). CONCLUSIONS: Duloxetine-treated patients had better 6-months outcomes in terms of depression severity, pain and QoL, compared with SSRI-treated patients.

PMH4

A COMPREHENSIVE REVIEW OF EPIDEMIOLOGY AND ECONOMIC STUDIES FOR PATIENTS DIAGNOSED WITH NON-PSYCHOTIC MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: To conduct a systematic review of literature in on epidemiology and economic studies for patients diagnosed with Non-Psychotic Major Depressive Disorder (MDD). METHODS: The initial search strategy was developed in the PubMed/Medline database, and was then translated for the Cochrane and Embase database searches. Search strings for epidemiology and economics studies for MDD were constructed using varied approaches that included the use of MeSH terms, as well as keywords that would afford the best retrieval. Search statements were then combined to produce a final search set. Additional parameters were placed on the final search strategy to limit the retrieval to articles written in English, involving human subjects and published between 2000 and 2010. RESULTS: Twenty-nine articles for epidemiology and 200 articles for economic studies on MDD were translated from PubMed/Medline/Embase/Cochrane databases. After removing duplicates and non-relevant articles, 17 for epidemiology and 6 economic studies were included. The majority of the studies examined burden of illness, one study budgetary impact of MDD, 14 studies examined cost effectiveness of MDD treatments, 3 studies examined cost utility analysis and 6 other studies examined retrospective claims analysis. CONCLUSIONS: MDD prevalence was higher in the lifetime estimates, when compared to the estimates reflecting shorter time frames, although there appeared to be greater variability in the lifetime estimates. Overall, the cost of treating MDD varied with type of study, study patients and inpatient versus outpatient care. By the year in which the costs were calculated, as well as keywords that would afford the best retrieval. Search statements were then combined to produce a final search set. Additional parameters were placed on the final search strategy to limit the retrieval to articles written in English, involving human subjects and published between 2000 and 2010. RESULTS: The initial search revealed 871 articles from PubMed/Medline/Embase/Cochrane databases. After removing duplicates and non-relevant articles, the final articles that were included in the review were 413 groups, stratified by the type of antipsychotic, study design, and the pharmacotherapy prescribed.

PMH5

EVALUATION OF ASSOCIATIONS AMONG BIOMARKERS, CORRELATES AND TREATMENT EFFICACY IN CLINICAL STUDIES IN PATIENTS DIAGNOSED WITH NON-PSYCHOTIC MAJOR DEPRESSIVE DISORDER: A LITERATURE REVIEW

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OBJECTIVES: To perform a systematic review of literature in peer-reviewed journals on clinical biomarkers, correlates and treatment efficacy in clinical studies on patients diagnosed with Non-Psychotic Major Depressive Disorder (MDD). METHODS: The initial search strategy was developed in the PubMed/Medline database, and was then translated for the Cochrane and Embase database searches. Search strings for biomarkers, correlates and treatment efficacy in patients with MDD were constructed using varied approaches that included the use of MeSH terms, as well as keywords that would afford the best retrieval. Overall, the SSRI studies showed comparable efficacy when compared to each other or placebo. CONCLUSIONS: Most of the biomarker studies examined associations between the serotonin transporter and response to various MDD treatments. The majority of efficacy studies found that the treatments that are within the class had comparable efficacy.

MENTAL HEALTH – Cost Studies

PMH6

THE IMPACT OF ANTIPSYCHOTICS POLYPHARMACY ON HEALTH CARE COSTS OF PEOPLE WITH MENTAL DISORDERS IN SÃO PAULO CITY, BRAZIL

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OBJECTIVES: Antipsychotics polypharmacy (AP) has been associated with more adverse drug effects, higher treatment costs, worse clinical outcomes and sudden death. Though, the frequency of such practice may reach 50 % in some clinical settings. The objective of this study is to estimate AP costs and direct costs of health care package in a sample of people with mental disorders in São Paulo city, Brazil. METHODS: We used a bottom-up approach for the estimation of direct costs. First, we collected data on public health care costs for AP with accomodation (residential service), inpatient, outpatient and emergency services and treatment received in the previous month, in 147 subjects with mental disorders living in 26 residential services during the year 2011. We evaluated quality of life to the patients and retrieved health care costs, sociodemographics characteristics and pattern of health service use. RESULTS: AP was found in 38% of the sample and it was not related with gender, age, severity of psychiatric symptoms, quality of life and social behavior problems. Antipsychotics monotherapy costs were related with the type of antipsychotic. Atypical antipsychotic-