provide lower bounds of prevalence estimates. Schizophrenia is most prevalent in the low income and uninsured populations than in the privately insured or Medicare populations.

12-MONTH COST-EFFECTIVENESS ANALYSIS OF ORAL ANTIPSYCHOTIC TREATMENTS IN PATIENTS WITH SCHIZOPHRENIA IN THE PAN-EUROPEAN SOHO (SCHIZOPHRENIA OUTPATIENT HEALTH OUTCOMES) STUDY

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OBJECTIVE: To determine the incremental cost-effectiveness for treating schizophrenia patients with olanzapine versus risperidone, quetiapine, amisulpride, or oral typical antipsychotics. Incremental cost-effectiveness ratios (ICERs) were presented as the additional cost per CGI unit gained.

RESULTS: A total of 10,972 patients were enrolled at baseline, 80% were eligible for analyses at 12 months. Pair-wise incremental costs and effectiveness were estimated between olanzapine-treated patients and patients treated with each of the other oral antipsychotics. Incremental cost-effectiveness ratios (ICERs) were presented as the additional cost per CGI unit gained.

CONCLUSIONS: The psychosis relapse prevention with ziprasidone is cost-effective from the Spanish NHS perspective.
treatment therapy became more complex according to the guidelines.

PMH30

FACTORS AFFECTING COST OF SCHIZOPHRENIA TREATMENT WITH ATYPICAL ANTIPISYCHOTIC AGENTS
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OBJECTIVE: Atypical antipsychotic agents are considered the first-line treatment of schizophrenia. Aim of present study was to identify factors affecting the cost of schizophrenia treatment with atypical antipsychotic agents.

METHODS: A retrospective database study was conducted in three public hospitals in Hong Kong. Patients initiated on atypical antipsychotic agents (amisulpride, olanzapine, quetiapine and risperidone) between March 2003 and September 2003 for treatment of schizophrenia for at least three months were recruited. Patient medical records were reviewed for up to 12 months before and after initiation date of the antipsychotic agents to retrieve baseline demographic and clinical factors and health care resource utilization for schizophrenia. A multiple regression model was used to identify demographic, clinical factors and choice of atypical antipsychotic agents with significant association to health care resource utilization.

RESULTS: Eighty-two patients were included in the analysis. Thirty-four (41%) patients were male and mean age was 43 ± 14 years. The mean cost per patient per month was USD 431 ± 914 (1USD = 7.8HKD). Three factors were associated with direct medical cost of health care resource utilized: 1) History of drug abuse (RR = 1.26; 95% CI = 1.05–1.52); 2) prior use of depot antipsychotic (RR = 1.22; 95% CI = 1.05–1.42); and 3) previous duration of hospitalization before initiation of atypical antipsychotic therapy (RR = 1.00; 95% CI = 1.00–1.01).

CONCLUSION: History of drug abuse, prior use of depot antipsychotic, previous duration of hospitalization appeared to be influential to direct medical cost of atypical antipsychotic treatment. The choice of antipsychotic agents did not appear to affect the cost of treatment.

PMH31

12 MONTH COST-UTILITY ANALYSIS OF ORAL ANTIPISYCHOTIC TREATMENTS IN PATIENTS WITH SCHIZOPHRENIA IN THE PAN-EUROPEAN SOHO (SCHIZOPHRENIA OUTPATIENT HEALTH OUTCOMES) STUDY
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OBJECTIVE: To determine current neuroleptic drug utilization patterns of ambulatory care schizophrenic patients in Germany.

METHODS: Analysis of routine prescription data for the years 2003/2004 of patients insured with the Techniker Krankenkasse sickness fund (covering approximately 6-million insured persons distributed across all German states) with a hospital diagnosis of schizophrenia F20 (ICD-10) in 2003. RESULTS: In 2004, 3397 patients with schizophrenia received 28,434 prescriptions for neuroleptic drugs. In total, 33.1% of prescriptions were for typical, 66.9% for atypical neuroleptics. In total, 51.2% of typical neuroleptics prescribed were high-potency, 48.8% low-potency drugs. Olanzapine was the most frequently prescribed atypical (26.5%), followed by Clozapine (21.1%), Risperidone (19.2%), Quetiapine (14.5%), Amisulpride (11.9%), Ziprasidone (6.2%), and Zotepine (0.6%). Analysing prescriptions on an individual patient level gave a similar picture. During a 12-month-period after their first hospital stay in 2003, 1490 patients (43.9%) were treated only with atypical neuroleptics, 555 patients (17.2%) were treated with an atypical plus a low-potency typical neuroleptic as adjuvant therapy. In total, 280 patients (8.7%) received typical neuroleptics only and 245 patients (7.6%) were prescribed both high-potency typical and atypical neuroleptics. The remaining patients received no ambulatory prescriptions for neuroleptics. Some of them may have received drugs from hospital pharmacies which are not recorded in the ambulatory prescription database. CONCLUSIONS: Reaching 61% in 2003/2004, the proportion of schizophrenic patients receiving atypical neuroleptic drugs as their main medication in our study population is much higher than previously thought and in the range of other western European countries. However, the share of Clozapine is also much higher than in most countries. Although this non-random sample is not representative of the German population, major differences in prescribing behaviour depending on a patient's sickness fund are