study because of worsening of psychosis. Functional activity was measured using the resource utilization inventory. Non-adherent patients are those with non-adherence as reason for discontinuation of the antipsychotic medication used at baseline, per physician rating. RESULTS: Over the 2-year study, 30% of patients have relapsed and 8% were hospitalized, without significant differences between the two medication formulations. Patients non-adherent before baseline were more likely to beEver been identified (14%) compared to adherent patients (7% hospitalized, p<0.05). Relapse in non-adherent patients was 36% compared to 29% in adherent patients. A logistic regression model on baseline factors associated with relapse found that a greater extent of functional activity was associated with a lower risk of relapse. The risk of subsequent hospitalization was significantly associated with only the latter predicted subsequent hospitalization in the logistic model. Lower risk of relapse was associated with a greater level of productivity.

PMH13 DIFFERENCES BETWEEN PATIENTS UNDERGOING AUGMENTATION OR SWITCHING OF ANTIPSYCHOTIC MEDICATIONS DURING TREATMENT OF SCHIZOPHRENIA
Ascher-Svanum H1, Ikram A2, Lawson T1, Kinon BJ1, Stauffer VL1, Feldman PD1, Kelin R2
1Eli Lilly and Company, Indianapolis, IN, USA, 2Eli Lilly Australia Pty Ltd, Sydney, NSW, Australia

OBJECTIVES: Treatment optimization for patients with schizophrenia remains a challenge, and it is often difficult to determine whether augmenting the current medication or switching to another will benefit a patient. The objective of the analysis compares outcome measures between patients whose antipsychotic medication was either augmented or switched. METHODS: Adult outpatients receiving oral antipsychotic treatment for schizophrenia were assessed during a 12-month, multicenter, observational study (F1D-AY-B033). Clinical and functional outcomes were assessed at the time of first treatment switch/switchivation (0–14 days preceding change) and compared between patients undergoing medication augmentation or switching. Due to low numbers of patients with such data, interpretation of findings is based on effect size (ES). RESULTS: Data at the time of medication change were available for 87 patients (34 augmented, 53 switched). The primary reason for treatment change in both groups was inadequate response, but lack of adherence was more prevalent in the switched group (26.4% versus 8.8%). Although changes in clinical severity from study initiation to medication change was applied to evaluate the economic impact of B/N as a maintenance therapy for opioid dependent individuals in the Spanish National Health Care System (NHS) during a 12-month period. We used an 2.5%. There is a statistically significant relationship between baseline CDR scores and mortality, though a trend was seen towards increasing mortality in more severe CDR states. Similar results were observed in an analysis incorporating changes in disease severity over time. CONCLUSIONS: Mortality in subjects with dementia increases with the severity of dementia, as measured by the MMSE. Incorporating differential survival by disease severity has important implications for the long-term cost-effectiveness of diagnosis and therapies for dementia disorders.

Mental Health – Cost Studies

PMH16 BUDGETARY IMPACT ANALYSIS OF BUPRENORPHINE/NALOXONE (SUBOXONE®) IN OPIOID MAINTENANCE TREATMENT IN SPAIN
Martinez-Ruiz F1, Casado MA2, González Suáez F3, Oñate J4
1Agencia de Salud del Principado de Asturias, Oviedo, Oviedo, Spain, 2Pharmacoeconomics & Outcomes Research Iberia (PORIB), Pozuelo de Alarcón, Madrid, Spain, 3UCU Salud Mental Hospital de Jerez, Jerez, Cádiz, Spain, 4Drogedependencias y Salud Mental, Murcia, Spain

OBJECTIVES: Prior to the approval of buprenorphine/naloxone (B/N) (Suboxone®) we evaluated its economic impact in the treatment of heroin dependence. Three years since its approval we aimed to reassess the economic impact of B/N considering the availability of data on its actual use in clinical practice and the changing costs of medicines in the current economic crisis. A pharmacoeconomic modeling was applied to evaluate the economic impact of B/N as a maintenance therapy for opioid dependent individuals in the Spanish National Health Care System (NHS) during a 12-month period. We used an 2.5%. There is a statistically significant relationship between baseline CDR scores and mortality, though a trend was seen towards increasing mortality in more severe CDR states. Similar results were observed in an analysis incorporating changes in disease severity over time. CONCLUSIONS: Mortality in subjects with dementia increases with the severity of dementia, as measured by the MMSE. Incorporating differential survival by disease severity has important implications for the long-term cost-effectiveness of diagnosis and therapies for dementia disorders.

CONCLUSIONS: The economic and social consequences of schizophrenia treatment with Seroquel XR® (quetiapine prolonged release tablets) in Poland: Analysis of the impact on the health care system

Tadek A1, Krukiewicz M1, Fierzeńska K2, Wrobel B1
1AstraZeneca, Warsaw, Poland, 2Institute of Psychiatry and Neurology, Warsaw, Poland

OBJECTIVES: To estimate the economic consequences of replacing the normal tablets of quetiapine with Seroquel XR® in the treatment of schizophrenia in Poland. METHODS: Based on the established model of the economic consequences of schizophrenia treatment, we calculated the cost of treating schizophrenia with quetiapine in Poland. Expenditures for the purchase of medicines, hospital costs and the costs of lost productivity were highlighted. The analysis was performed from a societal perspective, taking into account the Fayer’s perspective, in one-year time horizon. RESULTS: The use of Seroquel XR® will increase the population of patients who comply with the recommended treatment, which will reduce the