the model (relapse rates, drop-out rates, switching to other antipsychotics, adverse effects and other transition probabilities) were obtained from literature. The clinical management pattern and cost of therapy in various model states reflected treatment practice for Polish schizophrenic patients. The model was directed by clinical guidelines issued in 1997 and adjusted to current clinical practice. The costs, calculated from the sum of the charges applicable to each of the management situations over time, were expressed in 2000 PPP USD values. Bootstrapping technique was used to evaluate the 95% CI for mean cost of therapy with both alternative drugs.

RESULTS: The model revealed 11% higher lower relapse among risperidone patients as compared with haloperidol patients. The mean cost of therapy with risperidone equaled 11,412 USD. First line treatment with haloperidol resulted in average cost of 11,154 USD. The difference between both therapies tested by bootstrapping techniques was not statistically significant.

CONCLUSION: The therapy costs with risperidone and haloperidol are comparable in Polish clinical and economic settings. Higher clinical effectiveness of risperidone produces savings, thereby balancing drug cost.

THE IMPACT OF ALCOHOL ABUSE ON EMPLOYMENT IN SWITZERLAND
Chevrou-Severac H
Institute for Economic and Regional Research (IRER), Neuchatel, Switzerland

OBJECTIVE: The purpose of this article is to assess the impact of alcohol abuse on employment in Switzerland. We used the database from the Swiss Health Survey 1997 to determine the incidence of excessive alcohol consumption on unemployment and productivity at work. To date, it would appear that this data has never yet been used in order to analyze such a link.

METHODS: Our approach to the impact of alcohol abuse on unemployment is traditional and resorts to a probit model of the probability of being unemployed according to variables relating to health and socio-economic status. On the other hand, we consider that alcohol consumption can have a different impact on income depending on consumption thresholds. To determine these thresholds, we adopted the approach by Tsay (1989) that implies the convergence of the recursive Student-t statistics of the estimated coefficient related to the variable “ALCOHOL” if the model is linear. If this is not the case, the model possesses two or more regimes (determined by ruptures of the recursive t).

RESULTS and CONCLUSION: Concerning unemployment, and for men and women alike, a very high consumption of alcohol has a positive impact on the probability of becoming unemployed. Regarding the effect of alcohol consumption on earnings, we find the same results as the majority of authors, but with a multiple regimes model. Thus, for men, the daily consumption of at one year of age, 62.73% of quetiapine patients remained on monotherapy vs 13.40% of haloperidol patients (p < .01), 31.46% of risperidone patients (p = 0.37), and 26.13% of the composite cohort (p = 0.01). All three comparisons were statistically significant; median values were 220 days for quetiapine, 90 for haloperidol (p < .01), 159 for risperidone (p = 0.02), and 141 for the composite cohort (p < .01). Annual costs were reduced by $4.39 per additional day (p < .01) of persistency with the initially prescribed antipsychotic. Combining multivariate results shows cost savings for quetiapine of $570.70/year per patient compared with haloperidol, $250.23/year per patient compared with risperidone, and $307.30 if quetiapine were the atypical antipsychotic of first choice.

CONCLUSION: When quetiapine is the first-line therapeutic choice, more patients remain compliant, and cost savings result.