OBJECTIVES: This study compares socio-demographic characteristics, comorbidity profiles, and functional impairments between adults diagnosed with attention deficit/hyperactivity disorder (ADHD) and non-ADHD controls. METHODS: Data are from the 2011 National Health and Wellness Survey (NHWS), conducted annually by Kantar Health. The NHWS has been administered annually since 2002 among samples of adults drawn from an international consumer panel recruited by Lightspeed. The sample was purposely designed and gathered between September and December in 2011 in Germany, UK, France, Spain, and Italy. T-tests of means and proportions were used to test for significant differences between adults with diagnosed ADHD and a non-ADHD control group from the NHWS sample. All differences reported below were significant at the p<0.05 level. RESULTS: A total of 235 NHWS participants reported having received a diagnosis for ADHD from a physician. Diagnosed ADHD respondents were more frequently male (59% vs. 49%) and less likely married (38% vs. 50%) than non-ADHD controls. Diagnosed ADHD respondents were also less likely employed full-time (27% vs. 39%), and more likely to report health-related work productivity loss (55% vs. 20%). CONCLUSIONS: Adults from 5 western European nations with self-reported diagnoses of ADHD reported higher rates of comorbidity with a variety of mental, emotional, or physical disorders, higher rates of health resource utilization, lower rates of full-time employment and higher rates of health-related work productivity impairment than adults without ADHD.

PMH5 PAYER VALUE IN ALTERNATIVE TREATMENT FORMULATIONS: ACCESS TO MORE EFFECTIVE THERAPIES IN A EUROPEAN SETTING

OBJECTIVES: To put the apparent rise of the administrative prevalence of attention deficit hyperactivity disorder (ADHD) to their non-ADHD counterparts in Europe. METHODS: A search of 75 health technology assessment (HTA) agencies was performed to identify single technology appraisals published between January 2010 and June 2012 on pharmacutical treatments for schizophrenia. Per agency, only the most recent appraisal for each drug identified was selected for analysis. Reasons for recommendation and non-recommendation were evaluated in-depth for each appraisal. RESULTS: In total 32 appraisals (9 rejections; 23 recommendations) were identified across 12 agencies. These appraisals represent the most recent decision made for a specific drug's approval or rejection. Overall, 5 different formulations were included long-acting depot formulations (14 appraisals), oral immediate release (IR) tablets (13), orodispersible tablets (3), an oral long release (LR) tablet (1), and an oral solution (1). Non-recommendations were only identified for depot, oral IR and oral LR formulations. In most cases high drug costs, lack of head-to-head and long-term clinical data were the main reasons for rejection. Submissions resulting in a recommendation were identified for all but the LR tablet formulation. Reasons for recommendation included proven clinical non-inferiority to direct comparators, cost savings and a better dosing schedule. As most new formulations did not offer a benefit in efficacy, decisions were weighted on cost. In all long-acting formulation submissions, manufacturers stated that use of the drug would lead to improved patient compliance. Only one submission (HAS) provided data to support this claim. Shortcomings were the only agencies to criticise the absence of compliance. CONCLUSIONS: A higher drug price for a new formulation is only warranted when clear clinical advantages are presented. This is particularly evident for long-acting formulations where a higher price, on grounds of improved compliance, is not favourable. There was very little disparity between agencies in their decision making approach.

PMH56 MOST FREQUENTLY DIAGNOSED MENTAL HEALTH PROBLEMS IN A GERMAN POPULATION

Schlander M, Schwarz O, Trott G, Banaschewski T, Scheller W, Viaplana M 1

1Institute for Innovation & Valuation in Health Care, Wiesbaden, Germany, 2University of Wuerzburg, Aschaffenburg, Germany, 3University of Heidelberg, Mannheim, Germany, 4Verband der Ersatzkassen (vdek), Stuttgart, Germany, 5Kassenärztliche Vereinigung, KV) in Nordbaden/Germany was available for analysis

METHODS: To put the apparent rise of the administrative prevalence of attention-deficit/hyperactivity disorder (ADHD) in the region of Nordbaden in South-west Germany in context by analyzing the most frequently diagnosed mental health problems in this population. METHODS: The complete claims database of the organization of physicians registered with statutory health insurance [SHI] (Kassenärztliche Vereinigung, KV) in Nordbaden/Germany was available for analysis. Consecutively the population of Nordbaden (2.2 million inhabitants) set for years 2003 to 2009 was reorganized as to allow patient-centered evaluation. RESULTS: Most frequently diagnosed mental health problems in 2009 were depressive episodes (ICD-10 code F32.9), with an overall administrative 12-months prevalence of 1.3%, unspecified somatoform disorder (F45.3), 4.8%, but not schizophrenia (F21.1), 3.4%, neurotension (F48.0), 2.3%, and adjustment disorders (F43.2), 2.2%. Uncomplicated hyperkinetic disorder (HKD, F90.0) was the number one reason for contacts with health care providers in children (age group 6-12 years, 7.7%) and adolescents (13-17 years, 3.7%), reported more than twice as often as the next frequently diagnosed mental health problems, namely various developmental, speech, and adjustment disorders. In preschoolers, speech and developmental problems were diagnosed more frequently than HKD (1.0%). From 2003 to 2009, the administrative prevalence of ADHD (HKD/F90.0 and hyperkinetic conduct disorder, HKC, F90.1) increased by 79%, i.e., from 0.53% in 2003 to 0.95% in the years 2006-2009 (6-12 years, 8.0%, 13-17 years, 4.2%) in 2009. Notwithstanding lower absolute numbers, ADHD prevalence in adults increased more than fourfold, from 0.04% (2003) to 0.17% (2009). CONCLUSIONS: By 2009, ADHD represented the leading mental health problem in Nordbaden among children and adolescents in Nordbaden. The present analysis underscores the need for in-depth research addressing the quality, cost, cost-effectiveness, and broader economic implications of health and social service provision for children, adolescents, and adults with a diagnosis of ADHD.

PMH57 HTA LANDSCAPE OF TREATMENTS AVAILABLE FOR ALCOHOL-RELATED DISORDERS

Andreykiv M 1, Schichardt M 2, Laramée P 3

1Quantic Consulting, Hoofddorp, The Netherlands, 2Quantic, Hoofddorp, The Netherlands, 3Lundbeck S.A.S., Issy-les-Moulineaux, France

OBJECTIVES: To gain insight into the reimbursement landscape of pharmacological treatments against alcohol dependency. METHODS: We have conducted a manual search of 75 Health Technology Assessment (HTA) agencies’ websites for alcohol-related assessments published worldwide since 2001. All reports were categorized by HTA type, scope and outcome. Using a standardized set of categorical criteria, we investigated the recommendations for pharmacological treatments of alcohol disorders to identify common patterns in key decision drivers in this therapeutic area. RESULTS: We identified a total of 81 HTA reports dedicated to treatment of alcohol-related disorders. By the time of this study, 70% of the HTA reports were completed and therefore included into the analysis. The 57 published reports comprised 13 Single Technology Assessments (STA), 1 Multiple Technology Assessment (MTA), 6 Clinical Guidelines (CG), 14 Public Health Reviews, 6 Procedure Evaluation Assessments and 17 Literature Reviews. While 40 HTAs were mostly focused on public health impact of alcohol disorders and general organization of treatment, pharmacological treatment of alcohol dependence was assessed in 17 reports (within the scope of STAs, MTAs or CGs). Medications assessed the most were acamprosate and naltrexone. The vast majority of agencies have issued positive recommendations for these drugs, assuming they are used as second-line options and/or in combination with psychosocial interventions. Naltrexone was rejected by several agencies (e.g. AHTAPol, SIGN), partially justified by high risks/majors of side effects and poor data supporting the benefits of the drug. CONCLUSIONS: Alcohol-related disorders attract attention of HTA agencies worldwide. Current research however shows that only a limited number of reports assess medications. One of the main decision drivers for approvals was the mere necessity of pharmacological treatment, which emphasizes a high unmet need in the management of alcohol dependence.

PMH58 THE IMPACT OF ADHD MEDICATION ATTRIBUTES ON PHYSICIAN PRESCRIBING BEHAVIOR IN THE EU: RESULTS FROM CHART-REVIEWED DATA

Fridman M 1, Katic B 2, Smeyers P 3, Hodgkins P 4, Erder M 5

1IFMP Consulting, Los Angeles, CA, USA, 2Shire Pharmaceuticals LLC, Wayne, PA, USA

OBJECTIVES: Research has been conducted on patient and parent preferences for ADHD medication, yet medication attributes that may influence the physician’s prescribing behavior are not well understood. The aim of this study was to identify the primary attributes of ADHD medications that influence the prescribing behavior of physicians treating ADHD, and to explore country variation in these factors across Europe. METHODS: A retrospective chart review of ADHD patients aged 6-17 was conducted in six European countries. Charts of 379 patients diagnosed between 2004-2007 were reviewed by 361 physicians. Physicians were asked to select three main medication attributes influencing their selection of ADHD medication for newly treated patients. The 19 total attributes were grouped by the researchers into 6 domains: efficacy, duration of action (DOA), convenient dosing, prior experience, safety, and cost/other. Descriptive statistics were used to compare prescribing behavior by medication attributes, and chi-square tests assessed country differences. RESULTS: Efficacy (33%), convenience (19.6%) and DOA (17.3%) were the 3 most frequently selected attributes that influenced ADHD medication selection, followed by prior experience (13.3%), safety (11.4%) and cost/other (9.3%). DOA was particularly important in France (23.0%) relative to its importance in the Netherlands (13.9%), while convenient dosing was equally important across all countries except Italy (11.6%). Medication cost was significantly more important in the Netherlands (13.9%) and Spain (8.0%) relative to France and the UK (1.6% and 2.3%, respectively; p<0.001), while safety was rated highest among physicians in Italy (22.7%) relative to those in the Netherlands (4.8%; p<0.001). CONCLUSIONS: Efficacy, convenience, and duration were the most frequently selected medication attributes following physician prescribing behavior, but there were differences in selected attributes by country. Further research is needed to better understand the contextual influences influencing physician prescribing behavior, and the impact that market-level factors may have on treatment choices and patient outcomes in Europe.

RESEARCH POSTER PRESENTATIONS – SESSION II SELECTED HEALTH CARE TREATMENTS STUDIES

MEDICAL DEVICE/DIAGNOSTICS - Clinical Outcomes Studies

PM01 ECONOMIC VALUE OF SCREENING FOR EARLY PARKINSON’S DISEASE IN A EUROPEAN SETTING

Robert E. Hindle, PhD, MSc, FPH, Professor of Public Health, School of Public Health, University of Manchester, Manchester, UK