An exhaustive literature review found 9 instruments for caregiving, notably in terms of therapeutical observance. The caregivers should ensure a better quality of learning through treatment. Proxies of patients, relatives or friends, have had to facilitate the coping of caregiving tasks. Therapeutic and social treatments led to deinstitutionalization and developments in psychopharmaceutical, psychotherapeutic and psychological fields have been widely validated and accepted within the scientific community, none are available in French. We report the first step of development of a specific, multidimensional, self-administered instrument measuring the quality of life of non-institutional caregivers of schizophrenic patients. METHODS: Face-to-face interviews were conducted with non-institutional caregivers of schizophrenic patients. Their content was analyzed to generate a large number of candidate items covering all-important aspects of caregivers’ quality of life. Eighteen interviews were performed: 11 mothers and 7 fathers aged from 48 years to 71. RESULTS: Content analysis identified topics covering mental (worrying, emotional over-involvement, and suffering, guilt, fear of stigma, of future, loneliness, disillusion, anxiety, feeling of uselessness, self esteem . . . ) physical (fatigue, disruption of sleep . . . ) and social (relationships with the patient, friends, relatives, health workers, occupation, leisure . . . ) fields. Negative as well as positive impact was identified. CONCLUSIONS: These results were compared to the domains described in the literature. This step led to the generation of about 100 questions and the validity of this questionnaire will be studied on 400 caregivers.

PMH21

QUALITY OF LIFE OF NON-INSTITUTIONAL CAREGIVERS OF SCHIZOPHRENIC PATIENTS: CONTRIBUTION OF QUALITATIVE INTERVIEWS TO QUESTIONNAIRE GENERATION

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OBJECTIVES: The detrimental effects of hospitalisation and developments in psychopharmaceutical, psychotherapeutic and social treatments led to deinstitutionalization. Proxies of patients, relatives or friends, have had to learn to cope with caregiving tasks. Facilitating the coping of the caregivers should ensure a better quality of caregiving, notably in terms of therapeutical observance. An exhaustive literature review found 9 instruments for caregivers of schizophrenic patients. Five of them are self-administered, but none of those covering mental, psychological and social fields have been widely validated and accepted within the scientific community, none are available in French. We report the first step of development of a specific, multidimensional, self-administered instrument measuring the quality of life of non-institutional caregivers of schizophrenic patients. METHODS: Face-to-face interviews were conducted with non-institutional caregivers of schizophrenic patients. Their content was analyzed to generate a large number of candidate items covering all-important aspects of caregivers’ quality of life. Eighteen interviews were performed: 11 mothers and 7 fathers aged from 48 years to 71. RESULTS: Content analysis identified topics covering mental (worrying, emotional over-involvement, and suffering, guilt, fear of stigma, of future, loneliness, disillusion, anxiety, feeling of uselessness, self esteem . . . ) physical (fatigue, disruption of sleep . . . ) and social (relationships with the patient, friends, relatives, health workers, occupation, leisure . . . ) fields. Negative as well as positive impact was identified. CONCLUSIONS: These results were compared to the domains described in the literature. This step led to the generation of about 100 questions and the validity of this questionnaire will be studied on 400 caregivers.

PMH22

PATTERNS OF ANTIDEPRESSANT USE AND HEALTH CARE COSTS IN DEPRESSED PATIENTS WHO RECEIVED SSRl THERAPY

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OBJECTIVES: To assess differences in the health care resource use of patients who received selective serotonin reuptake inhibitor (SSRI) antidepressants. METHODS: Retrospective analysis of administrative medical claims from 1/97–12/99 was conducted using Protocare Sciences’ Managed Care Database. Patients were categorized as early discontinued or continued (<6 months vs. ≥6 months therapy), then as non-switched or switched (one agent vs. >one agent). Total health care costs were compared across these categories. RESULTS: Under half (48%) of the 11,119 SSRI users studied continued antidepressant therapy for at least 6 months. Two-thirds of all patients received monotherapy; 19% switched agents (44% of switches were in the first three months of therapy); 15% used multiple agents. Eight percent of patients who discontinued early had switched agents within the specified 6 month period; 90% of these switches occurred in the first three months. For patients who continued therapy for ≥6 months, the average total health care charges per patient per month (PPPM) during the first three therapy months were $906 (switch by third month), $568 (switch by sixth month), $496 (switch by twelfth month) and $375 (switch after twelfth month). PPPM charges in the first six
therapy months ranged from $452–$921 for discontinued patients and from $423–$483 for non-switched, continued patients. CONCLUSIONS: Patients who discontinued SSRI therapy early tended to have higher costs than patients who continued therapy. It is unclear whether these increased costs stem from treatment of medication side effects or increased utilization related to lack of efficacy of the initial antidepressant. Alternatively, early switchers may simply be more clinically complex patients.

DEINSTITUTIONALIZATION OF SCHIZOPHRENIC PATIENTS: COST-CONSEQUENCES AND POLICY IMPLICATION OF INTENSIVE CASE MANAGEMENT VERSUS STANDARD CASE MANAGEMENT
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OBJECTIVES: In France a large part of acute hospitalisation beds are occupied by long-term hospitalisation of schizophrenic patients. A model was developed to compare Intensive Case Management (ICM) to Standard Case Management (SCM) for long-term hospitalised chronic schizophrenic patients. METHODS: A model was used to evaluate the number of patients that are either successfully dechronized, experiencing failure, or are readmitted to hospital within a year for a cohort of 100 chronic schizophrenic patients. With these figures, it was possible to estimate the needs in terms of number of beds and employees in the catchment area of Clermont-Ferrand in France, for the 1st, 2nd and 3rd year after the ICM strategy have been implemented. RESULTS: At the beginning of the first year, 100 hospitalisation beds, 30 nurses, 10 psychologists and 5 psychiatrists were needed. After 1 year these numbers were respectively reduced to 50, 15, 10 and 2.5 due to the success of the ICM strategy. This positive trend is also recorded for the second year of implementation. At the end of the 3rd year a steady point level is nevertheless reached with the model, due to the fact that there will always be patients that can not be dechronized; the numbers at this point will be 11 beds, 3 nurses, 1 psychologist and a half-time psychiatrist. CONCLUSIONS: Due to the important caseload of ICM, it remains more costly than SCM at implementation, but will reduce cost from year 1, and be less costly than SCM from year 3. This model can therefore evaluate the economic impact of creating a dechronization unit in a catchment area and make budgetary revision for large-scale implementation of ICM in France.

A MODEL COMPARING OLANZAPINE AND ZIPRASIDONE IN PATIENTS WITH SCHIZOPHRENIA
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OBJECTIVE: To estimate and compare the efficacy, treatment-emergent adverse events, costs and outcomes of olanzapine and ziprasidone for treatment of schizophrenia. METHODS: A decision-analytic model was used to determine outcomes for patients treated over a 1-year period. Model parameters were based on clinical trial data and published medical literature. Data from different trials were compared only when patient populations were similar. Comparative studies were available for weight gain and cardiovascular events. For essential parameters with no relevant study results, assumptions were made that the medications would be similar. RE-