CONCLUSIONS: Patients with schizophrenia treated with either risperidone or olanzapine achieved better drug therapy outcomes after the formulary expansion. The higher cost of drug therapy was largely offset by reductions in the use of other services.

SURVEY AND STATED PREFERENCE TECHNIQUES FOR ESTIMATING THE DEMAND FOR ALCOHOLISM MEDICATIONS

Mark TL1, Bransberger P2; Kranzler HR3
1The Medstat Group, Washington, DC, USA; 2Westat, Rockville, MD, USA; 3University of Connecticut School of Medicine, Farmington, CT, USA

OBJECTIVES: 1) To understand why naltrexone, a medication approved by the FDA to treat alcoholism, has not diffused widely and 2) to demonstrate the use of stated preference techniques for predicting physicians’ demand for medications with various characteristics.

METHODS: Survey of 1372 physicians specializing in substance abuse treatment (65% response rate). Questions about the use of naltrexone and perceptions of naltrexone. Stated preference questions in which physicians are asked to select medications for treating alcoholism based on hypothetical medication characteristics. Combined actual and stated preference data are used to examine the accuracy of stated preference data for forecasting demand for new medications.

RESULTS: Only 2% of physicians had never heard of naltrexone, 11% had heard of naltrexone but were not confident in their knowledge about its indications. The mean percent of alcoholism patients prescribed naltrexone was 13%. 37% of physicians did not prescribe naltrexone to any of their patients. When physicians were asked the main reason that they did not prescribe naltrexone to any patients the following reasons were given: 19% said “patients refused to take or comply with medications;” 17% said “patients could not afford medications;” 11% said “small effect size relative to side-effects;” 10% said “patients were not in a formal treatment program.” Other analyses will also be presented that examine ratings of efficacy, side-effects, and compliance with naltrexone relative to other more widely used medications. Physicians demand curves and market-share for alcoholism medications are estimated using stated preference data.

CONCLUSIONS: Although naltrexone is familiar to most specialists in substance abuse it is still not widely prescribed. A variety of reasons explain why naltrexone is not more widely prescribed. Efforts to increase its use will require efforts focused on a number of areas, including educating physicians and increased availability of the medication outside of formal treatment programs.

THE EFFECT OF SCHIZOPHRENIA SYMPTOMS ON EMPLOYMENT OUTCOMES

Clark TJ, Harris SD
University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

OBJECTIVE: Previous research evaluating labor market outcomes in schizophrenia has focused mainly on patients’ earnings, providing an overall economic impact. Two studies exploring employment participation in schizophrenic patients found that “negative” symptoms (e.g., apathy and social withdrawal) are stronger predictors of employment than “positive” symptoms (hallucinations and delusions), however, these studies were based on a static model. In the present study, we used a dynamic employment decision model to examine the impact of schizophrenia symptoms on employment outcomes.

METHODS: The decision model was empirically estimated using patients with a DSM-III diagnosis of schizophrenia from the Epidemiologic Catchment Area Study data, 1980–1985 (n = 133). The variables of interest (presence of only positive symptoms, only negative symptoms, or both) were measured as dichotomous variables. Ordinary least squares regression was used to determine the effect of symptoms on months of unemployment. The dependent variable was also broken into discrete outcomes (continuous employment, discontinuous employment, and unemployment) and an ordered probit model was estimated. Both models controlled for demographics, family social support, additional income, and illness severity.

RESULTS: Most patients experienced both positive and negative symptoms (82%); no patients experienced only negative symptoms. Positive symptoms only and both positive and negative symptoms were significantly associated with more months of unemployment (14.2 and 13.6 months, respectively) compared with an average of 20 months in patients with no symptoms (p < 0.001); no difference was detected in the coefficient estimates between the positive symptoms only group and the positive and negative symptoms group. Results of the ordered probit model were not significant.

CONCLUSION: In this study, the presence of symptoms in schizophrenic patients increased the duration of unemployment by more than a year. This suggests that greater symptom control, possibly through aggressive pharmacotherapy, may lead to increased employment rates among schizophrenic patients, making them more productive members of society.

MEDICATION TREATMENT PATTERNS FOLLOWING THE INITIATION OF OLANZAPINE VERSUS RISPERIDONE IN A NATURALISTIC SETTING

Zhao Z1; Lage MJ2; Tunis SL1
1Eli Lilly and Company, Indianapolis, IN, USA; 2HealthMetrics Outcomes Research, L.L.C, Groton Long Point, CT, USA

OBJECTIVE: To understand why naltrexone, a medication approved by the FDA to treat alcoholism, has not diffused widely and 2) to demonstrate the use of stated preference techniques for predicting physicians’ demand for medications with various characteristics.

METHODS: Survey of 1372 physicians specializing in substance abuse treatment (65% response rate). Questions about the use of naltrexone and perceptions of naltrexone. Stated preference questions in which physicians are asked to select medications for treating alcoholism based on hypothetical medication characteristics. Combined actual and stated preference data are used to examine the accuracy of stated preference data for forecasting demand for new medications.

RESULTS: Only 2% of physicians had never heard of naltrexone, 11% had heard of naltrexone but were not confident in their knowledge about its indications. The mean percent of alcoholism patients prescribed naltrexone was 13%. 37% of physicians did not prescribe naltrexone to any of their patients. When physicians were asked the main reason that they did not prescribe naltrexone to any patients the following reasons were given: 19% said “patients refused to take or comply with medications;” 17% said “patients could not afford medications;” 11% said “small effect size relative to side-effects;” 10% said “patients were not in a formal treatment program.” Other analyses will also be presented that examine ratings of efficacy, side-effects, and compliance with naltrexone relative to other more widely used medications. Physicians demand curves and market-share for alcoholism medications are estimated using stated preference data.

CONCLUSIONS: Although naltrexone is familiar to most specialists in substance abuse it is still not widely prescribed. A variety of reasons explain why naltrexone is not more widely prescribed. Efforts to increase its use will require efforts focused on a number of areas, including educating physicians and increased availability of the medication outside of formal treatment programs.
OBJECTIVES: To compare medication treatment patterns for patients who initiated on olanzapine (OLZ) versus risperidone (RIS).

METHODS: Retrospective analysis of a large, geographically diverse claims database of insured individuals identified 670 enrollees who: (1) were diagnosed with schizophrenia; (2) initiated on OLZ (n = 423) or RIS (n = 247) monotherapy, and (3) had no use of OLZ or RIS in one year prior-initiation. Multivariate analyses were used to compare the OLZ and RIS groups with respect to treatment duration and likelihood of receiving medication for at least 80% of days during the one-year post-initiation, likelihood of switching between study drugs, and likelihood of receiving concomitant treatment for Parkinsonian symptoms. Regressions controlled for demographics, comorbidities, and previous medication use patterns.

RESULTS: Compared to RIS (mean dose = 3.32 mg/day), patients treated with OLZ (mean dose = 10.45 mg/day) experienced a 29.4% increase in treatment duration (162 days vs. 213 days; p < 0.0001), a higher probability of receiving medication for at least 80% of days (Odds Ratio = 2.057, p = 0.0002), a decrease in the probability of concomitant use of anti-Parkinsonian medications (Odds Ratio = 0.639; p = 0.0284). Patients who initiated on OLZ were less likely to switch to RIS than vice versa (Odds Ratio = 0.275; p < 0.0001). CONCLUSIONS: Compared to RIS, patients treated with OLZ experienced a longer duration of therapy, an increased likelihood of receiving 80% of days of therapy, a decreased likelihood of concomitant use of anti-Parkinsonian agents, and a lower probability of switching among medications of interest.

EAR, EYE & SKIN DISEASES/DISORDERS—Clinical Outcomes Presentations

QUANTIFYING POTENTIALLY INAPPROPRIATE OPHTHALMIC BETA-BLOCKER USE IN THE MANAGEMENT OF GLAUCOMA

Spooner JJ1, Barron JJ1, Ikeda LI2, Cockerham T3, Waugh WJ3, Mozaffari E2

1Health Core, Inc, Newark, DE, USA; 2Pharmacia Corp, Peapack, NJ, USA; 3WellPoint Pharmacy Management, West Hills, CA, USA

Studies have shown that systemic absorption of ophthalmic beta-blockers (OBBs) can potentially cause severe systemic side effects.

OBJECTIVES: To evaluate the use of OBBs among patients with a contraindication or precaution against its use.

METHODS: We conducted a retrospective analysis of pharmacy and medical claims data from a West Coast health plan. Patients receiving a prescription for ophthalmic betaxolol, carteolol, levobunolol, metipranolol, or timolol between 7/1/98 and 6/30/00 were included in this study. Study cohorts were identified based upon the first OBB agent received and were followed for 180 days. Patients receiving prescriptions for different OBBs that were more than 180 days apart were categorized as having two episodes of care. OBBs are contraindicated in patients with sinus bradycardia/persistent severe bradycardia, asthma, COPD, and greater than first degree heart block. OBBs have precautions against use in patients having diabetes mellitus, congestive heart failure, Raynaud’s phenomenon, or using oral beta-blockers. OBB use was defined as inappropriate if used simultaneously with oral beta-blockers, within 15 days of heart block diagnosis, or within 6 months of the other conditions.

RESULTS: A total of 9,094 unique patients contributed 9,294 episodes of care. The percentage of patients with a contraindication or precaution against OBB use, respectively, was 12.7% and 20.9% (betaxolol: 19.9% with contraindication, 22.7% with precaution; carteolol: 9.7%, 20.9%; levobunolol: 13.0%, 21.5%; metipranolol: 9.2%, 21.5%; timolol: 10.7%, 20.3%). Overall, 29.6% of patients had at least one contraindication or precaution against OBB use, and 7.6% had multiple contraindications and/or precautions.

CONCLUSION: Nearly three out of ten patients who received an OBB had a contraindication or precaution against its use. Further research is needed to determine the incidence of clinically significant adverse effects from prescribing OBBs in these patient populations, and to identify alternative glaucoma medications that may be more appropriate for these patients.

EAR, EYE & SKIN DISEASES/DISORDERS—Economic Outcomes Presentations

A DECISION-ANALYTIC MODEL TO COMPARE THE COST OF METHYL AMINOLEVULINATE PHOTODYNAMIC THERAPY WITH STANDARD TREATMENTS IN THE UK FOR DIFFICULT-TO-TREAT BASAL CELL CARCINOMA AND ACTINIC KERATOSIS

Aristides M1, Tilden D1, Robinson P1, Weston A2, Davey P3, Aldridge G2

1Medical Technology Assessment Group, London, UK; 2Medical Technology Assessment Group, Chatswood West, NSW, Australia

OBJECTIVES: Current treatments for non-melanoma skin cancer (NMSC) can be problematic when lesions are in cosmetically sensitive sites. Patients may also be unsuitable for standard therapies for other reasons. Cosmetic procedures are therefore common. Methyl aminolevulinate (Metvix) photodynamic therapy (MAL PDT) has comparable lesion response rates and superior cosmetic outcomes in such patients. The aim of this study was to estimate the mean total costs of treatment to the UK