MENTAL HEALTH

MENTAL HEALTH—Methods and Concepts

METABOLIC OUTCOMES OF ANTIPSYCHOTICS IN SCHIZOPHRENIA: A MARKOV MODEL

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OBJECTIVES: To model the long-term metabolic costs and consequences of antipsychotic therapy for chronic schizophrenia.

METHODS: We developed a Markov model to simulate long-term treatment courses of 10,000 chronic schizophrenia patients using annual cycles over a 10-year period. The model was developed with psychiatrists, an endocrinologist, and a cardiologist and simulated individual patients. Patient health status (comorbidities, lipid levels, body mass index, and blood pressure) could change as a function of treatment-related events. Probabilities were determined from published pooled analyses of clinical trial data. Costs and resource utilization patterns were obtained from published data and standard costing sources. The model estimated costs of long-term consequences of weight gain, such as diabetes and coronary heart disease. We used data from the Framingham Heart Study and Nurses’ Health study to assess diabetes and coronary heart disease. We used data from the Framingham Heart Study and Nurses’ Health study to assess diabetes and coronary heart disease. We used data from the Framingham Heart Study and Nurses’ Health study to assess diabetes and coronary heart disease. We used data from the Framingham Heart Study and Nurses’ Health study to assess diabetes and coronary heart disease.

RESULTS: Fewer patients treated with ziprasidone developed diabetes compared with other atypical antipsychotics. The greatest difference was observed between ziprasidone and olanzapine: costs for the entire cohort were €12.3 million vs €32.9 million for ziprasidone vs olanzapine, respectively. Increased diabetes risk and lipid levels translated into higher risk for CHD. At 10 years, an additional 235 olanzapine-treated patients developed CHD vs ziprasidone. Costs were again lowest for ziprasidone compared with other atypical antipsychotics. CONCLUSIONS: Adverse events common to some atypical antipsychotics (ie, weight gain) can have a deleterious long-term metabolic impact and should be considered when prescribing an agent for the treatment of schizophrenia.

MEN’S AND WOMEN’S HEALTH

MEN’S AND WOMEN’S HEALTH—Cost Studies

ECOLOGICAL EVALUATION OF THE ADMINISTRATION OF FOLLITROPIN-Â WITH A PEN DEVICE COMPARED WITH ADMINISTRATION OF MENOTROPIN BY CONVENTIONAL SYRINGE

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OBJECTIVES: To perform an economic evaluation of Puregon Pen and the conventional syringe system with menotropin in the treatment of IVF/ICSI by comparing the process-utilities and the costs for the current Dutch situation. METHODS: A conjoint analysis (CA) was performed to express the preference of women for the different administration forms of FSH as process-utilities ranging from 0 to 1. In the CA, women were asked to give their preference for the different administration forms that were described by the levels of five attributes. A decision analytic model was developed to estimate the costs of an average IVF cycle in The Netherlands from the societal perspective. Epidemiologic and costing data were drawn from the available literature or were provided by experts. RESULTS: The process-utility was estimated to be 2.6 (p < 0.05) higher for Puregon Pen compared to the conventional syringe containing menotropin. On a scale from 0 to 1, the process-utility was 0.96 (CI between 0.94 and 0.97) for Puregon Pen and 0.36 (CI: 0.30–0.46) for the conventional syringe, resulting in an incremental process-utility between 0.57 and 0.61. The additional costs per cycle for this increase are estimated to be €60–194. CONCLUSIONS: Compared with the conventional menotropin administration form, the added value of Puregon Pen was 2.6 times higher at an extra cost per cycle of €60–194. The comparison shows that the utility-gain is substantial and that the additional costs are minimal. Therefore, it can be concluded that Puregon Pen is a cost-effective administration form.

HEALTH CARE IN A POOR SETTING: COSTS AND BARRIERS TO BE CONSIDERED IN THE IMPLEMENTATION OF WHO MOTHER-BABY PACKAGE IN MORELOS, MEXICO

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OBJECTIVES: Analyze the incremental cost that would be incurred if the WHO Mother-Baby Package standards were
applied in a rural district in Mexico. Identify barriers to be considered in its implementation. METHODS: Cost Study: A pilot cross-sectional, multicenter case study was conducted in 2003 in Sanitary District No. III, State of Morelos, Mexico. A general hospital, an urban health center and two rural health centres, all managed by the Ministry of Health, were selected. The Mother-Baby Package Costing Spreadsheet was used to estimate the total cost and cost by intervention under the current model and Mother-Baby Package model. Qualitative Study: Key informants from the hospital, the urban centre and eight rural health centres were interviewed. The "3 Delays Model" was used to identify barriers to be considered. RESULTS: The total cost of the Mother-Baby Package is twice the cost of the current child and maternal health care model in Morelos, Mexico. Of the 18 interventions evaluated, those consuming the highest proportion of total costs were antenatal-care and normal-delivery. Personnel costs represent more than half of total costs. Barriers identified were machismo, culture and the negative perception of health centres amongst users (causing delay in deciding to seek care), difficulty obtaining transportation in emergency situations (generating delay in reaching a first referral level facility); and shortage of drugs, adequate equipment and trained staff (causing delay in receiving care after arriving at the facility). CONCLUSIONS: Improving the delivery of child and maternal health care in a poor setting in accordance with the Mother-Baby Package standards would require a budget two times that which is currently assigned to these services. However, before implementing a scaled-up version of the package it would be essential to manage problems that appear to be barriers that exist in providing and accessing appropriate maternal and child health care.

**MEN'S AND WOMEN'S HEALTH**

**MEN'S AND WOMEN'S HEALTH—Quality of Life/Utility/Preference Studies**

**VALIDATION OF THE SPANISH VERSION OF THE SELF-ESTEEM AND RELATIONSHIP (SEAR) QUESTIONNAIRE FOR MEN WITH ERECTILE DYSFUNCTION (ED)**


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OBJECTIVES: To assess the clinimetric properties of the Spanish version of the Self-Esteem And Relationship (SEAR) questionnaire to be used in Spain with patients with ED. METHODS: The SEAR questionnaire comprises 14 items divided into two domains: Sexual Relationship (8 items) and Confidence (6 items), the latter comprising Self-Esteem (4 items) and Overall Relationship (2 items). The USA-English-version of SEAR questionnaire was adapted linguistically into Spanish by using forward and back translation methods and a conceptual equivalence approach. The SEAR questionnaire was administered to a group of patients with ED (IIEF < 26) seven days before starting treatment and at baseline and after three months of treatment (group A), and to a group of healthy control subjects (IIEF ≥ 26) (group B) in a single visit. SF-12 and HAD scales were also administered. RESULTS: Out of 831 recruited subjects (n = 732, group A; n = 99, group B), 559 subjects were included as evaluable for validation analysis (n = 504, group A; n = 55, group B). The percentage of patients without response was < 5% for all domains. Cronbach’s Alpha coefficient was 0.92 and 0.86 in groups A and B. The SEAR questionnaire discriminated between patients and controls (area under curve = 0.999) and groups of patients by severity of ED (Kruskall-Wallis test: p < 0.0001). Correlation was high with Erectile Function scale of IIEF (r = 0.69) and moderate with HAD (r = −0.41) and SF-12 Mental Health (r = 0.38). The SEAR questionnaire also showed responsiveness with improvement in scores from start to end of treatment (Mann-Whitney-Wilcoxon test: p < 0.0001). CONCLUSIONS: The SEAR questionnaire showed adequate feasibility, reliability, validity and responsiveness for its use for measuring the emotional tension and relationship difficulties associated with erectile dysfunction.

**PMW5**

INFERTILITY TREATMENT POLICIES IN GERMANY AND THE UNITED KINGDOM—WILLINGNESS TO PAY AMONG AFFECTED COUPLES

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OBJECTIVES: Assisted Reproduction is among the fastest growing areas of medicine, rising debates about financing in vitro fertilisation (IVF) or other assisted reproductive techniques by national third party payer. This study describes policies of infertility treatment as well as willingness to pay for treatment in affected couples in Germany (contribution-financed health care system) and the U.K. (tax-financed health care system). METHODS: Literature review with the key words: infertility, willingness to pay, epidemiology. For assessment of national reimbursement policies, websites of the respective health care institutions were reviewed. RESULTS: In 2001, over 25,000 IVF treatment cycles were carried out in Great Britain, 25% being funded by the National Health Service. New clinical guidelines accepted by the Department of Health, assure that from 2005, more assisted reproduction services are covered by the NHS, such as one full cycle of IVF. Over 2/3 of the patients currently paying privately are expected to demand for NHS services resulting in an enormous increase in IVF treatment. In Germany, about 75,000 treatments were performed in 2001. Since January 2004, German statutory sick funds restricted reimbursement to 50% of the costs for the first three IVF treatment cycles. Due to these regulations, changes in treatment patterns for IVF can be expected for the future. An ongoing online-questioning revealed that for only 60%, the decision for IVF treatment remained unchanged, whereas the rest either postponed the decision or cancelled IVF. Two studies (USA, Sweden) revealed the willingness to pay of infertile couples to be 14,500€ or more. CONCLUSIONS: Contradictory dynamics between willingness to pay and change of mind due to restrictive reimbursement policies show need for more research in the field of infertility treatment. Economic and social consequences of changing frame conditions for IVF should be closely assessed, to ensure high quality of life for affected couples.

**PMW6**

SHORT-TERM AND LONG-TERM PSYCHOSOCIAL CONSEQUENCES OF FALSE POSITIVE SCREENING MAMMOGRAPHY—DEVELOPMENT OF TWO NEW QUESTIONNAIRE BASED ON THE PSYCHOLOGICAL CONSEQUENCES QUESTIONNAIRE (THE PCQ)

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OBJECTIVES: Adaptation and validation of measures of short-term and long-term consequences of false positive screening-mammography. METHODS: After translation (including quality