

patients and one of caregivers. **CONCLUSIONS:** Most study abstracts reporting on the humanistic burden in dementia in 2014 did not specify use of a dementia-specific instrument. Only 25% of studies assessed burden on caregivers, and utility values were rarely reported.

PMH40

PATIENT, CAREGIVER AND TREATMENT FACTORS ASSOCIATED WITH MEDICATION SATISFACTION AMONG TREATED PATIENTS IN THE CAREGIVER PERSPECTIVE ON PEDIATRIC ADHD (CAPP) STUDY IN EUROPE

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OBJECTIVES: To evaluate the association between caregiver's reported attention-deficit/hyperactivity disorder (ADHD) medication satisfaction (MS) and child and caregiver socio-demographics; ADHD severity; comorbidities; medication attributes; treatment classes. **METHODS:** CAPP is a cross-sectional online survey of caregivers of children (6-17 years) with ADHD receiving pharmacological treatment for ADHD at survey completion (2012-2013) in 10 European countries. ADHD Rating Scale Version IV (ADHD-RS-IV) total score during treatment interruption (off medication) was used as a proxy for baseline severity. Caregivers were asked to rate satisfaction with medication attributes (Convenience: administration frequency, tablet size; Effectiveness: duration of action, time to onset, symptom control; Safety: side effects, abuse/misuse potential, dependence/addiction potential) on a 7-point scale ranging from 'very satisfied' to 'very dissatisfied'. Children's comorbidities at baseline/treatment classes were also reported by caregivers. Significant factors ($p < 0.01$) using bivariate and correlation analyses are reported. **RESULTS:** Among 3688 respondents, 2853 (77%) whose child was using ADHD medication at survey completion were evaluated. Children's mean (SD) age was 11.4 (3.1) years, 81% were male; 67% of caregivers were female. MS was rated as: very satisfied (20%), satisfied (39%), moderately satisfied (29%), and combined neither satisfied nor dissatisfied, moderately dissatisfied, dissatisfied or very dissatisfied (12%). Better MS was reported with lower ADHD severity and fewer comorbidities. Comorbidities significantly associated with lower MS were anxiety, conduct disorder, aggression and oppositional defiant disorder. Medication attributes with strongest correlation to MS were symptom control ($r=0.6$), duration of action (0.5) and time to onset (0.4). Significantly higher MS was associated with caregivers who were married, female, employed or a parent with ADHD. MS varied by country. **CONCLUSIONS:** Lower ADHD severity and fewer comorbidities were associated with higher MS. Effectiveness attributes were of highest priority to caregivers and MS differed by caregiver characteristics. These factors should be considered when making a treatment plan.

PMH41

OCCUPATIONAL DISABILITY AND ECONOMIC DEPRIVATION OF INDIVIDUALS SUFFERING FROM TREATED MENTAL HEALTH DISORDERS

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OBJECTIVES: Mental Health Disorders impair occupational performance and lead to handicap and economic deprivation. The current contribution quantifies the degree of these problems among two representative samples of the German and the UK population. **METHODS:** Two representative samples ($n=3,571$) of the adult population (20-65 years) in Germany and UK were surveyed in 2012 with a questionnaire containing information about occupational status, job related handicaps, economic and demographic information. From a survey five years earlier (2007) information for the same persons about possible mental health disorders and their treatment were available. Longitudinal regression analysis estimates the impact of mental status on occupational disability and financial deprivation. **RESULTS:** In the initial survey 18.5% of the sample suffered from depression and 7.0% from anxiety/ phobia. 53.8% of the depressive individuals and 56.8% of the individuals suffering from anxiety or phobia were treated by General Practitioners or Specialists. Five years later unemployment due to mental health reasons was reported by 57.2% of the persons with treated mental health disorders but only by 19.9% of the group with no mental health disorders. Individuals with mental disorders needed - among other handicaps - more often breaks at work than persons with no disorders (33.3% vs. 8.5%) or could no longer perform all elements of their jobs (28.9% vs. 6.9%). Occupational handicap resulted in economic deprivation: 28.0% of the treated mental health group reported a monthly net income of less than 800GP compared to 13.2% of the group with no mental health disorders. **CONCLUSIONS:** Mental Health Disorders have considerable impacts on occupational performance, participation in work life and on the financial economic situation. Individuals who are under treatment suffer more often from these handicaps than untreated - presumably because of their more severe disease status.

MENTAL HEALTH - Health Care Use & Policy Studies

PMH42

OPIOID ADDICTION TREATMENT IN THE EU5: MARKET ACCESS LEVERS FOR EMERGING BRANDS ENTERING A GENERIC MARKET

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OBJECTIVES: Standard-of-care for opioid addiction is substitution therapy with methadone, buprenorphine, or buprenorphine/naloxone. As EU5 healthcare budgets tighten, this study explored how emerging brands may gain a foothold in this increasingly generic market, as payers and prescribers balance clinical need with limited funds. **METHODS:** In February 2015, 253 EU5 psychiatrists were surveyed regarding their prescribing for opioid addiction. In addition, 15 payers/payer-advising KOLs who

influence reimbursement at national/regional level were interviewed. **RESULTS:** Interviewed EU5 payers emphasize that there are high administrative costs involved with providing opioid substitution products to addicted patients, especially for methadone, which generally requires daily clinic visits to allow patients to receive their medication under direct supervision. A substitution therapy requiring less-frequent clinic visits would decrease administrative costs and could be preferred as long as efficacy parameters relative to standard-of-care are maintained. Similarly, surveyed EU5 physicians indicate that potential for abuse or diversion and patient compliance are major considerations for prescribing a new therapy (15% [Spain] to 24% [France] and 28% [UK] and 52% [Spain]) of respondents cite these factors, respectively, as a top three consideration). The former could be decreased and the latter increased if therapies were dosed less frequently. A long-acting buprenorphine injection, such as Camurus/Braeburn Pharmaceuticals' CAM-2038, could, therefore, appeal to both payers and prescribers. Indeed, 86-96% of surveyed physicians are willing to prescribe CAM-2038 if it establishes a similar efficacy, safety, and tolerability profile to existing buprenorphine products in clinical trials. **CONCLUSIONS:** The opioid addiction market is dominated by generic products. However, while payers and prescribers are constrained by tight healthcare budgets, our primary research indicates that new brands such as long-acting depot CAM-2038 could gain traction via powerful marketing that focuses on their ability to reduce potential for abuse/diversion and increase compliance, provided existing efficacy and safety standards are maintained.

PMH43

REDUCING CONSUMPTION VERSUS MAINTAINING ABSTINENCE: MARKET ACCESS CHALLENGES FACING A NOVEL TREATMENT PATHWAY FOR ALCOHOL ADDICTION IN THE EU5

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OBJECTIVES: Nalmefene (Lundbeck's Selincro) is the only marketed drug that aims to reduce alcohol consumption rather than maintain abstinence in alcohol-dependent patients. By examining reimbursement and uptake of nalmefene in the EU5, we explore market access challenges for the novel treatment pathway this drug represents. **METHODS:** In February 2015, 253 psychiatrists in France, Germany, Italy, Spain, and the UK were surveyed regarding their prescribing of nalmefene. In addition, 15 EU5 payers involved in determining and regulating access to alcohol addiction pharmaceuticals were interviewed. **RESULTS:** On average, 10% (UK) to 30% (France) of surveyed physicians' drug-treated alcohol-addicted patients receive nalmefene. The most commonly cited reasons for not prescribing nalmefene are unfamiliarity with the drug (especially in the UK), a belief that the treatment goal should be abstinence, and preference for another pharmacotherapy. Furthermore, 20% of all surveyed EU5 psychiatrists cite maintaining abstinence/reducing relapse as the greatest unmet need in the pharmacological treatment of alcohol addiction, while 18% (UK) to 38% (France) identify efficacy for maintaining complete abstinence from alcohol after withdrawal and detoxification as their key driver for prescribing a new therapy. Interviewed payers similarly consider nalmefene's goal of reducing alcohol consumption rather than maintaining abstinence to be a reimbursement challenge, and one that, alongside perceived modest efficacy, has contributed to suboptimal HTA ratings in France and Germany, and to total lack of reimbursement in Italy. **CONCLUSIONS:** Perception of abstinence as the main aim of treatment for alcohol addiction is a considerable market access hurdle for nalmefene and emerging alcohol consumption-reducing agents. Robust superiority over comparators, persuasive marketing that illustrates the benefits of alcohol reduction versus abstinence, and effective targeting of national, regional and local stakeholders are essential to encourage payers to think beyond the price tag, and to maximize familiarity with and use of this novel treatment pathway among prescribers.

PMH44

INEQUITY IN ACCESS TO ALZHEIMER DISEASE INDICATED TREATMENT ACROSS DIFFERENT GEOGRAPHIC AREAS OF TURKEY

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OBJECTIVES: To assess the differences in the utilization of drugs indicated for AD treatment across different geographic areas in Turkey and to identify the factors that may influence possible disparity in the usage. **METHODS:** Summary data for all 81 cities in Turkey have been collected. The data include IMS sales (standard unit sales data of all products indicated for AD - memantin, rivastigmin, donepezil, galantamin), demographic (age distribution, education level, population density etc.), health policy (number of family physicians and specialists, hospital beds, nursing houses, average hospital admission rate) and affordability data (social security coverage rate). We calculated "utilization score" for all cities, dividing the number of standard units sold by the number of subjects who are assumed to have AD. A composite "indicator score" was calculated for all cities, summing the weighted values of all indicators. The relationship of the indicators and the composite indicator scores with "utilization score" were analyzed by means of Pearson and Spearman correlation analysis as needed. Then, a multivariate regression model was built to determine the degree of impact of each indicator. **RESULTS:** There were significant differences in the relative utilization of AD treatments among cities and regions. Generally industrialized and larger cities had higher utilization than smaller and/or less-developed cities by means of infrastructure. It is seen from the multivariate regression model that, utilization index increases when SGK coverage rate and population density increase and when household size decrease. **CONCLUSIONS:** Geographical disparities in the usage are initially assumed to be related to scarcities in healthcare infrastructure and regional socio-economic factors. However, it is seen that healthcare infrastructure is less influential on utilization disparity, which has found to be highly driven by socio-economics factors including affordability, population density (disperse residence) and household size (indirect indicator for socio-economy and family member to provide caregiver service in Turkish culture)