generates more health benefits, estimated to be 0.03 quality-adjusted life-years.

Methods: CENTRAL, EMBASE, MEDLINE, PsycINFO and NHS Economic Evaluation Database (NHS EED) were searched from inception to August 2011. Additional data were obtained from manufacturers. Systematic reviews of the economic and quality of life (Qol) literature were executed. Studies were assessed, independently by two reviewers, for quality against predefined criteria. A de novo probabilistic economic model was developed to synthesise the available data and costs from the clinical effectiveness perspective of UK NHS perspective, timeframe: one year (8 weeks of acute treatment and 10 months of maintenance treatment). Results: Four economic evaluations (none directly addressing the review question) and 17 QoL studies were identified and summarised in narrative reviews. Model results indicate that augmentation of an SSRI with lithium dominates augmentation with an AAP (i.e. Results in cost savings of £905 per person per year and generally more QoL benefit). Conclusions: Summary (DCE) of the results suggest that augmented treatment with lithium is consistently more effective and more efficient than augmentation with an AAP. However, the uncertainty in the clinical estimates of discontinuation and treatment response is reflected in the model results. An RCT comparing the two augmentation strategies, reporting relevant outcomes, including QoL, is needed.

Computerised Cognitive Behaviour Therapy for Depression Management: A Cost-Effectiveness Analysis

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Objective: To assess the cost-effectiveness of computerised cognitive behaviour therapy (cCBT) for mild depression compared with usual care. Methods: A cost-utility analysis was conducted and the findings were compared with other findings on computerised therapy. Results: cCBT was more cost-effective than usual care in the primary care setting. Sensitivity analyses were conducted to assess the robustness of the findings. Conclusion: Computerised cognitive behaviour therapy (cCBT) is a cost-effective treatment for mild depression compared with usual care.

Cost-Effectiveness of Vortioxetine in the Treatment of Major Depressive Disorder: Comparison with Agomelatine, Bupropion, Sertraline and Venlafaxine in the Finnish Setting

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Objectives: To evaluate the cost-effectiveness of vortioxetine (a new antidepressant) after inadequate response to selective serotonin reuptake inhibitor/serotonin-norepinephrine reuptake inhibitor (SSRI/SNRI) treatment in a single-institution study. Methods: Incremental cost-effectiveness ratio (ICER) was calculated. The treatment of schizophrenia using long-acting paliperidone was cost-effective when compared to oral peripamolone. Results: Vortioxetine was cost-effective when compared to all atypical LAIs. Nevertheless, PLAI was highly cost-effective versus oral risperidone (ICER of EUR 15,355/QALY to oral peripamolone and EUR 355/QALY to long-acting risperidone). The robustness of the model was supported by one-way deterministic analysis and probabilistic sensitivity analysis, which gave stable results. Long-acting paliperidone reached ICER of EUR 16,233/QALY compared to lithium paliperidone. Conclusions: The treatment of schizophrenia using long-acting paliperidone was cost-effective when compared to oral peripamolone.
ECONOMIC EVALUATION OF AGOMELATINE FOR MAJOR DEPRESSIVE DISORDERS RELATIVE TO OTHER ANTIDEPRESSANTS IN THE ITALIAN SETTING

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OBJECTIVES: The purpose of the present study is to conduct an economic evaluation of Agomelatine vs the current alternatives in daily clinical practice for treating patients with major depression disorders (MDD) in Italy (Venlafaxine, Fluoxetine, Sertraline, Escitalopram and Duloxetine). METHODS: Using a Markov model-based cost-effectiveness analysis, Agomelatine was compared with other therapies used for the treatment of MDD commonly prescribed (Venlafaxine, Fluoxetine, Sertraline, Escitalopram and Duloxetine), chosen on the basis of market shares, and compared with placebo. The population considered in the model consists of patients suffering from MDD and with an average age of 45 years. The perspective of the third party payer (Italian National Health Service) and the societal perspective were considered. RESULTS: The study shows that Agomelatine administration is linked with higher direct and indirect costs only when compared with Duloxetine (respectively €4,365 vs. €4,253 and €5,533 vs. €5,484). Nevertheless, Agomelatine has the higher efficacy in terms of reduction of depressive symptoms considered in the analysis. According to the societal perspective, Agomelatine is dominant against Venlafaxine, Escitalopram, Fluoxetine and Sertraline, since it is less expensive and more effective and cost-effective compared to Duloxetine since the incremental cost per QALY gained is €12,461. According to the perspective of the Italian NHS, Agomelatine is dominant versus Venlafaxine, Fluoxetine and Sertraline and is cost-effective in comparison to Duloxetine (ICER 6,101 €/QALY) and Escitalopram (3,336 €/QALY). CONCLUSIONS: The economic evaluation indicated that the population better treated in efﬁt and is less costly compared to generic Venlafaxine, generic Escitalopram, generic Fluoxetine and generic Sertraline and that Agomelatine is cost-effective compared to Duloxetine. In conclusion, according to its favorable tolerability proﬁle and its proven efﬁcacy, Agomelatine represents a powerful tool for many patients suffering from MDD, which may lead to both clinical and economic advantages.

RETROSPECTIVE DATABASE STUDY ON HEALTH CARE RESOURCE UTILIZATION OF PATIENTS INITIATING LONG-ACTING OLANzapINE IN SWEDEN

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OBJECTIVES: The Swedish national payer, TLV, is interested in understanding how OLA is used in routine clinical practice regarding dosing and its impact on psychiatric-related hospitalization. METHODS: Three Swedish nationwide health registers: the patient register, the drug register and the mortality register were linked. Patients with a 3-month prescription of OLA and one diagnosis of schizoaffective disorder or schizofreniform disorder prior to initiation of OLA were included in this retrospective patient mirror-image study. The minimum follow-up was six months. The study period was from 03/2010 until 12/2011. The average number and duration of hospitalizations were compared before and after initiation with OLA using a Student’s t-test. RESULTS: 70 patients met the inclusion criteria. The proportion of patients being hospitalized ≥ 1 was 77.1% in the pre-index period and 67% in the post-index period. The number of outpatient visits increased from 4.5% prior to 1 month post initiation. The results showed a significant reduction in the mean length of stay per hospitalization (19.6 days vs 3.9 days [p<0.001]), and in the mean total number of days spent in hospital per patient: from 11.3 vs 2.3 days [p<0.001]. A 28% increase in number of patients in the number of hospital visits between the pre- and post-initiation periods, although there was a numerical decrease observed within the post-index period. The average dose of Olanzapine was 9.1 mg per day (95% CI 16.6 to 19.7 mg) and the prescription refill period was 19.6 days (95% CI: 17.7 to 21.5 days). CONCLUSIONS: This study provides evidence that initiation with OLAI significantly reduces the length of stay per hospitalization and the total days spent in hospital.

USE OF SERVICES AND COST OF AGITATION AND CONTAINMENT IN PSYCHIATRIC HOSPITALS: A SYSTEMATIC REVIEW

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OBJECTIVES: The aim of this study was to evaluate the use of services and costs related to agitation and containment of adult patients admitted to a psychiatric hospital. METHODS: Systematic review through searches of Pubmed, Cochrane and Web of Knowledge (using a wide variety of terms related to agitation, inpatient care and use of services/costs; bibliographic references in retrieved studies and expert consultation. Studies published since 1998 were selected in duplicate by reviewing abstracts and full-text publications. RESULTS: After removing duplicates, 372 papers were reviewed and 11 included in the review. Four studies were of high quality, 4 of moderate-high to moderate-low quality and three of low quality. Eight of the studies evaluated the impact of agitation on readmission and two studies evaluated the impact of agitation on medication, one study on agitation and the other on agitation costs. All studies compared patients in containment with non-contained patients. Two studies evaluated medication, one showed that the mean medication dose was higher in agitated patients and the other found higher costs of treatment compared with non-agitated patients in the unadjusted analysis. Another estimated the cost containment of alcohol, medication side effects, existence of denial of illness and use of traditional medicine. CONCLUSIONS: The level of agitation to psychoactive medications was fairly high and factors that were significantly related to adherence status were amount spent per clinic visit, perception of social support, intake of alcohol, medication side effects, existence of denial of illness and use of traditional medicine.

MENTAL HEALTH – Patient-Reported Outcomes & Patient Preference Studies

WHICH ADVERSE EFFECTS INFLUENCE THE DROPOUT RATE IN SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) TREATMENT?

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OBJECTIVES: Nowadays selective serotonin reuptake inhibitors (SSRIs) are the most frequently prescribed antidepressants due to their better tolerability, safety, and effectiveness. However, despite this, especially at the beginning of treatment SSRIs are associated with side effects, which may lead to premature discontinuation therapy in some cases. Assessment of these factors was the aim of the present study. METHODS: This retrospective database analysis used data from 50,824 patients first time treated with SSRIs for major depressive disorder selected from a Electronic Medical Records (EMR) database (IMS Disease Analyzer) in Germany, providing information on SSRI side effects and their influence on premature treatment discontinuation calculated by regression analysis. In addition to that, presence of certain co-morbidities was registered. RESULTS: Mean age was 45.4 years. Of the patients, 67% were female. 22% of the patients were on antidepressants for more than 1 year. The most frequently mentioned adverse effects were “discomfort” of the digestive system (10%), sleep disturbances (6%), and heart rhythm disorders (4%); however, these were of tolerable severity. Moreover, these effects did not significantly influence dropout rate. Conversely, in somnolence younger and older patients (≤ 50 years) increased the chance of premature treatment discontinuation, while patients suffering from cardiovascular risk factors or somatic diseases are also tended to adhere to their treatment. CONCLUSIONS: Overall, the findings indicate a good tolerability of SSRIs at the beginning of treatment, whereas occurrence of somnolence leads to incompletion.

GENERAL BELIEFS ABOUT MEDICATIONS AMONG DEPRESSED PATIENTS IN SAUDI ARABIA

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OBJECTIVES: The aim of this study to explore patients’ general and specific beliefs about medications among depressed patients and effect on adherence adherence. METHODS: A cross-sectional survey research was conducted to compare the general and specific beliefs among depressed patients, using BMQ general and specific scale. Patients were recruited from outpatient clinic at Al-Amal hospital in Riyadh (psychiatric hospital) between 2013 and January 2014. RESULTS: A total of 463 patients meet the inclusion criteria and were participated in this study. Two hundred three representing 50.37% of the total study sample, were female, while the remaining 200 (49.6%) were male, with average ages 39 years. Half of the patients (52.9%) report low adherence and avoid medication, medication side effects, and low adherence group scored high in the necessity beliefs (18.02 (SD 3.91)-18.32 (SD 3.9)) respectively with no statistically different. Conversely, patients with high adherence had significantly lower level of concerns about medication, medication side effects, and less harmful belief also the beneﬁts. CONCLUSIONS: General patients beliefs either general overuse or general harm about medication influence patients taking medication behavior and have negative correlation with adherence to medication adherence, and only specific concerns related to belief to antidepressant have a positive correlation with adherence to antidepressant this finding will help psychiatric to improve adherence and clinical outcome by addressing medications taking behavior using a systematic approach based in this finding.

ADHERENCE TO PSYCHOTROPIC MEDICATIONS BY OUTPATIENTS IN PSYCHIATRIC HOSPITAL, USELU BENIN CITY, NIGERIA

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OBJECTIVES: Patients adherence studies are essential for evaluating the quality of care delivery of a health facility and patients’ role in improving their conditions. The objective of this study is to determine the level of adherence of outpatients to psychotropic drugs and evaluate the impacting factors. METHODS: The study was a cross-sectional study done at the psychiatric hospital, Useelu, Benin city, Nigeria from April to September, 2013. Convenient sampling method was used in population size determination for data collection. The participants were adult patients (18 years and above) attending the outpatients psychiatric clinic of the hospital with diagnosis of various psychiatric illnesses. A total of 250 patients participated in the study and a well-structured self-report 10-item questionnaire using the medication adherence rating scale (MARS) was used. Additional information was patients’ socio-demographic profile and clinical variables that affect patients’ adherence to medication behavior and have negative correlation with adherence to medication as an adherence and only specific concerns related to belief to antidepressant have a positive correlation with adherence to antidepressant this finding will help psychiatric to improve adherence and clinical outcome by addressing medications taking behavior using a systematic approach based in this finding.