the overall cost (£884) was not financed by Social Security, and the majority of this cost corresponded to caregiver associated cost (salaries and productivity lost). The caregiver economic burden represents 68% of the overall cost-of-illness. CONCLUSIONS: Monthly overall mean cost AD was high in Spain (£1078). More than 80% of the cost-of-illness is funded by the own patient family, adding an economical burden to the suffering of these families.

**PMH27**

**HEALTH SERVICE EXPENDITURES FOR PATIENTS WITH A DIAGNOSIS OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN GERMANY—AN AGE AND GENDER SPECIFIC ANALYSIS**

Schlander M1, Schwarz O1, Trott GE2, Viapiano M3, Bonauer N1
1Institute for Innovation & Valuation in Health Care (InnoVal-HC), Eschborn, Germany; 2University of Wuerzburg, Aschaffenbun, Germany; 3Kassenärztliche Vereinigung Baden-Wuerttemberg, Karlsruhe, Germany

**OBJECTIVES:** International studies have reported that patients with ADHD incur higher health care costs than persons without this condition, but little is known about the direct medical costs associated with ADHD in Germany. The present study aims at filling this void. **METHODS:** Health care resource utilization data for patients with a diagnosis of ADHD (F90.0 and/or F90.1) were extracted from the Nordbaden claims database (for year 2003), covering the complete regional population insured by Statutory Health Insurance SHI (2.238 million lives in 2003), and were combined with SHI prescription data. Complete datasets were available for 3,831 outpatients with ADHD and for a randomly selected control group matched 1:1 by age and gender. For costing, resource use was valued applying SHI acquisition costs. **RESULTS:** The annual average expenditure (direct medical costs borne by SHI) per patient was £650 versus £251 for matched controls, with physician charges accounting for 68% (£444 versus £170 for controls). All categories of costs were higher for patients with ADHD by a factor of 2 to 5 versus controls, an observation that was consistent across age and gender defined subgroups. Average expenditures per patient with ADHD increased with age (age group <7 years, £520; 7–12 years, £622; 13–19 years, £661; >20 years, £1147), primarily reflecting higher medication costs. In contrast, average costs per control person showed little change across age groups (at £269, £245, £250, and £272, respectively). Among children and adolescents, there were no substantial spending differences by gender. **CONCLUSIONS:** These data are likely underestimates of the total expenditures attributable to ADHD since they do neither include costs of inpatient treatment nor cost of ergotherapeutic interventions, which will have to be addressed in future studies. They provide, for the first time, robust information from Germany on the significant financial burden for the SHI attributable to ADHD.

**PMH28**

**THE ECONOMICS OF SCHIZOPHRENIA IN GERMANY AND THE POTENTIAL OF LONG ACTING SECOND GENERATION DEPOT TREATMENT**

Bergman A, Hjalte F, Persson U

The Swedish Institute for Health Economics, IHE, Lund, Sweden

The type of antipsychotic determines the efficacy and the tolerability for the patient. Long acting depot formulations were designed to increase patient adherence to treatment. The second generation atypical antipsychotics and long-acting injectable risperidone (LAIR) in particular are more costly than conventional antipsychotics, but may improve outcome of treatment; hence, reducing costs associated with schizophrenia. **OBJECTIVES:** Firstly, to provide estimates of the economic impact of schizophrenia in Germany and to illustrate the cost-drivers in the disease. Secondly, to present findings from a literature search of published cost-effectiveness analyses of second generation schizophrenia treatment, with focus on depot treatment. **METHODS:** Based on data from the German Federal Bureau of Statistics, the costs of schizophrenia were estimated from a top-down approach. Additionally, costs were illustrated from a bottom-up prevalence approach, based on data from published literature. A literature search, using PubMed, was conducted to find cost-effectiveness data. **RESULTS:** Using a top-down approach, total cost of schizophrenia in Germany was estimated to £7298 million in 2004. Direct and indirect costs were estimated to £2715 and £4583 million respectively. Hospital stays represented the largest share of the direct costs while invalidity was the main reason for indirect costs. From the bottom-up approach, the total cost of schizophrenia was estimated to between £4,920 million and £10,420 million per year. The review of available economic models shows that LAIR has a substantial cost advantage and has been demonstrated to be cost-effective compared to alternative treatments. **CONCLUSIONS:** Schizophrenia is associated with high health care and societal costs. LAIR has the potential to improving the outcome of treatment, e.g. compliance; hence, lower the costs associated with schizophrenia. Longer trials in a naturalistic setting and studies regarding patient satisfaction of LAIR are however requested.

**PMH29**

**HEALTH CARE RESOURCE UTILIZATION AND COSTS OF MILD, MODERATE, AND SEVERE DEPRESSION IN THE UNITED STATES**

Birnbaum HG1, Kessler R2, Joshi VN3, Kelley D4, Hsieh M5, Ben-Hamadi R1, Greenberg P6
1Analysis Group, Inc, Boston, MA, USA; 2Harvard Medical School, Boston, MA, USA; 3Sanofi-Aventis, Bridgewater, NJ, USA

**OBJECTIVES:** While the substantial economic burden of depression is well documented, less is known about the cost of depression by clinical severity levels. This study’s objective is to document the health care resource utilization and costs by severity for patients with major depressive disorder (MDD). **METHODS:** Using data from the National Comorbidity Survey Replication (NCS-R; n = 5692), respondents were categorized into clinical severity categories (not clinically depressed, mild, moderate, severe) using standard scales (CIDI/QIDS-SR). Outcomes were measured over 12 months and included the prevalence of medical services and antidepressant use, the average number of visits and days on antidepressants, the prevalence of treatment adequacy, and medical and drug costs. Costs were estimated by weighting utilization measures by unit costs obtained for similar services used by depressed patients in a U.S. privately insured claims database for the corresponding time period (2000–2001). Outcomes were compared across depression severity groups using chi-square tests and regression models that generated F statistics adjusted for demographics. **RESULTS:** Among the 658 depressed respondents, 14.2% were mildly, 38.1% moderately and 47.7% severely depressed. Respondents in the 3 groups shared similar demographic characteristics. There was a significant association between severity and the prevalence of mental health services usage (20.8%, 27.9%, and 39.5% respectively, p < 0.01) and the average number of mental health practitioner visits. The use of antidepressants also increased with depression severity (19.8%, 29.8%, and 40.2% respectively; p < 0.05). Similarly, the adequacy of mental health services increased with depression severity (8.9%, 12.1%, and 21.3% respectively,