OBJECTIVE: The study purpose was to investigate how sedative/hypnotic drugs are used in an ambulatory population. METHODS: A retrospective analysis of prescription claims from an integrated database. Persons with at least one prescription for a nonbarbiturate sedative/hypnotic in a 36-month sampling frame (1/1/95–12/31/97) were included. Sedative/hypnotic agents included: estazolam, ethchlorvynol, flurazepam, glutethimide, quazepam, temazepam, triazolam, and zolpidem. RESULTS: 55,086 persons had at least one claim for the drugs of interest. 58% were female, the average age was 62 years ± 14.5 years, with a range of 3–104 years. 58% of those identified were 60+ years of age. Women were only slightly older than men (62.1 years compared to 61.8 years). The most commonly used agent during the study timeframe was zolpidem (a short-acting agent) with 58% of identified subjects having at least one claim. This was followed by temazepam (an intermediate acting agent) used by 36% of persons identified. 53% of persons using zolpidem and 36% of persons using temazepam were 60+ years of age. 27% of persons identified had claims evidence suggestive of single, one time acquisition of a sedative/hypnotic agent during a 12-month period of time. CONCLUSION: The majority of persons in this ambulatory population used short or intermediate acting sedative/hypnotics, for extended use. A large number of patients 60+ years of age rely on benzodiazepine-based agents (temazepam) that can produce daytime sedation which may decrease daytime functioning.

ANTIPSYCHOTIC DRUG USE PATTERNS AND THE COST OF TREATING SCHIZOPHRENIA: DATA FROM THE MEDICAID PROGRAMS OF ALABAMA, GEORGIA, KENTUCKY, AND MICHIGAN

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OBJECTIVE: This study documented the relationship between antipsychotic drug use patterns and direct health care costs for community-dwelling patients with schizophrenia in four state Medicaid programs. METHODS: A one-year treatment period was defined for each patient (N = 18,090). Logistic regression models were used to investigate the predictors of not having used any medication, delaying therapy, changes in therapy, and completing one year of continuous therapy. Regression analyses were used to estimate the impact of these patterns of antipsychotic drug use on direct health care costs. RESULTS: The average annual total direct cost for community-dwelling patients with schizophrenia was $13,650 (N = 18,090). Approximately 24% of patients did not use any antipsychotic drug for at least one year and consumed significantly fewer services (~$3,200). Delaying antipsychotic therapy (18%) was associated with an increase in total cost of care of $3,936 (P = 0.0001). Patients who switched or augmented their initial therapy (41%) were also found to experience higher total cost of care ($4,019, P = 0.0001). Continuous antipsychotic therapy (18%) was associated with significant shifts in the type of care consumed (~$1,337 in hospital costs; ~$652 in nursing home costs; +$1,237 in ambulatory services and +$939 in other services), leaving total cost unchanged. CONCLUSIONS: A significant proportion of patients with schizophrenia treated with traditional antipsychotic medications did not display drug utilization patterns consistent with successful drug therapy. Suboptimal drug use patterns were associated with increased direct healthcare costs.