**PMH22**

**IMPACT ON SCHIZOPHRENIA INPATIENT RESOURCE USE FOLLOWING SWITCH TO LONG-ACTING RISPERIDONE IN FINLAND**

Seppälä N¹, Hakala M², Willis M³, Asseburg C¹, Svensson M¹, Persson U¹, Lothgren M³

¹Harjavalta Hospital, Harjavalta, Finland, ²Janssen-Cilag Nordic, Espoo, Finland, ³The Swedish Institute for Health Economics, Lund, Sweden

**OBJECTIVES:** To estimate changes in measures of hospitalisation use in a naturalistic clinical setting in Finland following switch to Risperdal Consta, a long-acting atypical antipsychotic. **METHODS:** Data were collected retrospectively from patient charts at 10 geographically and functionally diverse sites in Finland. Patients were at least 18 years old, diagnosed with schizophrenia or schizoaffective disorder; and initiated treatment with Risperdal Consta between January 1, 2004 and June 30, 2005. The study employed a mirror-image design.

**RESULTS:**
- **Aim and Study Design:** The study aimed to explore the economical benefits of quetiapine extended-release (XR) compared to quetiapine immediate-release (IR) in treating patients with schizophrenia in hospitals and outpatient care in the Finnish setting. The analysis explores the effects of titration time and probability of relapse on expected annual costs.

**OBJECTIVES:** The aim is to explore the economical benefits of quetiapine extended-release (XR) compared to quetiapine immediate-release (IR) in treating patients with schizophrenia in hospitals and outpatient care in the Finnish setting. The analysis explores the effects of titration time and probability of relapse on expected annual costs. **METHODS:** The analysis estimates the total direct health care costs for a patient with schizophrenia over a one-year time horizon. One-year probabilities of relapse were derived from literature. Costs were gathered from national unit cost report in 2007 and length of stay data was based on a Finnish register study. Due to short-term perspective no discounting was applied. In addition to deterministic approach, an Excel based simulation model was used for the probabilistic analyses and one-way sensitivity analyses. **RESULTS:** Total costs in average were €25,687 and €26,736 for patients treated by quetiapine XR and quetiapine IR, respectively. The result of the stochastic model indicated that quetiapine XR was associated with cost savings of €1300 per patient per year. Most sensitive parameters were length of inpatient periods and unit cost of quetiapine IR. Approximately 94% of the saving was due to effects of faster titration and 6% due to difference in relapse rates. **CONCLUSIONS:** The results of this model suggest that expected total costs for patients treated with quetiapine XR are lower than for patients treated with quetiapine IR. The potential increase in hospital drug budgets due to introduction of quetiapine XR may be offset by lower inpatient care costs associated with quetiapine XR.

**Two analyses were conducted:** 1) Modified intention-to-treat (ITT) analysis based on the complete observational dataset, and 2) Matched per-protocol analysis, with duration of pre-switch and post-switch periods and change in mean annual number of days in hospital. **RESULTS:** A total of 177 patients fulfilled the inclusion criteria (mean age 47 years, 52% female, average duration of schizophrenia 15 years). The most common reason for switching to Consta was non-compliance on other medications (63%). Consta treatment continuation rates of at least 6, 12, 18 and 24 months were 76.6%, 70.9%, 68.0% and 66.2%, respectively. The ITT analysis shows that switch to Consta was associated with significant reductions in the number of hospitalisations per year (from 0.93 to 0.74) and in mean annual days in hospital (from 62.9 to 38.0 days per patient-year of treatment), corresponding to an estimated annual cost saving of €11,948 per patient. The matched per-protocol analysis shows larger changes for all endpoints compared with the ITT analyses. All changes were statistically significant at the 95% confidence level. **CONCLUSIONS:** This study of 177 patients with schizophrenia switching to long-acting Risperdal Consta indicates a high treatment continuation rate and sizeable reductions in inpatient resource use.