MENTAL HEALTH—Cost Studies

COST EFFECTIVENESS OF PHARMACOLOGICAL TREATMENT VERSUS CARE AS USUAL FOR PANIC DISORDER AND/OR DEPRESSION DRIVEN CHEST PAIN: PRELIMINARY RESULTS OF UNBLINDED DATA
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OBJECTIVES: Panic disorder (PD) is an anxiety disorder, which occurs frequently in patients presenting to a First Heart Aid (FHA) with chest pain and/or palpitations. Although the efficacy of pharmacological treatment for PD in a psychiatric population is high, an accepted standard treatment for PD in cardiac patients is not yet available. The objective of this study was to evaluate the cost-effectiveness of pharmacological treatment compared to care as usual in patients presenting with cardiac complaints to a FHA in whom PD was confirmed.

METHODS: The design was a randomised double-blind placebo-controlled study with an intervention group receiving sertraline or placebo (IG; N = 62) and a care as usual group (CAUG; N = 44). The study was performed from the societal perspective with a time horizon of 24 weeks. Costs were calculated using cost diaries and hospital data. Primary endpoint was successful treatment, defined as reduction of ≥50% of the number of panic attacks and/or a reduction of ≥50% on the Hamilton Depression Rating Scale (HAM-D). Secondary endpoint was health state utility, obtained by the EQ-5D, which was used to calculate QALYs. Incremental cost-effectiveness ratios (ICERs) were calculated for both endpoints. Subsequently, bootstrap analyses were performed (1000 replications) to quantify the uncertainty around the ICERs. RESULTS: Baseline characteristics were comparable for both groups. A total of 67.7% of the patients in the IG was treated successfully versus 43.2% in the CAUG (P = .017). Mean QALY in the IG was 0.30, versus 0.29 in the CAUG. The incremental costs amounted to €1361.47 (−4060, −1337) in favour of the IG. CONCLUSIONS: Based on this preliminary analysis with unblinded data both ICERs indicated a dominance for IG. This was confirmed by the bootstrap results, with 84.1% and 66.7% of the cost-effectiveness pairs, based on respectively the primary and secondary endpoints, lying in the southeast quadrant.

PREVALENCE AND MEDICAL CARE COSTS OF ANXIETY DISORDERS IN THE UNITED STATES: A NATIONAL ESTIMATE USING THE MEDICAL EXPENDITURE PANEL SURVEY
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OBJECTIVES: The objectives of this study were to determine the prevalence and direct costs of anxiety disorders in the U.S. population. METHODS: Retrospective analysis was conducted of the 1999 Medical Expenditure Panel Survey (MEPS). The MEPS collected data from a nationally representative sample of 24,618 respondents and from respondents’ health care and insurance providers. Data extracted for this study included medical conditions and use and payments for medical care. Anxiety disorders were defined using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and were mapped to corresponding ICD-9-CM codes and included anxiety and panic disorders, stress disorders, obsessive-compulsive disorder, and phobias. Anxiety patients were identified using ICD-9-CM codes and direct costs were calculated using patient and third party payments for anxiety-related medical events by type of medical care. Sample estimates were weighted and projected to the population and 95% confidence limits were calculated using the Taylor expansion method. RESULTS: The prevalence of anxiety disorders was 4.04% or 11,163,423 individuals (95% C.L. = 3.64%, −4.44%). Total direct costs of anxiety disorders were $5,986,529,599. Prescription medications and office-based medical provider visits accounted for the largest proportions of direct costs, at $1,963,991,706 (mean = $58; 95% C.L. = $53, −$64) and $1,890,703,392 (mean = $67; 95% C.L. = $55, −$79), respectively. Inpatient stays represented $1,237,191,177 while home health care expenses were $708,555,879. Emergency department and outpatient services were each below $140 million. CONCLUSIONS: Affecting more than 11 million individuals with medical care costs of almost $6 billion, the impact of anxiety disorders was substantial. Prescriptions and medical provider visits were direct cost drivers, collectively accounting for less than 60% of total direct costs. However, expenditures on inpatient stays and home health care were sizeable, together representing nearly $2 billion or one-third of total direct costs. Additional measures should be considered to enhance diagnosis and treatment of anxiety and avert more costly medical care alternatives.
OBJECTIVES: The Netherlands Mental Health Survey and Incidence Study (NEMESIS) is a prospective survey in the Dutch general population among 7,067 respondents aged 18 to 64. In a follow-up study on the prevalence of bipolar disorder (BD) respondents were identified by using the Structured Clinical Interview (SCID) resulting in a DSM-IV diagnosis for BD. The objective was to explore the costs to society of BD in the Netherlands. All available 40 persons identified with a life-time diagnosis of BD (DSM-IV) were interviewed. Detailed data on medical health care utilisation (direct costs) and production losses due to absence from work and efficiency losses (indirect costs) as well as quality of life was collected.

METHODS: We used the “TiMbos and iMTA questionnaire on Costs associated with Psychiatric illness (TiC-P)” . The TiC-P includes a short version of the Health and Labour questionnaire (HLQ) for collecting data on lost productivity and efficiency losses. For the quality of life we applied validated generic instruments; the EQ5D of the EuroQol group and the Short-form 36.

RESULTS: The average direct costs per patient per year was estimated at €897 (range: 0–3200). The average indirect costs per year was €3720 (range: 0–6373) of which 86% was due to absence from work. The average score on the EQ5D was 0.82 (sd 0.2). The quality of life was not significantly lower for the BD population compared to the general population (0.87). Based on the prevalence of 5.2% the total costs of bipolar disorder were estimated at €1.93 billion (total direct costs €480 million; total indirect costs €1.45 billion).

CONCLUSIONS: The societal costs for bipolar disorder in the Netherlands are high, especially the indirect costs due to absence from work. Adequate treatment of bipolar disorder could help reduce the societal costs and improve patients’ quality of life.

COSTS AND EFFECTS OF RISPERDAL CONSTA™ IN COMPARISON TO CONVENTIONAL DEPOT AND SHORT-ACTING ATYPICAL FORMULATIONS IN GERMANY
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OBJECTIVE: To estimate the costs and effects of long-acting risperidone versus a conventional depot and an oral atypical over a 5-year period in Germany.

METHODS: A discrete-event model was developed comparing three scenarios. In scenario 1, patients start on haloperidol depot and may be switched to olanzapine followed by clozapine. In scenario 2 patients start on long-acting risperidone instead of haloperidol depot. In scenario 3, patients start on olanzapine, and may be switched to risperidone (oral) followed by clozapine. The model simulates individual patient histories accounting for age, gender, type, severity of disease and side effects. Based on these patient characteristics, the model simulates visits, psychotic episodes, symptom-scores, treatment, compliance and location. Outcomes are expressed in terms of number and duration of psychotic episodes, symptom-score and costs. Costs of psychiatrist visits, medication and location were included. Information was derived from literature and an expert panel.

RESULTS: Over a 5-year time horizon and per patient, starting with long-acting risperidone was estimated to avoid 0.21 and 0.32 relapses and to save €131 and €2192 compared to a conventional depot (scenario 1) and to an oral atypical (scenario 3) respectively. In subgroup analysis of high-risk non-compliant patients starting with long-acting risperidone was estimated to avoid 0.22 and 0.46 relapses and to save €1442 and €9082. Sensitivity analyses showed that the results are robust and that they are mainly related to estimates about compliance (when compared to oral atypical agents) and to the effects of atypical and conventional formulations on the symptom-score.

CONCLUSION: Long-acting risperidone is cost-effective, as it has higher effectiveness and is cost-neutral compared to a conventional depot and cost-saving compared to an oral atypical. Further benefits may be expected, when treatment is aimed at patients with a high-risk of being non-compliant and at patients in whom further deterioration is expected.

PRODUCTION LOSSES IN BORDERLINE PERSONALITY DISORDER: SHORTCOMINGS IN THE STANDARD METHODS OF VALUATION
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OBJECTIVES: Aim of this study was to quantify production losses in patients with Borderline Personality Disorder (BPD) according to the Human Capital (HC) and the Friction Costs (FC) methods. METHODS: Productivity levels of BPD-patients were followed for 18 months. In FC volume was based on actual hours worked, which is incorrect from a theoretical point of view. Further, FC productivity losses are higher when a person partly resumes work, than when this person remains sick, which is incorrect from a theoretical point of view. Fur-