Target population in Spain is estimated at 500,000 patients and 15% of those receive a monotherapia drug treatment for acute bipolar mania. Nowadays, when considering drug costs, direct medical costs and adverse effects treatment, average annual cost per treated patient in Spain is estimated at €4006 and it is likely to be estimated at €4039 after the introduction of ziprasidone. Sensibility analysis showed that at a constant market share of 24% for the forecasted three years, then the introduction of ziprasidone is not likely to have any economic impact on the Spanish National Pharmaceutical budget. CONCLUSIONS: This budget impact model shows that the introduction of ziprasidone is likely to have minimal impact on acute bipolar mania medication costs in Spain. Current drug costs due to acute bipolar mania were estimated at €908 millions for the next 3 years and at €116 millions after the introduction of ziprasidone.

**FUNCTIONAL IMPAIRMENT OF PATIENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD): AN ALTERNATIVE COST-EFFECTIVENESS ANALYSIS OF CLINICALLY PROVEN TREATMENT STRATEGIES BASED UPON THE NIMH MTA STUDY**

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Beyond disease-defining core symptoms of inattention, hyperactivity, and impulsivity, ADHD is characterized by functional impairment of patients. The Columbia Impairment Scale (CIS) is a parent rating scale with relatively strong psychometric properties, tapping four major dimensions: interpersonal relations, psychopathology, schoolwork, and use of leisure time. OBJECTIVES: GIS ratings from the NIMH MTA Study (n = 579 children with ADHD according to DSM-IV-criteria) were used as an alternative outcome measure to evaluate the cost-effectiveness of medication management (MedMgt), intense behavioral treatment (Beh), both combined (Comb), or community care (CC) in the study population and in three subgroups: hyperkinetic disorder (according to ICD-10-criteria preferred in Europe); pure HKD or HKD/HKCD, and in pure ADHD, over 14 months. METHODS: For costing (societal and third-party payer’s perspectives), patient-level resource utilization data were combined with country-specific unit costs for Germany, The Netherlands, Sweden, UK, and United States (year 2003). Incremental cost-effectiveness ratios (ICERs) were determined using functional improvement (CIS effect size [ES], Cohen’s d) as clinical outcome criterion. Four treatment strategies and a hypothetical “Do Nothing” alternative were compared with each other. RESULTS: The four MTA treatment strategies were all clinically effective. Across jurisdictions, both CC versus “Do Nothing” (ICERs ranging from €1200/ES to €2600/ES) and MedMgt (ICERs versus “Do Nothing” from €1000/ES to €2700/ES, ICERs versus CC from dominance to €3000/ES) appeared attractive on grounds of cost-effectiveness. MedMgt dominated Beh, and ICERs for Comb versus MedMgt ranged from €500,000/ES to €1,000,000/ES. Results for subgroups with pure ADHD, HKD/HKCD, and pure HKD were broadly similar. Sensitivity analyses including probabilistic evaluations using non-parametric bootstrapping supported these findings. CONCLUSIONS: Despite notable international differences in terms of diagnostic criteria, standards of care, and unit costs, the cost-effectiveness of MTA-based clinical treatment strategies for patients with pure ADHD seemed remarkably similar across jurisdictions. The impact of comorbidity remains to be explored.