functioning. METHODS: A Markov model was developed to estimate the cost-effectiveness of sertindole compared with risperidone, olanzapine and aripiprazole in the management of schizophrenia in Hungary over a two-year period. Patients entered the model upon experiencing intolerance to their antipsychotic treatment during an episode of acute psychopathology. Confounding factors included drug-induced adverse events (extrapyramidal symptoms, weight gain, sedation, sexual dysfunction, diabetes), compliance, relapse and treatment setting. Effectiveness was defined as the length of time without relapse over the two-year evaluation period, and by Quality Adjusted Life Years (QALYs). Parameter estimates were based upon published literature and comparative clinical trial data. Resource use data were obtained from the Psychiatry Department, Semmelweis University (Budapest), and costs were evaluated from the Hungarian National Insurance perspective. RESULTS: The time without relapse (over 2 years) for patients receiving sertindole was equivalent to those with risperidone, olanzapine and aripiprazole (0.768, 0.768, 0.764 and 0.766, respectively). The average cost per patient for two years after starting treatment with sertindole equaled that of the other atypical antipsychotics. The costs per year without relapse were similar for sertindole treated patients compared with the atypical risperidone, olanzapine and aripiprazole treated patients ($15,435, 15,096, 15,925 and 15,712, respectively). Sensitivity analyses confirmed robustness of the model. CONCLUSIONS: With equivalent clinical benefits, a good tolerability profile and similar costs, sertindole is an additional valuable treatment alternative to other atypical antipsychotics available in Hungary.

COST-EFFECTIVENESS OF AMISULPRIDE COMPARED TO RISPERIDONE AND OLANZAPINE IN THE TREATMENT OF SCHIZOPHRENIA IN POLAND

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OBJECTIVES: The aim of the study was to assess costs and effectiveness of amisulpride and other atypical antipsychotic drugs for the treatment of patients with schizophrenia in Poland. METHODS: The cost-effectiveness analysis from the payer perspective was conducted. Clinical data was derived from published clinical trials. Clinical improvement according to the Brief Psychiatric Rating Scale (BPRS) was adopted as a measure of effectiveness. Only direct medical costs were included and were expressed in Polish zloty (PLN), 1 EUR = 3.95 PLN, exchange rate; 1 EUR = 1.98 PLN, purchasing power parities. The study horizon amounted to 8 weeks (the short-term model) and to 6 months of treatment (the long-term model). In the analysis there were three strategies of treatment compared: amisulpride, risperidone and olanzapine. The comparison was done pairwise: amisulpride vs olanzapine and amisulpride vs risperidone. RESULTS: Both in the short-term and in the long-term model, the amisulpride proved to be a dominant strategy—having lower average cost and higher average effect—against risperidone as well as against olanzapine. Comparing amisulpride and risperidone—in the short-term model the cost-effectiveness ratios (average cost per one unit of BPRS improvement) amounted to 55.3 PLN and 83.1 PLN for amisulpride and risperidone, respectively. In the long-term model the numbers were 135.7 PLN and 179.3 PLN, respectively. Conducting the amisulpride vs olanzapine comparison—in the short-term model the cost-effectiveness ratios amounted to 34 PLN for amisulpride and 43.5 PLN for olanzapine, and in the long-term model to: 105 PLN and 125 PLN, respectively. As amisulpride was a dominant strategy in all comparisons, acceptability curves were calculated instead of incremental cost-effectiveness ratios. CONCLUSIONS: The pharmacoeconomic evaluation in the short-term model as well as in the long-term model shows that amisulpride is a dominant strategy in the treatment of schizophrenia in Poland.