

**PMH41****IMPACT OF DEPENDENTS' DEPRESSION ON EMPLOYEE HEALTH BENEFITS COST: QUANTIFYING THE BURDEN OF CARE**

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**OBJECTIVES:** This analysis quantifies the difference in employee health benefits cost between employees with at least one dependent with depression and employees with no depressed dependents. Healthcare, sick leave, short- and long-term disability and workers' compensation claims data are used along with employee population data to quantify the increased employee costs associated with having a dependent with depression. **METHODS:** Using data from 1998, this study examines 42,000 geographically-disperse employees. An employee was defined to have a dependent with depression if any of the employee's dependents had a healthcare claim during 1998 with a primary ICD9 code signifying depression. Employees without any dependents were excluded from the analysis. Censored (tobit) regression models were used to control for the impacts of age, gender, exempt status, number of covered dependents, and regional distribution and to isolate the impact of having a depressed dependent on the health benefits costs incurred by the employee. **RESULTS:** Employees with depressed dependents incurred 99% higher healthcare costs (excluding dependent healthcare costs) ( $p < 0.0001$ ) and 27% higher sick leave costs ( $p < 0.01$ ) than did employees without depressed dependents. **CONCLUSIONS:** An employee whose dependent has depression has significantly higher health benefits costs than an employee whose dependents do not have depression. Thus, employers must recognize the impact of dependent health issues on employee health and productivity costs. Employers may use this information to design or refine EAP and other mental health programs to account for issues associated with the burden of care.

**PMH42****TREATMENT OF DEPRESSION: ESCITALOPRAM HAS SIMILAR EFFICACY BUT LOWER COSTS COMPARED TO VENLAFAXINE XR**Montgomery SA<sup>1</sup>, Fernandez JL<sup>2</sup>, François C<sup>3</sup><sup>1</sup>Imperial College, London, United Kingdom; <sup>2</sup>London School of Economics, London, United Kingdom; <sup>3</sup>Lundbeck SA, Paris, France

**OBJECTIVES:** Major depressive disorder presents a considerable burden of illness to patients, healthcare providers and payers. The introduction of SSRIs and SNRIs was noteworthy, but there are still patients who do not receive the full benefit of these drugs. Our objective was to assess the relative cost-effectiveness of escitalopram compared to venlafaxine XR in a randomised, double-blind, active-reference clinical study. **METHODS:** Outpatients fulfilling DSM IV criteria for a major depres-

sive episode were randomised to receive escitalopram (10 to 20 mg/day;  $n = 148$ ) or venlafaxine (75 to 150 mg/day;  $n = 145$ ) in a double-blind study in a primary-care setting in Europe. In addition to clinical evaluations, assessments of generic quality of life (EuroQoL) were made at study entry and after eight weeks of treatment. Use of medical services and absence from work were recorded for the calculation of direct and indirect costs from the perspective of society and healthcare budgets. Multivariate modeling of costs controlling for patient characteristics was applied. For cost-effectiveness analysis, two efficacy measures were used (MADRS and EuroQoL). **RESULTS:** Statistically significant quality of life improvements from baseline were observed in both treatment groups, with no between-group differences. At the end of the study, escitalopram costs, compared to venlafaxine, were 10% lower (€747.5 versus €830.6) from a societal perspective, and 40% lower (€84.3 versus €141.5) from a healthcare perspective. Results of the multivariate model show that escitalopram tends to reduce direct costs ( $p = 0.03$ ). Bootstrapped distributions of the Incremental Cost-Effectiveness Ratios support the cost-effectiveness advantage of escitalopram. **CONCLUSIONS:** With similar effectiveness, escitalopram tends to lead to lower costs. These results are consistent with results of previous economic evaluation of escitalopram versus venlafaxine.

**PMH43****THE COST-UTILITY OF BUPROPION SR VERSUS SERTRALINE IN THE TREATMENT OF LATE-LIFE DEPRESSION**

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**OBJECTIVES:** Major depression affects 10 to 35% of community dwelling elderly and left untreated, is associated with increased healthcare expenditures and risk of non-suicide mortality. Pharmacotherapy treatment of depression in the elderly warrants special consideration due to pharmacokinetic changes and polypharmacy. The objective of this study was to estimate the incremental cost-utility of sertraline (Zoloft, Pfizer) compared to bupropion SR (Wellbutrin SR, GlaxoSmithKline) in a population of community dwelling elderly with a diagnosis of major depression. **METHODS:** Decision tree modeling was used to calculate the incremental cost-utility for a hypothetical cohort of 1000 elderly patients with diagnosed major depression over a time period of one-year from a societal perspective. Parameter estimates were obtained from a comprehensive review of published literature. Extensive sensitivity analysis was used to test each parameter. **RESULTS:** In the base-case analysis, bupropion SR treatment cost US\$ 3.2 million and resulted in 777 quality-adjusted life years (QALYs), dominating sertraline treatment (US\$3.5 million; 704 QALYs). One-way sensitive analysis yielded two sensitive utilities. Further examination of these utilities in a multi-way