THE COST-EFFECTIVENESS OF PAROXETINE IN TREATMENT OF MAJOR DEPRESSIVE DISORDER IN JAPAN
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OBJECTIVES: To assess the cost-effectiveness of paroxetine (PX) compared with conventional tricyclic antidepressants (TCAs) for major depressive disorder in Japan. METHODS: A decision analytic model was built in order to compare three regimens: 1) initiating with PX followed by a TCA (PX-TCA); 2) a TCA followed by PX (TCA-PX); and 3) TCAs only. The decision tree incorporated the probabilities of dropping out of therapy obtained from a meta-analysis of randomized controlled trials in Japan, and also relapse or recurrence probabilities of depressive symptoms employed from published literature. Resource use and costs were estimated by the national health insurance (NHI) scoring system. Health related quality of life was incorporated in the model using utility values in the literature. The analysis was performed from a patient perspective during nine months including the follow-up period. The sensitivity analyses were conducted to test the robustness of the results. RESULTS: The average costs per patient for each regimen of the PX-TCA’s, the TCA’s-PX and the only TCAs were estimated with incremental cost-effectiveness ratio of 5587€ and 5045€, respectively. Regardless of the method of analysis, the PX-TCA’s best contributed to gain the ranges of the sensitivity analyses. CONCLUSIONS: A treatment for major depression using PX combined with TCAs was the first choice of PX was best recommended among the combined treatment. When quality of life of patients incorporating the utility analysis, the PX-TCA’s best contributed to gain the ranges of the sensitivity analyses.

ANNUAL SOCIETAL COSTS AND QUALITY OF LIFE IN CHILDREN WITH NEUROPSYCHIATRIC DISORDERS IN SWEDEN
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OBJECTIVES: The objective of the study was to calculate annual costs in children with AS/HFA, ADHD and RD/WD, and to explore which variables explained the variations in costs. METHODS: Sixty boys—20 with high-functioning autism or Asperger syndrome (AS/HFA), 20 with attention deficit hyperactivity disorder (ADHD) and 20 with reading and writing disorder (RD/WD)—participated in the study. RESULTS: A total of 52 families responded to the questionnaires. The mean age was 18 years. The mean annual costs (SEK) were 67,000, of which indirect costs were 62,500 and direct costs 4500. Children with AS/HFA and ADHD had mean costs of 89,800 and 86,500, compared to 23,400 in children with RD/WD. Multiple regression analysis showed a strong correlation between costs and the psychosocial summary score of the CHQ: Total annual costs = 330,000 – 5800 x PsS (r = −0.70). Children with a PsS score below the median (47), had significantly higher total costs (SEK104,000 vs. 27,000) and indirect costs (SEK97,000 vs. 24,000) than children with scores above the median. CONCLUSIONS: These results emphasize that the indirect costs in child neuropsychiatric disorders are significant, representing more than 90% of the total costs. The variation in annual costs is explained, to a great extent, by psychosocial impairments. The results indicate that a treatment, which improves the psychosocial functioning of the child and family, may have significant potential in reducing family and societal costs.