THE NORDBADEN PROJECT FOR HEALTH CARE UTILIZATION RESEARCH IN GERMANY

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With a population of 82.5 m, Germany represents the largest health care market in Europe. Yet, research into epidemiology, resource utilization, and actual cost associated with specific disorders has been hampered by the fragmentation of the national health care system. OBJECTIVES: 1) To establish an integrated claims database in the German region of Nordbaden, allowing retrospective patient-based analyses; 2) to evaluate how representative the selected sample may be considered for Germany as a whole; and 3) to assess its potential by determining administrative prevalence rates of ADHD. METHODS: The complete claims database of the official physicians’ organization of Nordbaden (KVNB) in South-Western Germany for the 4 quarters of 2003 was first coded to protect the privacy of patients and physicians, and subsequently integrated and restructured according to patient pseudonyms, as to allow patient and disease specific cross-sectional analyses. Sociodemographic and health care related characteristics of the sample population were compared with data for West Germany, East Germany, and Germany as a whole. One-year prevalence rates were determined for attention-deficit/hyperactivity disorder (ADHD). RESULTS: Claims data for 2.238 m persons insured by the SHI (82.2% of the regional population; cf. Germany: 70.4 m or 85.3% SHI insured) were available, representing—as judged by key sociodemographic and medical indicators (which will be presented)—the German SHI insured population. ADHD (hyperkinetic disorder: ICD-10, F90.0, F90.1) prevalence rates were: age 0–6: 1.26% (boys: 1.72%, girls: 0.77%), age 7–12: 4.97% (boys: 7.15%, girls: 2.66%), age 13–19: 1.31% (males: 1.91%, females: 0.60%), and adults: 0.04% (males: 0.04%, females: 0.03%). CONCLUSIONS: Especially when combined with data from regional hospitals and sick funds, databases like the “Nordbaden Project” will provide a valuable tool for studies of real-world health care utilization and direct medical costs associated with defined medical conditions. Specific findings on ADHD will be discussed in light of international epidemiological data.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN ADULTS: SF-6D UTILITIES FROM SF-36 SCORES IN A RANDOMISED TRIAL OF ATOMOXETINE

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OBJECTIVES: To derive utilities for adults with ADHD from a randomised trial of atomoxetine 40 mg BID versus 80 mg QD (Adler et al., 2004). These patients are largely untreated and there are few therapy alternatives. METHODS: Medical Outcome Study Short Form-36 (SF-36) scores are converted into a Quality Adjusted Life Year (QALY) value for key health states; responder and non-responders without/with adverse event (grouping defined as per clinical trial). The method for conversion is in accordance with that previously published (Brazier et al. 1998, 2004). A total of 218 clinical trial participants were followed for 13 weeks. Pre-treatment utility data of all patients is analysed to assess baseline utility values and is compared with end of trial period. Missing data were addressed according to five criteria. RESULTS: Mean and median results for utility values for responder and non-responder groups produced consistent and sensible results (mean results presented unless stated). Baseline utility was 0.634 and was consistent with non-responder score at end of trial (0.630), as per expectation. Responders had utility scores of 0.682 and 0.671, without/with adverse events, respectively. All responders (i.e. regardless of adverse event status) had a score of 0.678. The average gain in utility at end of trial comparing non-responders with all responders was 0.048. Median results increased the utility gain to 0.08. Utility at end of trial comparing non-responders without/with adverse event status) had a score of 0.678. The average gain in utility was 0.048. Median results increased the utility gain to 0.08. CONCLUSIONS: This analysis provided results that were rational and consistent with efficacy and safety findings with atomoxetine in the treatment of adults with ADHD. Improved utility can be expected with treatment (0.048 to 0.08) and these data can be used to populate an appropriate cost-utility analysis. Conversion of SF-36 data to SF-6D values was informative and consistent and sensible results (mean results presented unless stated). Baseline utility was 0.634 and was consistent with non-responder score at end of trial (0.630), as per expectation. Responders had utility scores of 0.682 and 0.671, without/with adverse events, respectively. All responders (i.e. regardless of adverse event status) had a score of 0.678. The average gain in utility at end of trial comparing non-responders with all responders was 0.048. Median results increased the utility gain to 0.08. CONCLUSIONS: This analysis provided results that were rational and consistent with efficacy and safety findings with atomoxetine in the treatment of adults with ADHD. Improved utility can be expected with treatment (0.048 to 0.08) and these data can be used to populate an appropriate cost-utility analysis. Conversion of SF-36 data to SF-6D values was informative and consistent.

DUTCH ADAPTATION OF THE COST-EFFECTIVENESS OF QUETIAPINE IN COMBINATION THERAPY IN THE MANAGEMENT OF ACUTE MANIA IN BIPOLAR I DISORDER

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OBJECTIVES: To estimate the cost-effectiveness of quetiapine in combination therapy compared to current combination therapies in the treatment of acute mania in bipolar I disorder using a discrete event model. METHODS: A discrete event simulation