OBJECTIVE: To set up regional assistant systems, integrate health resources and advocate high-quality health service, Department of Health in Taiwan promotes the 4th Health Network-New Era Health Care Program in central of Taiwan. One of the major issues is to promote public health education. We set up an educational program to promote appropriate medication concept to the public and students in communities in central of Taiwan. METHODS: Supported by Department of Health and conducted for one year, this was a prospective program consisting of training workshops for community pharmacists, developing and implementing surveys, and public educational promotion. The major issues of public educational promotions include appropriate use of medication, especially those about general medication use, antimicrobial agents and being alert against drug abuse. Even though 34 community pharmacists were recommended from four pharmacy associations in central Taiwan and participated in the training workshops, only 8 pharmacists were qualified as instructor pharmacists according to the results of questionnaire and realistic demonstration after training and evaluating. During 3 months, we held 13 promotions; 6 of them were held in communities and 7 in schools. To evaluate the outcomes of promotions, we conducted a pre- and post-promotion survey via questionnaires. Questionnaires included general information, medication information resources and medication knowledge. RESULTS: A total of 226 participates in communities were distributed with 115 post-promotion survey (51%) and of 475 participates in schools were distributed with 410 (86%) post-promotion survey. The pre-promotion results showed that 57.07% community participators and 77.48% students got medication information from more than 2 sources. After promotions, the results showed that medication knowledge improved significantly in schools and community participators (p < 0.05). CONCLUSIONS: We can find out that it sure is a good opportunity for pharmacists to contact the public through well-designed promotion activities and benefit the healthcare systems.

MENTAL HEALTH—Economic Outcomes

PMH22
A NATIONAL ESTIMATE OF INDIRECT COSTS ASSOCIATED WITH ANXIETY DISORDERS
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OBJECTIVES: Anxiety disorders are among the most common mental health conditions in the United States but study of their impact on labor productivity has been limited. The objective of this study was to estimate the annual indirect costs due to anxiety disorders in the U.S. population. METHODS: Retrospective analysis was conducted of the 1999 Medical Expenditure Panel Survey (MEPS). The MEPS provided data from a nationally representative sample of 24,618 respondents and their medical care and health insurance providers and employers. Data extracted for this study included medical conditions and employment information comprised of hourly earnings, hours worked per week, and disability days. Anxiety disorders were defined using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and were mapped to corresponding ICD-9-CM codes and included anxiety and panic disorders, stress disorders, obsessive compulsive disorder, and phobias. Patients with an anxiety disorder who incurred absence from work were identified using ICD-9-CM codes and variables denoting disability days. Indirect costs were calculated for patients who missed workdays using the human capital approach. Sample estimates were weighted and projected to the population and 95% confidence limits were calculated using the Taylor expansion method. RESULTS: As a percentage of the population, the number of patients with an anxiety disorder who missed workdays was low, at 0.20 percent (95% CL = 0.13 to 0.27). However, the associated indirect costs were substantial, estimated at $2,981,633,568. Mean indirect costs were $5,347 per patient who missed workdays. Relative to the entire population, mean indirect costs per person were $10.79. CONCLUSIONS: Although the prevalence of anxiety disorders resulting in absenteeism was found to be relatively low, the corresponding losses in productivity were almost $3 billion. This suggests long-term disability associated with these conditions and highlights the importance of early diagnosis and treatment to minimize work loss.

PHARMACOECONOMIC COMPARISON BETWEEN TWO DRUG STRATEGIES OF TREATMENT OF ANXIETY DISORDERS: HOMEOPATHY AND PSYCHOTROPICS
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OBJECTIVES: To compare “homeopathic drugs” strategy (strategy H) with “psychotropic drugs” strategy (strategy P) for treating anxiety disorders in France, in terms of effectiveness, satisfaction, and costs. METHODS: Effectiveness, satisfaction, and economic data were derived from a 3-month pragmatic prospective study including 394 patients which were “male or female over 18, who consulted a homeopathic or non-homeopathic GP for the first time for symptoms of anxiety disorders such as defined by the DSM IV”. Strategy H included 135 patients that received at least one homeopathic drug and no psychotropic drugs, and strategy P 185 patients that received at least one psychotropic drug and no homeopathic drugs. In both strategies, other drugs could have been prescribed (trace elements, etc). Effectiveness was assessed by GPs using the “Hamilton Anxiety Scale”, and by patients using the “Spielberger State Trait Anxiety Inventory.” Satisfaction of GPs and
patients was evaluated using the “Likert Scale.” Direct medical costs (medical visits, medication, additional tests) were assessed from the national health insurance system viewpoint, using public prices and French Social Security tariffs. We checked the comparability of patient population and performed appropriate statistical tests: Chi-Square test for qualitative variables, and Student, Mann-Whitney, Kolmogorov-Smirnov tests for quantitative variables. RESULTS: The “homeopathic drugs” strategy was statistically equivalent to the “psychotropic drugs” strategy in terms of effectiveness (absolute variation of Hamilton score: 13.11 vs 13.02, absolute variation of Spielberger Ya and Yb scores: 14.85 vs 18.65 and 10.41 vs 13.28 respectively) and satisfaction (no statistical differences), for significantly lower direct medical costs reimbursed by the national health insurance system (€53.46 vs €65.75). CONCLUSION: Homeopathic drugs could constitute a cost-effective alternative to psychotropic drugs for treating anxiety disorders, and so could provide an answer to public health and economic problems posed by these drugs in France.

**PMH24**

**COST-EFFECTIVENESS OF ESCITALOPRAM VERSUS PLACEBO IN RELAPSE PREVENTION IN PATIENTS WITH SOCIAL ANXIETY DISORDER**

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**OBJECTIVES:** Anxiety disorders have been estimated to cost $46.6 billion annually in the United States. Social Anxiety Disorder (SAD) is among the most prevalent and most chronic of the anxiety disorders, but there is a lack of information on its economic impact. SSRIs have been proven to be effective in the prevention of relapse but further cost-effectiveness studies are required. This study evaluated the cost-effectiveness of escitalopram in comparison with placebo in relapse prevention of SAD.

**METHODS:** The clinical study was conducted in outpatients (18–80 years) with a primary diagnosis of generalised SAD (DSM-IV) and an LSAS score >70. After 12 weeks of open-label treatment (10–20mg/day escitalopram), responders were randomised to 24 weeks of escitalopram (n = 190) or placebo (n = 181) treatment, to assess the relapse rate. In addition to clinical evaluations, quality of life (SF-36) was assessed at baseline, and at Weeks 12 and 24 of treatment. The use of medical services and absence from work were recorded for the calculation of direct and indirect costs from the perspective of society.

**RESULTS:** Patients treated with escitalopram experienced a better quality of life compared to placebo-treated patients (better scores for all the mental health-related dimensions: social functioning, role emotional, mental health; p < 0.05, and vitality, p < 0.10) and experienced fewer relapses. The cumulative relapse rate at Week 24 was 23% for the escitalopram group versus 56% for the placebo group. Total costs were 22.5% lower for patients treated with escitalopram compared to placebo (€255 versus €329; difference not statistically significant at the 5% confidence level). Relapse appears to be an important cost driver. **CONCLUSIONS:** Thus, continuation of escitalopram treatment is effective in the prevention of relapse in SAD patients. Escitalopram is more cost-effective than placebo and the drug purchase costs are more than offset by a decrease in total costs.

**PMH25**

**SOCIAL ANXIETY DISORDER: EFFECT OF RELAPSE ON COSTS AND QUALITY OF LIFE**

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**OBJECTIVES:** Social Anxiety Disorder (SAD) is a chronic disabling psychiatric disorder. SSRIs are recognized as effective first-line treatment, but relapse rates as high as 60% have been reported when treatment is discontinued. Inappropriate treatment of this condition places significant economic burdens upon society. The aim of this study was to compare costs and the impact on quality of life of relapsed SAD patients with a control group of non-relapsed patients. **METHODS:** An economic evaluation conducted alongside a double-blind, placebo-controlled, 9-month relapse prevention clinical study was used to compare the quality of life and costs for relapsed and non-relapsed patients. Relapse was either an increase of the Liebowitz Social Anxiety Scale (LSAS) total score of at least 10 points or as judged by the clinician. Quality of life assessments (SF-36) were made at baseline, and at weeks 12 and 24 of treatment. Medical services usage and sick leave days were calculated from the societal perspective. **RESULTS:** At the end of the 6-months, 133 patients had relapsed and 238 were still in remission. Total costs at endpoint were higher for relapsed patients compared to non-relapsed patients (€337 versus €265). Sick leave was the main cost driver. The likelihood of needing sick leave was 14% and 7% for relapsed and non-relapsed patients, respectively (p = 0.047) with fewer days of sick leave for non-relapsed patients. Relapsed patients had a poorer quality of life compared to non-relapsed patients (lower scores for all the mental health related dimensions: social functioning, role emotional, mental health and vitality; p < 0.001). **CONCLUSIONS:** Relapsed patients have a poorer quality of life and incur higher costs. This highlights the need for drugs that are effective in preventing relapse in SAD patients.