

SDX group, their average costs per hospitalization were less (\$8,145 versus \$18,617) in part due to shorter ALOS (7.9 versus 14.3 days). Costs due to rehabilitation (8% versus 3%) and other services including surgical care and cast room (20% versus 5%) were higher in the SDX group, presumably due to 85% of these patients receiving acute rehabilitation, fractures, or falls related diagnoses. For both groups, nursing care was the major cost driver (73% and 58%). Services including radiology, laboratory, pharmacy, EKG, EEG, and EMG totaled 19% and 14% of the PDX and SDX group costs, respectively.

CONCLUSION: The study found that most patients were admitted for the treatment of Parkinson's disease-related (secondary) diagnoses rather than for primary diagnosis of Parkinson's disease. Providing better care at home and applying appropriate safety precautions may potentially impact a portion of these admissions and reduce associated resource use.

ND2

POTENTIAL SAVINGS IN THE COST OF TREATING ALZHEIMER'S DISEASE: PATIENT TREATMENT WITH RIVASTIGMINE

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OBJECTIVE: We estimated savings in the cost of caring for Alzheimer's disease patients during 6 months, 1 year, and 2 years treatment with rivastigmine. An intermediate objective was to estimate the relationship between disease progression and institutionalization.

METHODS: We assessed the relationship between Mini-Mental State Examination (MMSE) score and institutionalization using a piecewise Cox proportional hazard model. To estimate cost savings from treatments lasting 6 months, 1 year, and 2 years, estimates of the probability of institutionalization were integrated with data from a 6-month, Phase III clinical trial of rivastigmine and a hazard model of disease progression.

RESULTS: Our data suggest that savings in the overall cost of caring for patients with mild and moderate AD can be as high as \$4839.00 per patient after 2 years treatment. Further, the probability of institutionalization increases steadily as MMSE score falls. Among our study subjects age, race, level of education, and marital status were significant predictors of institutionalization, while gender had little effect.

CONCLUSION: Using rivastigmine in treating Alzheimer's disease results in a delay in disease progression for patients who begin treatment during the mild or moderate stages of the disease. By delaying the probability that a patient will be institutionalized, the cost of caring for AD patients can be significantly reduced.

ND3

AN OUTCOMES MEASURE FOR NON-INSTITUTIONALIZED SCHIZOPHRENIC CONSUMERS

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OBJECTIVE: We developed and then validated a self-administered health-related quality of life survey for individuals with schizophrenia living in the community as part of the Schizophrenia Outcomes Assessment Project (SOAP).

METHODS: Fifteen hundred adult consumers with schizophrenia (61% male) were recruited from five states (AZ, MA, SC, WA, WI). Consumers completed four administrations of a 51-item survey assessment in 3 months. A staff version of consumer status was also completed at each administration.

RESULTS: Factor analysis, based on 1382 consumers who answered all 51 items, supports eight factors: satisfaction, self-concept, work/role, mental health, interpersonal, medication effects, activities of daily living, and physical function. The combined score of the instrument ranges from a low of 51 to a high of 204 with a population mean of 150.6 ± 20.2 . Cronbach alpha of the 51-item survey is 0.9242 with all but one of the eight factors being over 0.700 (medication effects was 0.624). Each item had a stronger correlation with its factor score with that item removed than with other factors. Face and content validity were established by an expert panel and consumers. Convergent validity was established by comparing consumers' global assessment of their status for each factor to the companion actual factor scores; congruence was significant ($p < 0.0001$). Divergent validity was established by comparing staffs' placement of the consumers into four levels of functionality for each of the eight factors. Except for the medication effects factor, the association between staff assessment and consumer factor scores was significant ($p < 0.0001$).

CONCLUSION: The SOAP-51 is a valid and reliable health-related quality of life instrument for use in a population of individuals with schizophrenia living in the community.

ND4

ASSESSING UTILITIES FOR DEPRESSION OUTCOMES: PREFERENCES OF DEPRESSED PATIENTS AND THE GENERAL PUBLIC

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Depression is a public health problem with a lifetime prevalence estimate over 17% and the second leading cause of disease burden worldwide. Despite the existence of