steadily over time in overall visits, all-purpose prescribed drugs, and prescribed drugs attributable to AD+SD. Future studies are needed to assess trend patterns in specific classes of anti-dementia drugs (e.g., memantine, cholinesterase inhibitor or donepezil/rivastigmine/galantamine).

PMH67

DRUG UTILIZATION ADAPTATIONS IN SWEDEN AFTER THE EFFEXOR PATENT EXPIRY

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OBJECTIVES: Here, we evaluated the effect of the Effexor (N06AX16) patent expiry in Sweden. The aim was to see if adaptations, such as generic penetration, increased new prescriptions, or switches from other SNRIs, could be seen when evaluating all dispatches in the year before (2008) and after (2009) the patent expiry.

METHODS: We used the CEBRe database, which combines data from the national Swedish prescription register and the public claims database for the South-Eastern region in Sweden, comprising around 1.5 million individuals. For the generic penetration analysis, all prevalent patients were selected. For the longitudinal analysis, all patients who had made at least 2 dispatches of any antidepressant (N06A) were included. All dispatches were annotated, at the ATC level, as either new (no other antidepressants within 105 days), add-on (specific antidepressant dispatched both before and after, switch (specific antidepressant dispatched before, but not after), or continuation (disappearance of an ATC code for a specific antidepressant for at least 30 days) if no other antidepressants were prescribed within this period.

RESULTS: Of all N06AX16 dispatches in 2009, 81% corresponded to generic Venlafaxin, and the remaining 19% corresponded to branded Effexor. However, the prevalent patient counts decreased from 12,467 in 2008, to 12,248 in 2009. This trend was opposite to that of other SNRIs; generic fluoxetine (N06AX11) and branded Cymbalta (N06AX23) both increased in use by three and ten, respectively. Amongst the incident population, only minor differences were observed when comparing the proportion of dispatches with evidence of a new treatment, switch or add-on, between 2008 and 2009 for N06AX16.

CONCLUSIONS: For either generic or branded Effexor, no major adaptations were observed. This was due to the expiry of the Effexor patent.

PMH68

DIFFERENTIAL USE OF EXTENDED AND INSTANT RELEASE QUETIAPINE: A NATURALISTIC STUDY OF FINNISH INPATIENTS WITH SCHIZOPHRENIA

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OBJECTIVES: Extended release (XR) and instant release (IR) quetiapine differ with respect to e.g. dosing, titration, and plasma concentration profiles. This could result in differential XR and IR use in schizophrenia and bipolar disorder (BD). We compared the use of XR versus IR in a naturalistic, inpatient setting.

METHODS: We retrospectively collected registry data among patients discharged between June 2008-June 2010 from a Finnish psychiatric hospital. Patients with a schizophrenia spectrum (SCZ, ICD-10 codes F20-F29) or a BD (F30-F31) diagnosis who used quetiapine in hospital were included in the study. The descriptive statistics and significance of differences between groups were performed. To assess the profile of XR- vs. IR-patients, logistic regressions were performed.

RESULTS: Amongst 156 patients included (58% male), 43 used XR, 58 used IR, and 55 used both quetiapine formulations. 65% of patients were diagnosed with SCZ and 55% with BD. XR use was associated with higher health care use and consequently with higher costs, thus representing a considerable burden to the National Health System.

PMH71

THE IMPACT OF ONCE-DAILY EXTENDED-RELEASE QUETIAPINE FUMARATE (QUETIAPINE XR) ON LENGTH AND COSTS OF HOSPITALISATION OF PATIENTS WITH SCHIZOPHRENIA OR BIPOLAR DISORDER

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OBJECTIVES: Rapid titration of extended-release quetiapine fumarate (quetiapine XR) allows an effective dose to be reached by Day 2 in schizophrenia and bipolar mania, and Day 4 in bipolar depression (versus Day 4 or later with quetiapine immediate release [IR]). This study evaluates the impact of quetiapine XR on length and costs of hospitalisation in patients with schizophrenia or bipolar disorder, compared with quetiapine IR, using Premier Perspective™ Inpatient Hospital database data.

METHODS: Inpatient discharges classified within diagnosis-related group 430 (psychoses), prescribed either quetiapine XR or IR, were identified. Evaluable-patients were hospitalised-based general neurologists and epidemiologists; patients were consecutively included. Health resources utilisation data were collected over a retrospective 12-month period. Estimation of direct costs was calculated by multiplying unitary costs (at National Health System- NHS- values for the year 2010/11) by the resource use from the NHS perspective (NHS, private health insurance, and other). Evaluable patients were analysed (out of 304 recruited patients, 86.5%). Responsiveness to AED treatment was assessed; 71% of the patients were AED resistant, 24% achieved seizure freedom and 5% were undefined. On average, resistant patients received more AEDs compared to seizure-free patients: 2.7 versus 2.4, respectively (p=0.0037). Annual costs for AED resistant and seizure-free patients were 4419€ and 3228€ respectively (37% increase per patient/year; p=0.0273). Drug costs (57%) and hospitalisation costs (33%) accounted for 90% of the incremental costs of AED resistant patients.

CONCLUSIONS: Results suggest that drug resistant epilepsy is associated with higher health care use and consequently with higher costs, thus representing a considerable burden to the National Health System.