disorders (26.5% vs. 13.6%, p < 0.001). In the follow-up period, high-cost patients continued to have higher rates of non-opioid substance abuse diagnoses (53.0% vs. 47.2%, p < 0.001) and psychotic disorders (67.1% vs. 47.5%, p < 0.001). The mean follow-up period health care costs for high-cost patients was $89,177 (vs. $11,653 for low-cost patients (p < 0.001), of which 38.8% was attributed to inpatient, 21.9% to outpatient, 18.5% to emergency department visits, and 11.0% to prescription drugs costs. CONCLUSIONS: High-cost patients diagnosed with opioid abuse are complicated patients with high rates of pre-existing and concurrent chronic comorbidities and mental health conditions.

PMH37

Cost of CARE ATTENDABLE TO ALZHEIMER’S DISEASE FOR MEDICARE ENROLLEES

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OBJECTIVES: In the US, over 5 million people suffer from Alzheimer’s Disease (AD). The objective of this study is to estimate direct medical costs attributable to AD for Medicare enrollees in 2008 and 2010 according to cost category. METHODS: Data were obtained from a database of claims of five health plans in order to identify patients with schizophrenic patients in Brazil (private setting) and to calculate the monetary impact of adopting LRPP in an outpatient scenario. Our goal was to estimate the costs of hospitalization for schizophrenic patients in Brazil (private setting) and to calculate the monetary impact of adopting LRPP in an outpatient scenario.

RESULT: A total of $992,392 ($421,905) was spent on LRPP in 2008 to 1,992 patients met the inclusion criteria. The average age was 43.5 years (SD = 14.3). In the pre-initiation period, 1,484 patients had at least one hospitalization, compared to 958 in post-initiation period (p < 0.001), and the number of days hospitalized was dependent (90.5 days [SD = 39.6] vs. 21.2 days [SD = 29.9], p < 0.001). The number of patients having at least one emergency room visit decreased from 1,372 to 813 patients (p < 0.001), but the number of patients with at least one outpatient visit to the ER increased from 1,680 to 1,380 patients (p < 0.001). The pre-initiation outpatient costs were CDN$21,312 (SD = 27,303), compared to CDN$7,199 (SD = 16,419) in post-initiation period (p < 0.001). The outpatient costs were CDN$1,209 (SD = 1,173) during the pre-initiation period, and CDN$1,296 (SD = 2,284) in the post-initiation period (p < 0.001), while costs of skilled nursing facility care were CDN$4,595 (SD = 3,910) (p < 0.001). Total cost of health care resource, including LAI-AP, were CDN$42,382 (SD = 27,234) in the pre-initiation period, compared to CDN$13,090 (SD = 16,978) in the post-initiation period (p < 0.001). CONCLUSIONS: The initiation of LAI-AP resulted in significantly lower health care resource cost and reduced effort, with the primary driver being a reduction in number of hospitalizations, days of hospitalization and visits to the emergency room.

PMH40

RESOURCE USE AND ASSOCIATED COSTS OF LONG ACTING INJECTABLE ANTIPSYCHOTICS: A RAMQ DATABASE ANALYSIS

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OBJECTIVE: The purpose of this study was to describe the resource use before and after, initiation of long-acting injectable antipsychotics (LAI-AP) using the provincial public health care utilization program database of the Rejé de l'assurance maladie du Québec RAMQ). METHODS: Patients who were incident users (no use in the previous 12 months) of a LAI-AP prescribed between January 1st 2008 and March 31st 2012, at least 20 years old, with a diagnosis of schizophrenia/schizoaffective disorder and with continuous enrollment during the study period were selected. Resource utilization and associated costs were analyzed both during the year before LAI-AP initiation (pre-initiation period) and the year after (post-initiation period). RESULTS: A total of 7,992 patients met the inclusion criteria. The average age was 43.5 years (SD = 14.3). In the pre-initiation period, 1,484 patients had at least one hospitalization, compared to 958 in post-initiation period (p < 0.001), and the number of days hospitalized was dependent (90.5 days [SD = 39.6] vs. 21.2 days [SD = 29.9], p < 0.001). The number of patients having at least one emergency room visit decreased from 1,372 to 813 patients (p < 0.001), but the number of patients with at least one outpatient visit to the ER increased from 1,680 to 1,380 patients (p < 0.001). The pre-initiation outpatient costs were CDN$21,312 (SD = 27,303), compared to CDN$7,199 (SD = 16,419) in post-initiation period (p < 0.001). The outpatient costs were CDN$1,209 (SD = 1,173) during the pre-initiation period, and CDN$1,296 (SD = 2,284) in the post-initiation period (p < 0.001), while costs of skilled nursing facility care were CDN$4,595 (SD = 3,910) (p < 0.001). Total cost of health care resource, including LAI-AP, were CDN$42,382 (SD = 27,234) in the pre-initiation period, compared to CDN$13,090 (SD = 16,978) in the post-initiation period (p < 0.001). CONCLUSIONS: The initiation of LAI-AP resulted in significantly lower health care resource cost and reduced effort, with the primary driver being a reduction in number of hospitalizations, days of hospitalization and visits to the emergency room.

PMH41

RECENT TRENDS IN POST-TRAUMATIC STRESS DISORDER-RELATED HOSPITALIZATIONS IN THE UNITED STATES

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OBJECTIVE: Even with increasing attention given to post-traumatic stress disorder (PTSD) research and increased PTSD-related economic burden, this study documents annual rates of PTSD-related hospitalizations in the US (2000-2010), along with associated costs and length of stay [LOS]. METHODS: Adult (18 years or older) PTSD-related hospitalizations (ICD9-CM diagnosis code of 309.81 [primary or secondary]) from the 2000 through 2010 HCUP Nationwide Inpatient Samples (NIS) were analyzed. Annual rates of PTSD hospitalization per 100,000 adults were estimated using 2000-2010 NHIS demographic weights and US Census population denominators. Additionally, cost (in 2013 $) and LOS estimates were calculated. RESULTS: Rates of hospitalizations with a primary diagnosis of PTSD have increased over time, from 2.5/100,000 adults (5,139 hospitalizations) in 2000 to 4.1/100,000 (9,175 hospitalizations) in 2010, a 61.6% increase, and by over 200% for hospitalizations with any diagnosis of PTSD, from 28.6/100,000 to 87.7/100,000. For hospitalizations with PTSD as the primary diagnosis, the mean (standard deviation [SD]) LOS increased slightly, from 5.7 (7.6) days in 2000 to 6.9 days in 2010, while mean (SD) costs increased by 23.2%, from $5,138 ($6,440) in 2000 to $6,330 ($7,281) in 2010. Finally, from 2000 to 2010, the estimated total (aggregate) cost of PTSD-related hospitalizations increased by 129% ($26.3 million) for primary PTSD diagnosis hospitalizations and 471% ($415 million or $2.49 billion) for any PTSD diagnosis. CONCLUSIONS: PTSD-related hospitalization rates in the US have increased during the first decade of the 2000's, with the total inpatient cost burden increasing at an even greater rate. Further research to better understand factors which may be influencing the observed growth in rates of PTSD-related hospitalization in the US (e.g., changing diagnostic criteria; increasing numbers of servicemen and women returning from military combat settings, which is an established PTSD risk factor) is warranted.

PMH42

THE IMPACT OF TREATMENT DELAY ON RELAPSE RATES AND HEALTH CARE COSTS AMONG MEDICAID PATIENTS WITH OPIOD DEPENDENCE TREATED WITH BUPRENORPHINE/NALOXONE

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OBJECTIVES: Buprenorphine/naloxone (BUP/NAL) combination is a treatment for the opioid dependence. Earlier studies showed that some patients, here, alternated between periods of on and off treatment. The aim of this study was to compare health care resource utilization and costs between these patients and patients treated continuously. METHODS: Statistical analyses were conducted on a Medicaid insur