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 ADAPATIONS IN SWEDEN DURING 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 CEBRxA database, which combines data from the national Swedish Public Health Administration and the public claims database for the South 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 (58% male), 43 used XR, 58 used IR, and 55 used both quetiapine formulations; 102 patients (65%) were diagnosed with SCZ and 54 (35%) with BD; no patients included (58% male), 43 used XR, 58 used IR, and 55 used both quetiapine formulations; 102 patients (65%) were diagnosed with SCZ and 54 (35%) with BD; no

RESULTS: Of all N06A* XR 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 Venlafaxin (N06AX11) and branded Cymbalta (N06AK23) both increased by 3% and 8%, respectively.

CONCLUSIONS: Of the EFFEXOR patent expiry, we did not observe an increased proportion of patients switching to, or new prescriptions for, generic Venlafaxin during 2009. This can to some extent be explained by the expiry date on prescriptions, extending into 2009, while the decreasing prevalent patient population suggest additional dimensionality.

PMH68

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

SPECTRUM OR BIPOLAR DISORDERS

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OBJECTIVES: Here, we evaluated the use of quetiapine extended release (XR) versus instant release (IR) in people with schizophrenia or bipolar disorder (BD). We compared the use of XR 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 formulations were included. P-values from logistic regression tests 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; 102 patients (65%) were diagnosed with SCZ and 54 (35%) with BD; no

CONCLUSIONS: Of the EFFEXOR patent expiry, we did not observe an increased proportion of patients switching to, or new prescriptions for, generic Venlafaxin during 2009. This can to some extent be explained by the expiry date on prescriptions, extending into 2009, while the decreasing prevalent patient population suggest additional dimensionality.

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 cost 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 those with schizophrenia or bipolar disorder (F20-29 or F31.2, respectively) with an MDD score of ≥19. The primary endpoint was hospitalisation length and cost (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.

PMH70

ECONOMIC IMPACT OF FOCAL EPILEPSY IN SPAIN: RESULTS OF THE ESPERA STUDY

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OBJECTIVES: Epilepsy produces a significant burden on health care systems worldwide, and approximately 70% of patients experience at least one seizure per year. This study aimed to estimate the economic impact of AED resistance in Spanish patients with focal epilepsy.

METHODS: A multicentre, observational, cross-sectional, retrospective study was conducted in Spain among a representative sample of adults with focal epilepsy receiving at least two AEDs in combination, regardless of the seizure-free status. Investigators were hospital-based general neurologists and epileptologists; patients were consecutively included. Health resources utilization 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) by resource use from a NHS perspective. 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=0.037). 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.

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