MILD TO MODERATE ALZHEIMER’S DISEASE ASSOCIATED WITH SIGNIFICANT TIME BURDEN TO CAREGIVERS

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OBJECTIVES: To estimate the amount of assistance caregivers (CG) of mild to moderate Alzheimer’s Disease (AD) patients must provide in a typical day, and to compare those estimates across varying levels of cognition, function or behavior. METHODS: Observational study of 180 patients with mild to moderate AD. Patients were required to have a study partner (CP) who spent at least 10 hours per week with the patient. These results represent an initial analysis of 82 patients enrolled as of January 2007. Estimates of time spent assisting with basic activities of daily living (ADL), instrumental activities (IADL) and supervision during the previous month were collected using the Resource Use in Demen- tia (RUD)-Lite version 2.3. Total CG time (sum of ADL, IADL, supervision) was assessed across varying levels of cognition (Mini-Mental State Examination, MMSE), function (Disability Assessment of Dementia, DAD), and neuropsychiatric symptoms (Neuropsychiatric Inventory, NPI). RESULTS: Mean patient age was 76.0 years (SD = 6.38), compared to 70.9 years (SD = 11.26) for caregivers. Caregivers were typically the patient’s spouse (74.4%), 56.1% were female, and 75.0% were the sole caregiver. Over one in five CG (18/82) provided more than 8 hours of care/day; support with IADL and supervision accounted for the largest share (74.4%), 56.1% were female, and 75.0% were the sole caregiver.

A COMPARISON OF OUTCOMES AMONG MULTIPLE SCLEROSIS PATIENTS TREATED WITH GLATIRAMER ACETATE INJECTION OR HIGH-DOSE INTERFERON BETA-1A

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OBJECTIVES: To compare outcomes among multiple sclerosis (MS) patients treated with either glatiramer acetate injection (Copaxone) or High-Dose Interferon Beta-1a (Rebif).

METHODS: Data from September 2001 to June 2006 were obtained from i3’s Lab Rx Database. An “intent-to-treat” (ITT) cohort (N = 845) was created of patients diagnosed with MS who initiated therapy on one of two disease-modifying drugs (DMD), either Copaxone or Rebif, and had continuous insurance coverage from 6 months prior through 24 months post medication initiation. A “continuous use” (CU) cohort (N = 410) was created where individuals were required to have used the medication of interest within 28 days of the end of the two-year post-period. Multivariate regressions were used to examine the association between use of each DMD and two-year total direct medical costs or relapse, where relapse was defined as being hospitalized with a diagnosis of MS or an outpatient visit with a diagnosis of MS followed by a prescription for steroids within a seven day period. All regressions controlled a wide range of factors that may potentially impact outcomes.

RESULTS: In the ITT cohort, compared to those who initiated therapy on Rebif, patients who initiated therapy on Copaxone had a significantly lower risk of relapse (Odds Ratio = 0.543; P = 0.0305) as well as significantly lower two-year total direct medical costs ($41,786 v $49,030, P = 0.0002). In the CU cohort, compared to those who used Rebif, patients who used Copaxone also had a significantly lower risk of relapse (Odds Ratio = 0.213; P = 0.0049) as well as significantly lower two-year total medical costs ($45,213 v $57,311; P < 0.0001). CONCLUSION: Results from this study indicate that compared to Rebif, use of Copaxone is associated with significantly lower odds of relapse as well as significantly lower total direct medical costs. These results are more pronounced among patients defined as “continuous users.”

NEUROLOGICAL DISORDERS—Health Care Use & Policy Studies

TRENDS IN ANTI-ALZHEIMER’S MEDICATION UTILIZATION AND ASSOCIATED PATIENT CHARACTERISTICS IN SPAIN: RESULTS FROM A LARGE MULTI-CENTER ALZHEIMERMONITOR INITIATIVE

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OBJECTIVES: Investigate the trends in Anti-alzheimer’s medication utilization and associated patient characteristics and generate annualized estimates at country-level, in Spain.

METHODS: AlzheimerMonitor is a multi-year annual study conducted among neurologists/psychiatrists/geriatricians to collect chart data on patients with AD diagnosis and/or documented anti-alzheimer’s medication use. 2005 & 2006 data on patient demographics, disease severity and medication utilization were used for this analysis to assess trends. A multi-stage weighting method at physician/patient level was employed to extrapolate data to Spain population.