disorders (26.5% vs. 13.6%; p < 0.001). In the follow-up period, high-cost patients continued to have higher rates of non-opiod substance abuses (5.0% 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 of 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, 18.7% to emergency department physician visits, 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 ATTRIBUTABLE 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 derived from 1,051 Medicare patients met the inclusion criteria. The average age was 63.5 years (SD = 13.4). For the pre-initiation period, 1,484 patients had at least one hospitalization, compared to 916 in post-initiation period (p = 0.001), and the number of days hospitalized was lower. In the pre-initiation period, 27,303 patients were admitted to the hospital as a result of AD (SD = 27,303), compared to 11,175 having at least one hospitalization in the post-initiation period (p = 0.001). The pre-initiation outpatient costs were CDN$21,312 (SD = 27,303), compared to CDN$7,199 (SD = 16,419) in the 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 = 2,184) in the post-initiation period (p = 0.001). The total cost of health care resource, including LAI-AP, were CDN$24,382 (SD = 27,234) in the pre-initiation period, compared to CDN$13,090 (SD = 16,987) in the post-initiation period (p = 0.001). CONCLUSIONS: The initiation of LAI-AP resulted in significantly lower health care cost and resource reduction, 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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OBJECTIVES: 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 insurance program database of the Régie de l’assurance maladie du Québec (RAMQ). METHODS: Patients who were incident users (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 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 916 in post-initiation period (p = 0.001), and the number of days hospitalized was lower. In the pre-initiation period, 27,303 patients were admitted to the hospital as a result of AD (SD = 27,303), compared to 11,175 having at least one hospitalization in the post-initiation period (p = 0.001). The pre-initiation outpatient costs were CDN$21,312 (SD = 27,303), compared to CDN$7,199 (SD = 16,419) in the 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 = 2,184) in the post-initiation period (p = 0.001). The total cost of health care resource, including LAI-AP, were CDN$24,382 (SD = 27,234) in the pre-initiation period, compared to CDN$13,090 (SD = 16,987) in the post-initiation period (p = 0.001). CONCLUSIONS: The initiation of LAI-AP resulted in significantly lower health care cost and resource reduction, with the primary driver being a reduction in number of hospitalizations, days of hospitalization and visits to the emergency room.

PMH38
HOSPITALIZATION COSTS IN SCHIZOPHRENIA (SC) AND PROJECTION OF COSTS WITH THE ADOPTION OF A LONG-TERM RELEASE FORMULATION OF PALIPERIDONE PALMITATE (LRPP): REAL WORLD DATA ANALYSIS
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OBJECTIVES: Schizophrenia is a mental disease of chronic nature that may often require long time hospitalizations to be controlled. One of the major issues in controlling sc is adherence to treatment. Long-term release paliperidone palmitate administered intramuscularly once a month improved treatment compliance and diminished hospitalization rates. Our goal was to estimate the costs of hospitalizations for schizophrenic patients in Brazil (private setting) and to calculate the monetary burden of paliperidone palmitate (LRPP) in an outpatient setting. We selected a database of claims of five health plans in order to identify patients with schizophrenia. Then, we retrieved all hospital bills for each patient and determined the final cost of admission. We compared the hospitalization costs, ancillary fees, etc. To project the impact of the adoption of LRPP, we estimated that hospitalization rates would be reduced by 31.5% for patients admitted for less than one year and 35.9% for those hospitalized for up to two years, according to data from randomized trials. RESULTS: We identified 18 admissions due to schizophrenia. Patients had a mean age of 43.4 years. Mean length of hospitalization was 126.4 days, corresponding to a total of 2275 days for all patients. Total hospitalization cost was R$ 604,889 (US$ 252,037), mean of R$ 33,604 (US$ 14,000) per hospitalization. If LRPP was adopted, the cost to treat these patients would be cut down to R$ 130,974 (US$ 54,572), a reduction of 21.6%. CONCLUSIONS: Based on real world data, Sc hospitalization costs may be reduced by 21% if outpatient treatment with LRPP is adopted.

PMH39
EXAMINING THE BURDEN OF ILLNESS IN UNITED STATES VETERAN PATIENTS DIAGNOSED WITH BIPOLAR DISORDER
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OBJECTIVES: To examine the economic burden and health care utilizations of bipolar disorder patients in the U.S. veteran population. METHODS: A retrospective database analysis was performed using the Veterans Health Administration Medical SAS database (VHA SAS) for the year 2012. Adult patients with bipolar disorder were identified using International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes 296.0x, 296.1x, 296.4x, 296.5x, 296.6x, 296.7x and 296.8x. The first diagnosis date was defined as the index date for the bipolar disorder cohort. A comparator cohort of patients without a bipolar disorder diagnosis was created using 1:1 propensity score matching to adjust for demographic characteristics and baseline Charlson Comorbidity Index scores. The index date for the comparator cohort was randomly chosen to reduce selection bias. One-year continuous enrollment was required before and after the index date for both cohorts. Study outcomes, including health care costs and utilizations, were compared between the disease and comparator cohorts. RESULTS: After 1:1 matching, a total of 187,530 patients with proportionate baseline characteristics were matched from each cohort. The bipolar cohort had higher percentages of inpatient stays (11.2% vs. 5.2%; p < 0.001) and emergency room visits (22.1% vs. 7.2%; p < 0.001), physician office (99.4% vs. 55.8%; p < 0.001), outpatient (99.5% vs. 56.7%; p < 0.001) and pharmacy visits (91.8% vs. 54.6%; p < 0.001). Bipolar disorder patients also incurred higher inpatient ($6,126 vs. $75, p < 0.001), ER visit ($265 vs. $72, p < 0.001), and outpatient ($4,566 vs. $1,538), pharmacy ($592 vs. $414, p < 0.001) and total costs ($11,645 vs. $2,728, p < 0.001) compared to patients without the disorder. CONCLUSIONS: In this sample, bipolar disorder was associated with higher health care resource utilization and a significant higher economic burden.