IMPACT AND COSTS OF HOSPITALIZATION IN SCHIZOPHRENIA

OBJECTIVES: Data concerning impact and costs of hospitalization in patients with schizophrenia are scarce in Germany. Aim of thisims data analysis was to identify the impact and costs of hospitalization in schizophrenia from the perspective of a major statutory health insurance fund. METHODS: A nation-wide database was used to evaluate the impact and related costs of hospitalization in schizophrenia (ICD-10 F20) during 2006 and 2007. All hospitalised patients were identified based on claims data and schizophrenia related costs for outpatient care, inpatient care, medica- tions, rehabilitation, occupational therapy, and sick leave payments were analyzed before, during and after the hospitalization. RESULTS: Data from 4126 hospitalised patients were available, with 46% being female and a mean age of 42 years. Mean length of the index hospitalization was 45.9 days and mean health insurance costs of €9,366 incurred during the index hospitalization. In the 3 months before the index hospitalization, average costs of €8,297 and in the 3 months after the index hospitalization costs of €2,322 incurred for outpatient care, inpatient care, medication, rehabilitation, occupational therapy, and sick leave payments were analyzed before, during and after the hospitalization.

RESULTS FROM THE BEAT THE BLUES (BTB) TRIAL

OBJECTIVES: To examine costs from a community support program for depression. METHODS: The cost analysis is piggybacked on the parent BTB trial, which employs randomized two-group experimental design (treatment vs. control). Candidates are screened twice for depressive symptoms (PHQ-9 score > 5) to determine eligibility. Participants are randomly assigned to intervention or waitlist control. BTB is administered for 4 months with assessments in both groups at baseline and 4-months. Cost components include four main categories (Screening, Intervention Delivery, Supervision, and Other). Senior center management and social workers (interventionists) kept detailed logs of time spent conducting each component. The cost of conducting the intervention was calculated as the time spent performing each task multiplied by wage rate of the individual who performed the task. Non-time related cost (material and mileage) was valued by applying hourly wages of a nursing service and a domestic help respectively. Informal care is the major cost component in care for dementia-patient per year, with services for long-term care representing the most costly costs. CONCLUSIONS: Information is the major cost component in care for dementia, and it is strongly rising with disease progression. Changes in family structures and traditional living arrangements thus pose an enormous challenge toward the future organization of dementia care. To maintain today's care-setting, concepts fostering community-based dementia care and support to family caregivers need to be further developed.

RESULTS FROM THE BEAT THE BLUES (BTB) TRIAL

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OBJECTIVES: To analyze the health care utilization by patients diagnosed with major depressive disorder (MDD). METHODS: This was a retrospective longitudinal descriptive database study of the utilization of health care by patients with MDD from the SouthWest region of Sweden (1.5 million inhabitants). All patients who were diagnosed with MDD (ICD-10 F32 or F33) during 2007 were included in the study. All costs from health care visits when an MDD was the primary diagnosis were included as well as all cost from all dispensed antidepressant (ATC N06A) drugs. RESULTS: A total of 37,445 patients had at least one health care visit with an MDD

RESULTS OF THE GERMAN IDA STUDY—ASSESSING THE FINANCIAL IMPACT OF INFORMAL CARE AMONGST COMMUNITY LIVING DEMENTIA PATIENTS

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OBJECTIVES: Rising life expectancy is associated with increasing prevalence of dementia in European countries. With progressing disease severity patients’ call on health care services and social support grows. Several studies stress the burden imposed on family members caring for dementia-patients. However, empirical data assessing the economic value of informal care compared to health insurance expenditures is scarce. Within the cluster-randomized IDA study health care service utilization and informal caregiving time were assessed for 383 community living individuals suffering from mild to moderate dementia. METHODS: To examine costs from a health insurance perspective administrative data on all types of services provided were collected and valued with corresponding administrative prices over a three-year time period. Patient’s caregivers reported in yearly interviews the hours daily dedicated to the patient in care and supervision. The time provided for informal caregiving was valued by applying hourly wages of a nursing service and a domestic help respectively. Total costs and cost components were calculated from societal perspective and payers’ point of view and analyzed by relevant subgroups. RESULTS: Caring for a home-dwelling dementia-patient amounts annually to about €67,000 from societal perspec- tive for informal care covering nearly 80% of this sum. For a patient with very mildly dementia values assigned to informal care are approximately 70% higher than for a person with mild dementia. Health insurance has to spend €10,000 for an average dementia-patient per year, with services for long-term care representing the most costly costs. CONCLUSIONS: Informal care is the major cost component in care for dementia, and it is strongly rising with disease progression. Changes in family structures and traditional living arrangements thus pose an enormous challenge toward the future organization of dementia care. To maintain today's care-setting, concepts fostering community-based dementia care and support to family caregivers need further development.