The results of cost-effectiveness illustrate that quetiapine is dominant in Russian patients with bipolar disorder who are initiating atypical antipsychotics therapy compared with aripiprazole, olanzapine or ziprasidone.

PMH38
THE COST-EFFECTIVENESS OF QUETIAPINE, ARIPIPRAZOLE OR OLANzapINE IN PATIENTS WITH BIPOLAR DEPRESSION IN THE RUSSIAN FEDERATION
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OBJECTIVES: To explore the cost-effectiveness of quetiapine, aripiprazole or olanzapine in Russian Federation (RF) patients with bipolar disorder (BD) depression episodes. METHODS: A cost-effectiveness analysis (CEA) was developed to estimate the cost-effectiveness of quetiapine compared with aripiprazole or olanzapine. CEA was undertaken from RF health care perspective using discount rate of 5%. The time horizon of the analysis was one year for using preventive relapse rates and five years for QALY. Direct health care expenses associated with bipolar disorder and resulting follow-up costs were calculated using general tariff agreement of Russian obligatory insurance system and official national statistics. For reference, accepted exchange rate was 1 EUR = 40 RUB. RESULTS: Taking into account rates of prevented relapse following cost-effectiveness ratios (CER) were obtained: 156,915 RUB (3,923 EUR) in quetiapine group, 429,362 RUB (10,734 EUR) in aripiprazole group and 221,879 RUB (5,547 EUR) in olanzapine group. Using QALY values CER were calculated for: 185,236 RUB (4,631 EUR) in quetiapine group, 478,433 RUB (11,961 EUR) in aripiprazole group and 254,100 RUB (6,353 EUR) in olanzapine group. CONCLUSIONS: Quetiapine in the treatment of BD depression episodes is a dominant compared with aripiprazole or olanzapine.

PMH39
COST-EFFECTIVENESS OF ATYPICAL ANTIPSYCHOTICS FOR THE TREATMENT OF RELAPSE PREVENTION FOR BIPOLAR DISORDER: THE RUSSIAN PERSPECTIVE
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OBJECTIVES: To assess the efficacy of the atypical antipsychotics used to reduce relapses in bipolar disorder, taking into account costs and effectiveness (measured as QALY). METHODS: The Russian health care system perspective and a 5 year temporal horizon have been used. An annual discount rate assumed was of 5%. Taking into account the last literature review on bipolar disorder, four fundamental aspects related with bipolar disorder management and relapse rates, inpatient treatment, outpatient treatment and hospitalization rates. The health care direct costs corresponding to the drug acquisition costs have been evaluated together with the costs of inpatient diagnostic, costs of inpatient treatment and costs of hospitality relapses (stay and drug cost) updated with data from Russian health care system. RESULTS: Quetiapine or risperidone treatment presents the lower total costs ($13,562 and $12,093 respectively) compared with the other strategies (aripiprazole = $16,328 and olanzapine = $19,957). Quetiapine presents the higher efficacy (QALY) compared with the alternatives (quetiapine = 3,551, risperidone = 3,534, aripiprazole = 3,528 and olanzapine = 3,525). With these results one can emphasize that quetiapine or risperidone treatment is dominant with the cost-effectiveness ratio (CER) of $3819 and $3706, respectively, versus aripiprazole or olanzapine groups (CER 10,297 and $10,307) and quetiapine vs. risperidone respectively $127,322 per QALY. CONCLUSIONS: The results of cost-effectiveness illustrate that quetiapine is dominant compared with aripiprazole or olanzapine. Also quetiapine therapy is within willingness to pay threshold in case of risperidone substitution in Russian patients with bipolar disorder who are initiating atypical antipsychotics therapy.

PMH40
ONCE-A-DAY EXTENDED-RELEASE VERSUS TWO-TIMES-DAILY IMMEDIATE-RELEASE METHYLPHENIDATE FOR THE TREATMENT OF ADHD - A COST MINIMIZATION STUDY
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OBJECTIVES: Attention Deficit/Hyperactivity Disorder (ADHD) is a neurobehavioral disorder and one of the most prevalent chronic health problems affecting school-age children, representing a costly major public health problem. Keeping in view, the substantial economic burden, the objective of this study was to conduct a minimization analysis of an once-a-day extended-release versus two-times-daily immediate-release (IR) methylphenidate for the treatment of ADHD patients. METHODS: Major literature databases were systematically searched to identify appropriate randomized clinical trials and meta-analyses to obtain costs associated with both the alternative formulations from a payers (third party) perspective. Medical costs included cost of drug, cost of assessments, cost of non-compliance, cost of injuries/accidents and cost of in-school suspensions. Costs were obtained from the literature. All costs were adjusted to 2012 USD using consumer price index. The expected outcome was considered to be the same for both the formulations and a cost minimization approach was performed using a decision tree approach. Multiple one-way sensitivity analyses were performed on all cost variables to evaluate the robustness of the results. RESULTS: The ER regimen of methylphenidate resulted in a total annual cost of $4685 per patient which was less costly as compared to the IR regimen that resulted in a total annual cost of $9524 per patient for the treatment of ADHD. One-way sensitivity analyses results were consistent. CONCLUSIONS: In our study Methylphenidate ER had 50.81% less annual economic burden as compared to the IR regimen for the treatment of ADHD patients.

PMH41
COST-UTILITY OF TWO SHORT-TERM PSYCHOTHERAPIES IN THE TREATMENT OF DEPRESSIVE AND ANXIETY DISORDERS DURING A THREE-YEAR FOLLOW-UP
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OBJECTIVES: Different types of psychotherapy, alone or together with pharmacological therapies, are used extensively in the treatment of depressive and anxiety disorders. However, only a few studies thus far have addressed the cost-utility of the current psychotherapies. The aim of this study is to compare the direct health care costs and the quality of life of persons who have suffered from depression or anxiety and have been treated either with short-term psychotherapy (STP) or solution-focused therapy (SFT). The follow-up period was three years. METHODS: A total of 198 outpatients aged 20–45 years suffering from mood or anxiety disorder were randomized to STP or SFT. RESULTS: During the first 7 months of the therapy, all direct costs due to mental health problems incurred during the three-year follow-up period were taken into account in the analysis. RESULTS: The direct costs were about equal in both groups. The small positive changes observed in the quality of life after the 7th month were at least partly due to auxiliary treatments whose costs were much higher than the costs of STP or SFT. CONCLUSIONS: There is little appreciable difference in cost/utility between STP and SFT.

PMH42
HEALTH CARE AND SOCIAL SERVICE USE AND COST IN DEPRESSED AFRICAN AMERICAN ELDERLY: RESULTS FROM THE BEAT THE BLUES RANDOMIZED CLINICAL TRIAL
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OBJECTIVES: To report health care and social service costs from a trial of nonpharmacologic depression management among older African American Clinical Trial. METHODS: Two-group randomized design in which the BTB group received the program and the control group did not receive the program. RESULTS: The BTB group experienced an overall cost decrease (up to 10 sessions). Components of BTB were education, care management, stress reduction, referrals and linkages, and behavioral activation. Both groups were followed for 4 months. Service use and costs at each time point included health care use for depression (outpatient calls and visits to physicians, emergency department visits, hospitalizations), medications, alternative approaches to managing depression (massage, acupuncture), paid caregiving (homemaker, home aide, and visiting nurse), and social services (meals, transportation, and social worker support). RESULTS: A total of 129 subjects were randomized (68 BTB, 61 wait-list control). The average age was 68.3 years, most were female (77.9%), not married (90.4%), and employed (92%), and had an average of 16.64 health conditions. During the BTB group therapy, unadjusted costs for depression and alternative approaches to managing depression were similar at baseline. Medication costs for BTB decreased from $210 at baseline to $159 at 4 months, whereas the wait-list control costs remained roughly constant ($186 at baseline and $197 at 4 months). Both groups experienced a decrease in paid caregiving costs ($56 in the BTB group vs. $98 in the wait-list control group). The BTB group experienced an overall cost decrease of $112 versus $13 in the wait-list control group over the 4 months. CONCLUSIONS: Decreases in medication and caregiving costs resulted in a net lower cost in the BTB group during observation period. Larger scale translational studies are needed to understand the extent to which BTB influences specific types of costs.

MENTAL HEALTH - Patient-Reported Outcomes & Patient Preference Studies

PMH43
USE OF A DECISION TREE MODEL TO ESTIMATE THE ECONOMIC BENEFITS OF REDUCING SCHIZOPHRENIA ILLNESS RELAPSE
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OBJECTIVES: To quantify the direct medical resources used and the costs associated with the burden of schizophrenia. Because low-frequency-communication (LFA) of risperidone guarantees adherence during treatment intervals and offers fewer opportunities to discontinue, adherence and persistence were assumed to improve, thereby reducing costs of non-compliance. METHODS: A decision tree model including Markov processes with monthly cycles and a five-year maximum timeframe was constructed. Costs were adapted from the literature and converted to 2012 USD using the general tariff agreement of Russian obligatory insurance system and official national statistics. For reference, accepted exchange rate was 1 EUR = 40 RUB. The assessments took place at baseline and at 7, 12 and 36 months after the start of the therapy. All direct costs due to mental health problems incurred during the three-year follow-up period were taken into account in the analysis. RESULTS: Taking into account rates of prevented relapse following cost-effectiveness ratios (CER) were obtained: 156,915 RUB (3,923 EUR) in quetiapine group, 429,362 RUB (10,734 EUR) in aripiprazole group and 221,879 RUB (5,547 EUR) in olanzapine group. Using QALY values CER were calculated for: 185,236 RUB (4,631 EUR) in quetiapine group, 478,433 RUB (11,961 EUR) in aripiprazole group and 254,100 RUB (6,353 EUR) in olanzapine group. CONCLUSIONS: Quetiapine in the treatment of BD depression episodes is a dominant compared with aripiprazole or olanzapine.