IMPACT OF NEGATIVE SYMPTOMS ON FUNCTIONING OF PATIENTS WITH SCHIZOPHRENIA IN FIVE EUROPEAN COUNTRIES
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OBJECTIVES: To provide information on functional outcomes for patients with schizophrenia manifesting negative symptoms across five European countries. METHODS: Physicians in France, Germany, Italy, Spain, and the UK who prescribed antipsychotics for at least 15 patients with schizophrenia within the preceding 3 months were invited to complete a questionnaire concerning their patients’ clinical status and functional performance. RESULTS: Data were obtained from 704 physicians treating a total of 6,569 patients from France (n = 1,492), Germany (n = 1,439), Italy (n = 1,002), Spain (n = 1,310), and the UK (n = 1,326). Physicians rated patient symptoms on a 3-point scale as either predominated by or with a high level of positive symptoms (38%), predominated by or with a high level of negative symptoms (32%), or not dominated by either type of symptom (22%). Physicians did not rate 8% of patients using this scale. Patients with a predominance of negative symptoms were rated as having significantly greater functional impairment than those with predominant positive symptoms as measured by physician ratings on the Global Assessment of Functioning scale (P < 0.01) and on 3-point global numerical ratings of overall function, cognitive function, and patients’ overall ability to meet their own needs (P < 0.01). In addition, 57% of patients in whom negative symptoms predominated required a caregiver, compared with 49%–50% of patients in other symptom categories. CONCLUSIONS: In this large, multinational, cross-sectional physician survey, patients with schizophrenia in whom negative symptoms predominated had levels of functional impairment at least as great as, if not greater than, those for patients in whom positive symptoms predominated. These results suggest that additional attention should be given to effectively treating the persistent negative symptoms present in many patients with schizophrenia.

CROSS-SECTIONAL EVALUATION OF HEALTH STATE UTILITY IN SWEDISH OUTPATIENTS SUFFERING FROM MAJOR DEPRESSIVE DISORDER
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OBJECTIVES: Utility scores are needed for computing Quality-Adjusted Life Years (QALYs), commonly used as outcomes in economic evaluations. Understanding patient preferences for depression outcomes is important for economic evaluations of new antidepressants, as well as for understanding patient behaviour and compliance to antidepressant regimens. METHODS: A cross-sectional survey was carried out in order to evaluate EuroQol scores in three profiles of Swedish outpatients suffering from Major Depressive Disorder (MDD): patients experiencing a new episode of MDD (“Non-treated” group), patients successfully treated for eight weeks (“Responders” group) and patients treated with an antidepressant for eight weeks and currently in relapse (“Relapsing” group). Patients were asked to fill in the EuroQol while the physicians were asked to fill a standardised form. After applying the original social tariff proposed by the EuroQol Group, patients’ sociodemographics were compared to reveal potential confounders between stratification groups, and adjusted mean EuroQol scores were estimated and compared using analysis of covariance. RESULTS: Nine psychiatrists and five general practitioners recruited a total of 205 patients (“Non-treated”: 61; “Responders”: 91; “Relapsing”: 53). No statistically significant differences between groups were found in terms of gender (Chi-square test: p = 0.156) or age (ANOVA: p = 0.093). The overall EuroQol score was 0.584 ± 0.304 (mean ± standard deviation), ranging between −0.239 and 0.919. The “Responders” patients got significantly higher EuroQol scores (mean ± standard error) than the “Non-treated” or the “Relapsing” patients (0.702 ± 0.033 vs. 0.482 ± 0.038 vs. 0.467 ± 0.043, respectively; p < 0.001 for both comparisons), with differences clearly greater than the minimal clinically important difference of 0.05. The “Non-treated” patients were not statistically significantly different from the “Relapsing” patients (p = 0.961). CONCLUSIONS: Relapse in MDD appears to be a very debilitating situation in terms of patient preferences, since relapsing patients reported EuroQol scores slightly lower than those reported by non-treated patients.