

PMH24

IMPROVEMENT OF FATIGUE IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER TREATED WITH VENLAFAXINE, SERTRALINE, OR PLACEBO

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OBJECTIVE: This analysis was designed to compare improvement in symptoms of fatigue in depressed patients treated with venlafaxine extended release (XR), sertraline, or placebo. **METHODS:** Data were pooled from two identical ten-week, multicenter, randomized, double-blind, placebo-controlled studies of flexible-dose venlafaxine XR (37.5–300 mg/day) and sertraline (50–200 mg/day) in the treatment of DSM-IV major depressive disorder (N = 1352). The Hamilton Rating Scale for Depression scale (HAM-D) energy subscale (sum of items one, seven, eight, and 14) and the Montgomery-Asberg Depression Rating Scale (MADRS) lassitude item were used to assess fatigue symptoms. Improvement was measured as reduction from baseline score at week ten using ANCOVA method controlling for center and baseline values. Overall trend of weekly scores during treatment was measured using repeated measures mixed model. The last-observation-carried-forward (LOCF) approach was used to handle missing data. **RESULTS:** On the MADRS lassitude item venlafaxine XR was associated with significantly greater reduction from baseline ($P < 0.0001$) and significantly better weekly trend ($P < 0.0001$) versus placebo. Venlafaxine XR was also associated with significantly greater reduction from baseline on the HAM-D energy subscale ($P = 0.0007$) and better overall weekly trend ($P = 0.0003$) relative to placebo. Sertraline/placebo differences were also statistically significant. **CONCLUSION:** Venlafaxine XR and sertraline treatment were associated with significant improvement in fatigue symptoms in depressed patients based on two independent measures.

PMH25

COST AND UTILIZATION DIFFERENCES AMONG CARDIAC PATIENTS TREATED FOR DEPRESSION WITH ZOLOFT VERSUS NO PHARMACEUTICAL TREATMENT

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OBJECTIVE: To determine the differences in health care expenditures among patients hospitalized with acute myocardial infarction or unstable angina that were subsequently treated for depression associated with their cardiac event with either sertraline or no antidepressant therapy. **METHODS:** Patients 45 or older, 12 months of continuous enrollment, evidence of prescription drug claims, a hospitalization for either acute myocardial infarction (ICD-9-CM code 411.1x) or unstable angina (410.00–410.92) and evidence of depression treatment (diagnosis or pharmaceutical) were identified in Medstat's MarketScan Databases. Claims incurred between January 1, 1999 and December 31, 2003 were utilized. Patients without any antidepressant use 30 days prior or 60 days after their cardiac event and receiving a diagnosis of depression in the 180 days before or after their cardiac event comprised the diagnosis only group. Patients with a 30 day clean period of any antidepressant prior to their cardiac event and incurring a script for sertraline (but no other antidepressant) in the 60 days after their cardiac event comprised the sertraline group. Patients in the two groups were matched using propensity score methods. **RESULTS:** A total of 257 patients in each group were identified. The mean total per person expenditure for acute MI admission was significantly higher for diagnosis only patients (\$3184) versus sertraline patients (\$1063) $p = 0.0098$. The mean total per person expen-

diture for psychiatric related outpatient visits was also higher in the diagnosis only group: \$326 versus \$69 $p < 0.0001$. There were no other significant differences in expenditures. **CONCLUSION:** Patients treated for depression after a hospitalization for a major coronary event who receive sertraline have fewer AMI admissions and costs for AMI admissions as well as fewer psychiatric related outpatient visits and related costs in the 24 weeks following their initial cardiac event.

PMH26

COST-EFFECTIVENESS ANALYSIS OF ESCITALOPRAM IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER IN TURKEY

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OBJECTIVES: To compare the cost-effectiveness of escitalopram with generic citalopram and venlafaxine in the treatment of Major Depressive Disorder (MDD) in Turkey. **METHODS:** A decision analytic model with a six-month horizon was adapted to the Turkish setting. All patients (aged ≥ 18 years) were treated by a psychiatrist over a period of six months. Model inputs included drug-specific probabilities from head-to-head trial data, literature, and expert opinion. A national survey was conducted among psychiatrists ($n = 90$; response rate = 96.7%) to obtain patterns of clinical management, resource utilization and lost productivity data (all weighted by practice size). The main outcome measure was success [i.e., remission defined as Montgomery-Åsberg Depression Rating Scale (MADRS) score ≤ 12] and costs (in US\$ 2004) of treatment (i.e., costs of drugs and medical care). The analysis was performed from the governmental and societal perspectives. Human capital approach was used to estimate the cost of lost productivity using the minimal industrial wage in Turkey. **RESULTS:** Treatment with escitalopram yielded lower expected costs and greater effectiveness compared with citalopram. The expected success rate was higher for escitalopram [63.2% (CI95 61.1%–65.3%)] compared with generic citalopram [57.6% (CI95 55.3%–59.9%)]. From the governmental perspective, total expected costs were US\$297 (US\$282–US\$313) for escitalopram and US\$305 (US\$288–US\$322) for generic citalopram. From the societal perspective the costs per patient were US\$678 (US\$653–US\$705) for escitalopram and US\$709 (US\$682–US\$736) for generic citalopram. For venlafaxine, a similar success rate compared with escitalopram but higher total costs were found from both the governmental (i.e., 23.5%) and societal (i.e., 9.3%) perspectives. Multivariate sensitivity analyses on unit costs and probabilities demonstrated the robustness of the results. **CONCLUSION:** Escitalopram is a cost-effective alternative compared to (generic) citalopram and a cost saving alternative compared with venlafaxine in the treatment of MDD in Turkey.

PMH27

COST-EFFECTIVENESS OF ESCITALOPRAM VS. VENLAFAXIN XR IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER IN GERMANY

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OBJECTIVE: The treatment of Major Depressive Disorder (MDD) represents a substantial financial burden to modern health care systems. The 12-month prevalence is estimated to be 12% in adult patients. Selective serotoninreuptake-inhibitors (SSRI) such as Escitalopram and Venlafaxin XR play an impor-