patients was evaluated using the “Likert Scale.” Direct medical costs (medical visits, medication, additional tests) were assessed from the national health insurance system viewpoint, using public prices and French Social Security tariffs. We checked the comparability of patient population and performed appropriate statistical tests: Chi-Square test for qualitative variables, and Student, Mann-Whitney, Kolmogorov-Smirnov tests for quantitative variables. RESULTS: The “homeopathic drugs” strategy was statistically equivalent to the “psychotropic drugs” strategy in terms of effectiveness (absolute variation of Hamilton score: 13.11 vs 13.02, absolute variation of Spielberger Ya and Yb scores: 14.85 vs 18.65 and 10.41 vs 13.28 respectively) and satisfaction (no statistical differences), for significantly lower direct medical costs reimbursed by the national health insurance system (€53.46 vs €65.75). CONCLUSION: Homeopathic drugs could constitute a cost-effective alternative to psychotropic drugs for treating anxiety disorders, and so could provide an answer to public health and economic problems posed by these drugs in France.

PMH24

COST-EFFECTIVENESS OF ESCITALOPRAM VERSUS PLACEBO IN RELAPSE PREVENTION IN PATIENTS WITH SOCIAL ANXIETY DISORDER
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OBJECTIVES: Anxiety disorders have been estimated to cost $46.6 billion annually in the United States. Social Anxiety Disorder (SAD) is among the most prevalent and most chronic of the anxiety disorders, but there is a lack of information on its economic impact. SSRIs have been proven to be effective in the prevention of relapse but further cost-effectiveness studies are required. This study evaluated the cost-effectiveness of escitalopram in comparison with placebo in relapse prevention of SAD.

METHODS: The clinical study was conducted in outpatients (18–80 years) with a primary diagnosis of generalised SAD (DSM-IV) and an LSAS score ≥70. After 12 weeks of open-label treatment (10–20mg/day escitalopram), responders were randomised to 24 weeks of escitalopram (n = 190) or placebo (n = 181) treatment, to assess the relapse rate. In addition to clinical evaluations, quality of life (SF-36) was assessed at baseline, and at Weeks 12 and 24 of treatment. The use of medical services and absence from work were recorded for the calculation of direct and indirect costs from the perspective of society.

RESULTS: Patients treated with escitalopram experienced a better quality of life compared to placebo-treated patients (better scores for all the mental health-related dimensions: social functioning, role emotional, mental health; p < 0.05, and vitality, p < 0.10) and experienced fewer relapses. (The cumulative relapse rate at Week 24 was 23% for the escitalopram group versus 56% for the placebo group.) Total costs were 22.5% lower for patients treated with escitalopram compared to placebo (£255 versus £329; difference not statistically significant at the 5% confidence level). Relapse appears to be an important cost driver. CONCLUSIONS: Thus, continuation of escitalopram treatment is effective in the prevention of relapse in SAD patients. Escitalopram is more cost-effective than placebo and the drug purchase costs are more than offset by a decrease in total costs.

PMH25

SOCIAL ANXIETY DISORDER: EFFECT OF RELAPSE ON COSTS AND QUALITY OF LIFE
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OBJECTIVES: Social Anxiety Disorder (SAD) is a chronic disabling psychiatric disorder. SSRIs are recognized as effective first-line treatment, but relapse rates as high as 60% have been reported when treatment is discontinued. Inappropriate treatment of this condition places significant economic burden upon society. The aim of this study was to compare costs and the impact on quality of life of relapsed SAD patients with a control group of non-relapsed patients.

METHODS: An economic evaluation conducted alongside a double-blind, placebo-controlled, 9-month relapse prevention clinical study was used to compare the quality of life and costs for relapsed and non-relapsed patients. Relapse was either an increase of the Liebowitz Social Anxiety Scale (LSAS) total score of at least 10 points or as judged by the clinician. Quality of life assessments (SF-36) were made at baseline, and at weeks 12 and 24 of treatment. Medical services usage and sick leave days were calculated from the societal perspective.

RESULTS: At the end of the 6-months, 133 patients had relapsed and 238 were still in remission. Total costs at endpoint were higher for relapsed patients compared to non-relapsed patients (£337 versus £265). Sick leave was the main cost driver. The likelihood of needing sick leave was 14% and 7% for relapsed and non-relapsed patients, respectively (p = 0.047) with fewer days of sick leave for non-relapsed patients. Relapsed patients had a poorer quality of life compared to non-relapsed patients (lower scores for all the mental health related dimensions: social functioning, role emotional, mental health and vitality; p < 0.001).

CONCLUSIONS: Relapsed patients have a poorer quality of life and incur higher costs. This highlights the need for drugs that are effective in preventing relapse in SAD patients.