OBJECTIVES: Major depressive disorder (MDD) is an important public health problem in South Korea, with a lifetime prevalence of 6.7%. Current treatment options do not fully meet needs in depression, so additional options are required. We assessed the cost-utility of vortioxetine (a new antidepressant with multimodal activity) versus venlafaxine XR in MDD patients in South Korea initiating these antidepressants or switching to them due to inadequate response to previous treatment. A one-year cost-utility analysis from a societal perspective was performed using an initial decision-tree model, which included suicide risk, followed by a Markov model for subsequent treatment with or without remission, relapse/recurrence, and survival were the main health states. In first-line efficacy, a two-month period was used from the Asian SOLUTION study (vortioxetine vs. venlafaxine XR; NCT01571453) and for switching patients from REVIVE (vortioxetine vs. agomelatine; NCT01488071) and STAR*D (a pragmatic trial of several antidepressants). STAR*D was the economic source for subsequent lines of treatment. Adverse event probabilities were included to consider the impact on quality of life and costs. Utilities were derived from REVIVE and agomelatine event utilities from the life-status utility resource use study. Cost estimates were obtained from a survey of 28 Korean physicians. Korean 2013/2014 costs were applied. Deterministic and probabilistic sensitivity analyses were conducted.

RESULTS: Vortioxetine dominated venlafaxine XR, with QALY gains of 0.0155 and a cost difference of KRW 576,433 [US$532] (KRW 3,334 [US$3] when productivity not considered) over one year. The model showed a greater proportion of patients in recovery after initial treatment with vortioxetine (31.4%) compared with venlafaxine XR (23.4%). These results were confirmed to be robust through sensitivity analysis; vortioxetine remained dominant in 97% of probabilistic simulations.

CONCLUSIONS: Vortioxetine dominated venlafaxine XR in South Korea and therefore appears to be a relevant treatment option for MDD patients initiating or switching therapy.

PMH43

HEALTH RESOURCE AND CRIMINAL JUSTICE SYSTEM COSTS FOR YOUNG CLINICAL TRAJECTORIES OF PATIENTS WITH SCHIZOPHRENIA AND PRIOR INCARCERATION BY TREATMENT FAILURE STATUS

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OBJECTIVES: Describe estimated health resource (HR) and criminal justice (CJ) system costs by treatment failure status for young patients with schizophrenia that participated in the Paliparidine palmitate Research in Demonstrating Effectiveness (PRIDE) clinical trial involving recently incarcerated subjects.

METHODS: HR and CJ events were collected via a resource use questionnaire and were combined with cost estimates obtained from administrative claims and published literature to estimate total costs (15 months post-index date). Treatment failure was defined in the clinical trial as having any of the following: an arrest/incarceration, psychiatric hospitalization, suicide, discontinuation of antipsychotic treatment due to inadequate efficacy, treatment supplementation with another antipsychotic due to inadequate efficacy, discontinuation of antipsychotic treatment due to safety or tolerability, or increase in the level of psychiatric services in order to prevent imminent psychiatric hospitalization. Costs, in 2011 US dollars, were estimated by failure group (Yes/No) for young subjects (defined as those ≤35 years of age) and summarized descriptively using a state government payer perspective.

RESULTS: Estimated cost per person for young subjects with a failure (n=104) were $45,590 versus $24,586 for young subjects without a failure (n=57). Cost differences were greater for the failure group relative to no failure group for criminal justice system events ($20,961) acute care events ($4,722) and outpatient care ($524). Within the failure group, extrapolating out to the 15 month trial duration, criminal justice system events were the cost driver of failure in this analysis with an estimated 86.5% expected to have a criminal justice system contact and 70.2% expected to be incarcerated.

CONCLUSIONS: From a state government perspective, provision of early intervention that reduce treatment failure among young patients may avoid substantial cost.

MENTAL HEALTH – Patient-Reported Outcomes & Patient Preference Studies

PMH44

FIVE-YEAR IMPACT OF DEPRESSION ON LIFE SATISFACTION AND THE PROTECTIVE INFLUENCE OF SOCIAL SUPPORT

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OBJECTIVES: Life satisfaction is affected by social, economic, disease and health-related living conditions. Depressive disorders are known to be an important burden for life satisfaction, whereas social support from family or peer groups can substantially moderate this negative impact. The aim of this project is to evaluate the influence of comorbid depression on life satisfaction and the moderating role of social support.

METHODS: In 2007, 13.3% of the German and 21.3% of the UK sample had suffered from depression. In 2012, 65.0% of the individuals in UK and 73.9% in Germany reported to be “satisfied” or “very satisfied” with “life as a whole”. In the group of individuals with “no depression” in 2007, 75.2% of the individuals reported positive life satisfaction in 2012. Among individuals with medically diagnosed depression in 2007, the fraction was 42.3%. Multiple logistic regression analysis was used to evaluate the association between depressive symptoms and life satisfaction while controlling for potential confounders such as socio-demographic characteristics, education, income, and health status. The analysis was adjusted for age, gender, and years of education.

RESULTS: After adjusting for potential confounders, the association between depression and life satisfaction remained significant (odds ratio = 0.57; 95% confidence interval: 0.45–0.73). The effect of depression on life satisfaction appeared to be stronger in individuals with lower levels of educational attainment.

CONCLUSIONS: Depression has a negative impact on life satisfaction, which can partly be compensated by good social support.

PMH45

CAREGIVER’S PREFERENCES FOR TREATMENT OPTIONS IN ATTENTION DEFICIT HYPERACTIVITY DISORDER: A PRAGMATIC RCT CLUSTER RANDOMIZED TRIAL ANALYSIS

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OBJECTIVES: To elicit caregivers’ preferences for evidence-based treatment options for their child’s attention deficit hyperactivity disorder (ADHD), and to identify segment characteristics by using exploratory multi-dimensional parameter estimation preferences. Caregivers of children aged 4-14 and in ADHD for outpatient care were recruited from pediatric ADHD and clinics. Caregivers completed a self-administered survey that included socio-demographic information, and a best-worst scaling (BWS) instrument assessing treatment preferences. The BWS instrument comprised 18 choice tasks, each