OBJECTIVES: Major depressive disorder (MDD) is an important public health problem in South Korea, with a lifetime prevalence of 6.7%. Current antidepressants 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 from an inadequate antidepressant 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 and subsequent treatments. For these assumptions, remission, relapse and suicide were the main health states. In line, efficacy for two months was derived from the Asian SOLUTION study (vortioxetine vs. venlafaxine XR; NCT01571453) and for switching patients from REVIVE (vortioxetine vs. agomelatine; NCT01488071) and STAR-D (agomelatine vs. several antidepressants). The CLOTSAN was used as the target 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 adverse events from the狸ili pharmaceutic and Development (HPD) study and performed via a Markov model.

RESULTS: Vortioxetine dominated venlafaxine XR, with QALY gains of 0.155 and a cost difference of KRW 57,433 (US$53) (KRW 3,344 [US$] 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 TRIAL PATIENTS WITH SCHIZOPHRENIA AND PRIOR INCURRANCE 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 Paliperidone palmitate Resilience 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 evaluate HR and CJ costs at 1-year 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 ineffectiveness, 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 failing a dose (Fails/No) for young subjects (defined as those ≤35 years of age) and summarized descriptively using a state government payer perspective. RESULTS: Cost estimated per person for young subjects with a failure (n = 104) were $45,590 versus $23,494 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 not cost 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 mitigate the negative impact of depression on life satisfaction. The present study evaluated longitudinal representability of the PAMQ-R in the German population and the relationship of social support to life satisfaction. METHODS: Two representative population samples of the non-institutionalized adult population of Germany and Austria were surveyed (n = 1,008). The surveys report about satisfaction with life as a whole, health, social life, functioning, income and social support. RESULTS: 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 linear regression resulted in a strong positive buffering effect of social support (beta = .225; p < .001) on life satisfaction and a substantial negative impact of depression (beta = -.167; p < .001) in 2012. Age had very small effect (beta = .076; p < .001) and the influence of gender was not statistically significant. CONCLUSIONS: Depression has a negative impact on life satisfaction, which can partly compensated by good social support.

PMH45

CAREGIVERS’ PREFERENCES FOR TREATMENT OPTIONS IN ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) SYMPTOMS – AN LTTS 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 segments of caregivers with similar preferences. METHODS: Caregivers of a child aged 4–14 and in ADHD for treatment from recruited outpatients and clinics and advocacy groups. All caregivers completed a self-administered survey included socio-demographic information, and a best-worst scaling (BWS) instrument assessing treatment preferences. The BWS instrument comprised 18 choice tasks, each