

## ECONOMIC AND OUTCOMES ISSUES IN MENTAL HEALTH AND NEUROLOGIC DISORDERS

### PMH1

#### THE ECONOMIC BURDEN OF SCHIZOPHRENIA: ACUTE GENERAL HOSPITAL COSTS

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In the U.S., acute general hospitals increasingly provide treatment for patients with schizophrenia.

**OBJECTIVE:** To estimate the average annual cost of inpatient schizophrenia care per patient in an acute general hospital setting.

**METHODS:** Using ICD9 codes to identify disease and procedure-level data in five state (CA, FL, MA, MD, NC) acute care, all payer, discharge databases, an average cost per admission was estimated and combined with the frequency of admission calculated from the MA database to derive a mean annual acute care inpatient cost. Physician costs were calculated by applying 1997 Medicare fees to a resource use profile derived from the databases and published treatment recommendations. All costs are reported in 1997 US\$, appropriately adjusted for medical inflation and cost-to-charge ratios.

**RESULTS:** Of 7.5 million discharges, 73,000 were identified as having been admitted primarily due to schizophrenia. The average length of stay was 13.5 days, with 90% of time spent in a designated psychiatric bed. Over 90% were discharged within one month, most (~80%) to home without documentation of further services. The mean cost per stay (including physician fees) was \$8,963. Most (68%) patients had only one admission, and 96% had less than five in one year, leading to an annual hospitalization cost per schizophrenic patient of \$13,854.

**CONCLUSIONS:** Of schizophrenic patients admitted to an acute general hospital, the majority are admitted only once per year, spend their stay in a designated psychiatric unit bed, and are discharged within two weeks. Although these patients may have subsequent admissions to another type of inpatient facility, the majority are not transferred to such a facility at the time of discharge.

### PMH2

#### ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE DURING TREATMENT OF OPIATE DEPENDENCE USING THE SHORT FORM-36

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**OBJECTIVE:** To determine if quality of life, as measured by the Short Form-36 (SF-36), improved during the treatment of opiate dependence and to identify which dimensions of the SF-36 were impacted by treatment.

**METHODS:** The SF-36 was administered via computer to 100 patients enrolled in a clinical trial of a new drug for opiate dependence. The trial compared two dosage forms of the drug. The five time points for administration were upon enrollment (T1) and monthly (T2-T5) for the 16-week trial. The study was conducted at a drug abuse treatment clinic in a large metropolitan area. Data were analyzed using paired t-tests.

**RESULTS:** Significant improvement in health-related quality of life ( $P < .013$ , one tailed) occurred in the dimensions of bodily pain (T3, T4 > T1), general health (T2, T3 > T1), mental health (T2, T3, T5 > T1), social function (T2, T3, T4, T5 > T1), and vitality (T3, T4, T5 > T1 and T3 > T2). Changes in measures of physical functioning and role physical dimensions were not affected by addiction treatment. Changes in general health, mental health, and social function occurred between the enrollment assessment and the first month of treatment (T1 versus T2). However, significant improvement in bodily pain and vitality did not occur until the second month and after (T1 versus T3-T5).

**CONCLUSION:** Quality of life measures improved during opiate dependence treatment. Fewer measures of physical dimensions improved than mental dimensions. The SF-36 was sensitive to improvements in quality of life in patients treated for opiate dependence; therefore it was helpful in measuring patient outcomes.

### PMH3

#### EVALUATION OF HUMANISTIC OUTCOMES FOR PATIENTS ON SELECTIVE SEROTONIN REUPTAKE INHIBITORS

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Patient-centered outcomes are very important to health plans. Satisfaction with pharmacy/prescription benefits and patients health status are two such outcomes that managed care organizations consider consequential.

**OBJECTIVE:** The purpose of this study was to examine the relationship between general health status and satisfaction with pharmacy benefits for patients taking selective serotonin reuptake inhibitors (SSRIs). Additionally,