

**OBJECTIVE:** To assess the prevalence and burden of ADHD in the Nordic countries. **METHODS:** Literature databases were searched for publications relevant to the study countries and keywords. The time frame was 1987 to 2002. The keywords were ADHD, DAMP, MBD, and HKD. **RESULTS:** There were six prevalence studies in children aged between six and nine years. The prevalence rates of DAMP ranged between 2.8 and 7.1%. The prevalence rates of ADHD ranged between 3.7 and 7.1%. Several smaller Finnish studies reported that children with MBD/ADHD often transfer to special education, or require additional teaching at school. Finnish and Swedish studies found that 75–80% of children with MBD/ADHD don't complete high school. One Swedish study showed that 11% of children with ADHD had full sick pension at age 22. Finnish and Norwegian publications report that 38%–47% of children with ADHD/MBD have no friends. Fifty-three percent of the parents in a Norwegian study said their marital problems were associated with the child's MBD. Finnish and Norwegian studies found that the child's dysfunction caused the family extra burden in daily activities and a change of their work situation or time. Swedish, Danish, and Finnish studies have shown that ADHD is associated with long-term psychiatric consequences. In Denmark, 24% of children with ADHD had been given a lifetime psychiatric diagnosis at age 23. Finnish, Norwegian, and Swedish studies have reported an over-representation of ADHD in prison populations. Moreover, children with ADHD are especially exposed to sexual offences, and commit such crimes more often than others. **CONCLUSIONS:** The Nordic data on prevalence of ADHD is in concordance with international figures. Although some of the studies were small and not randomised, the results indicate that ADHD is associated with a great burden for the affected children, their families, and the environment.

**PMH15**

**COST-EFFECTIVENESS ANALYSIS OF LONG-ACTING RISPERIDONE (LA-RIS) VS HALOPERIDOL DECANOATE AND ORAL OLANZAPINE IN THE TREATMENT OF SCHIZOPHRENIA IN ITALY**

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Compliance to treatment is a key success factor to reduce hospitalisations in schizophrenic patients. Conventional antipsychotics (e.g., haloperidol) are effective in reducing positive symptoms of schizophrenia, and can cause multiple side effects (extrapyramidal symptoms, tardive dyskinesia). Atypical antipsychotics with daily oral

administration (risperidone, olanzapine, clozapine) show improved efficacy and tolerability compared to conventional neuroleptics. Conventional depots have been shown to increase compliance and reduce the risk of relapse over oral conventional treatments. Long-acting risperidone (LA-RIS), administered intramuscularly once every two weeks, is the first to combine the benefits of a long-acting formulation with those of an atypical antipsychotic. **OBJECTIVE:** To assess cost-effectiveness of LA-RIS versus oral olanzapine (OLA) and haloperidol decanoate (HAL-D) in recently diagnosed schizophrenic patients in the perspective of the Italian National Health care System (NHS). **METHODS:** A French decision tree model was adapted to the Italian setting; outcome probabilities and cost estimates were based on published data, and supplemented with expert opinion. Only direct medical costs were considered. For LA-RIS (not yet marketed in Italy), 3 different price hypotheses were tested (€100–125–150/injection q2weeks). Effectiveness measures were relapse-free patients and patients maintained on the same treatment for 2 years. **RESULTS:** LA-RIS was found dominant versus HAL-D in all three hypotheses tested. Versus OLA (10mg/day), LA-RIS cost-effectiveness ratios ranged from dominance to a maximum of €17,544/2 years per incremental relapse-free patient. Sensitivity analysis showed that results were robust over a wide range of parameters tested, including variation of the daily dose of OLA to account for current medical practice in Italy according to the results of the RODOS papers (13.5mg/day). **CONCLUSIONS:** The model indicates that in recently diagnosed patients, LA-RIS is cost-saving versus HAL-D and cost-saving/cost-effective vs. OLA and should be preferred as a treatment option over oral atypicals and conventional depots, in the perspective of the Italian NHS.

**PMH16**

**AN ECONOMIC EVALUATION OF ARIPIRAZOLE VERSUS OLANZAPINE IN A SWEDISH SETTING USING OUTCOMES OF METABOLIC SYNDROME, PROJECTED DIABETES AND CORONARY HEART DISEASE**

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**OBJECTIVES:** The occurrence of dyslipidemia, glucose intolerance and weight gain may lead to an increased risk for developing Diabetes and coronary heart disease (CHD) during therapy with atypical antipsychotics. These complications directly influence an antipsychotic agent's cost-effectiveness. One method for outcome assessment is to capture these effects with the combined endpoint of metabolic syndrome (MetS) and, using epidemiological