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.

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 (13.5 mg/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.

AN ECONOMIC EVALUATION OF ARIPIPRAZOLE 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
risk prediction methods, estimate a predicted risk of diabetes and CHD. The economic evaluation thus captured patient-relevant outcomes of MetS or diabetes/CHD events avoided. METHODS: MetS was defined according to NCEP (ATPIII) guidelines, with modifications reflecting clinically meaningful changes in risk factors. Lab measures were derived from a randomised double-blind, head-to-head trial. The cumulative incidence of MetS was computed using Kaplan-Meier analysis and compared across treatment arms for 6 months of follow-up. The 5-year diabetes and CHD risks were estimated from each individual patient’s risk factor profile for diabetes and CHD using a published logistic regression and Weibull model, respectively. Resource utilisation and costs were derived from the underlying trial and published data. Cost analysis was based on a Swedish third party payer perspective. RESULTS: The results showed a 65% relative risk reduction (RRR) in MetS incidence at 6 months, a 30% RRR in diabetes and 22% RRR in CHD incidence at 5 years for Aripiprazole versus Olanzapine. For a hypothetical cohort of 1000 patients switched from Olanzapine to Aripiprazole, at study endpoint 124 events of MetS, 37 events of diabetes and 6 events of CHD are avoided, showing cost savings due to reduced medical treatment of side-effects of SEK 101.360 for MetS, 3,035,000 SEK for Diabetes and 880,000 SEK for CHD. CONCLUSIONS: The results highlight a medical and economic benefit from maintenance therapy of Aripiprazole versus Olanzapine, reflected by lower costs and a reduced incidence of MetS, Diabetes and CHD.

MENTAL HEALTH—Quality of Life Studies

HEALTH-RELATED QUALITY OF LIFE IN OUTPATIENTS WITH SCHIZOPHRENIA IN SINGAPORE

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OBJECTIVE: Although schizophrenia is a common and disabling medical condition, little is known about its impact on health-related quality of life (HRQoL) in Asians. We therefore characterized HRQoL in outpatients with schizophrenia in Singapore, and identified factors that influenced HRQoL in these patients. METHODS: A consecutive sample of outpatients with schizophrenia seen in the Institute of Mental Health in Singapore completed a standardized English or Chinese questionnaire containing the Schizophrenia Quality of Life Scale (SQES), the Short Form 36 Health Survey (SF-36) and the Health Utilities Index Mark 3 (HUI3) classification system. Patients were assessed for psychiatric symptoms using a standard checklist, and socio-economic and clinical variables were collected through patient interviews and data extraction from medical records. Subjects’ SF-36 scores were compared with adjusted Singaporean population norms. Factors influencing HRQoL were identified using stepwise multiple linear regression models. RESULTS: Two hundred two outpatients with schizophrenia completed survey questionnaires (English-speaking: n = 140). Mean (SD) age of the subjects was 37.8 (10.2) years, and 52% were female. The majority of the subjects were ethnic Chinese (83.7%). The mean (SD) duration of schizophrenia was 8.4 (7.4) years, and 30.7% of subjects reported hospitalization in a psychiatric ward in the 3 months preceding the survey. Mean SF-36 scores of the subjects were 4.7 to 37.2 points lower than adjusted Singaporean population norms (p < 0.01 for all comparisons, one-sample t-tests). Better HRQoL in these subjects (in stepwise regression models) was associated with less psychiatric symptoms, increasing age and duration of illness, less years of education, presence of chronic medical conditions and usage of English questionnaires. CONCLUSIONS: Outpatients with schizophrenia in Singapore experienced clinically important reductions in HRQoL; both disease related and other variables influenced HRQoL in these patients.

PMH18

ZIPRASIDONE VS OLANZAPINE: CHANGE IN CHD RISK DURING A SIX-WEEK TRIAL

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OBJECTIVES: In a 6-week randomized, double-blind trial, olanzapine was associated with significant increases in triglycerides, low-density lipoprotein cholesterol (LDL), and total cholesterol (TC), while ziprasidone was not. We compared changes in risk of coronary heart disease (CHD) in olanzapine- and ziprasidone-treated patients in this trial. METHODS: We analyzed data from trial participants aged ≥30 years using a Framingham data-based algorithm (Circulation 1998; 97: 1837–1847) that calculates percentage risk of CHD over 10 years from age, gender, smoking status, presence of diabetes, high-density lipoprotein cholesterol (HDL), LDL or TC, and diastolic and systolic blood pressures. Changes from baseline to endpoint in percentage age-adjusted risk of CHD for men and women in ziprasidone and olanzapine treatment groups were compared using ANCOVA. RESULTS: Mean age was approximately 42 years for both the ziprasidone (range 30 to 55) and olanzapine (range 30 to 59) groups. In olanzapine-treated men (n = 55), risk of CHD increased by 0.8% from a baseline of 4.2% while in ziprasidone-treated men (n = 44) risk decreased by 0.2% from a baseline of 4.5% (p < 0.05). Olanzapine-treated females (n = 18) had a 0.2% decrease in risk (baseline, 3%) while ziprasidone-treated females (n = 21) had a 0.4% increase (baseline, 2.5%) (p = NS). Analysis of treatment-associated changes in lipids in patients of all ages by gender found significant changes in TC, LDL, and triglycerides in olanzapine-treated men of all ages (n = 82) versus ziprasidone-treated men (n = 69) (p < 0.005), with