quetiapine extended release effective but that it is also a cost-effective alternative compared with paroxetine and lithium in the management of adult patients with acute bipolar depression.

CONCLUSIONS

95%: 85.6–95.6%), p = .02, OR = 0.79, CI = 0.63–1.02). The kappa coefficient was 82.8% (confidence intervals [CI] were 95%: 73.1—92.6), PPR = 0.97, CI = 0.90–1.00, sensitivity = 89.5%, specificity = 91.7%, PPV = 0.96, CI = 0.94–0.98, and NPV = 0.96, CI = 0.94–0.98. These results were supported in the probabilistic sensitivity analyses. CONCLUSIONS: The results of this cost–utility analysis suggest that not only is quetiapine extended release effective but that it is also a cost-effective alternative versus other atypical antipsychotics in the management of adult patients with acute bipolar depression.

CLINICAL VALIDITY OF REMISSION IN PATIENTS WITH MAJOR DEPRESSION: OBJECTIVES: To determine the concordance between remission according to diagnostic criteria and remission obtained from the computerized databases of patients with major depression (MD) in a Spanish population. METHODS: Design: multicenter transversal. The assessed population was comprised by people over 17 years (QALYs). A probabilistic sensitivity analysis (PSA) was conducted to assess the robustness of the results. RESULTS: The literature review only identified two other atypical antipsychotics with a sufficient quality of data to be included in the analysis, olanzapine 10 mg and aripiprazole 15 mg (in the aripiprazole trials, aripiprazole did not reach significance at 8-weeks versus placebo, the data was included for completeness). Quetiapine extended release was a cost-effective (cost: £11,568; QALYs: 2.351) treatment option dominating both olanzapine (cost: £11,584; QALYs: 2.347) and aripiprazole (cost: £11,773; QALYs: 2.328). These results were supported in the probabilistic sensitivity analyses. CONCLUSIONS: The results of this cost–utility analysis suggest that not only is quetiapine extended release effective but that it is also a cost-effective alternative versus other atypical antipsychotics in the management of adult patients with acute bipolar depression.

PATTERNED HEALTH CARE RESOURCE UTILIZATION IN JAPANESE PSYCHIATRIC OUTPATIENTS: RESULTS FROM THE ONE-DAY SURVEY CONDUCTED BY THE JAPANESE ASSOCIATION OF NEURO-PSYCHIATRIC CLINICS: OBJECTIVES: To identify utilization patterns of health care resources for psychosocial supports in Japanese psychiatric outpatients. METHODS: A one-day survey was conducted at 109 outpatient mental clinics from members of the Japanese Association of Neuro-Psychiatric Clinics during the period from December 10 to 16, 2008. All patients who visited the clinics on the day of survey were subjected to the study and medical staffs filled out questionnaires on patients’ socio-demographic and clinical characteristics including information about resource utilization for psychosocial supports. RESULTS: Among total 4689 patients, 42.2% were male. The mean ± SD age was 47.1 ± 17.2 years. More than two thirds of patients (77.8%) were diagnosed as mood disorders (ICD-10 F30), followed by neurotic disorders (F4), somatoform disorders (F45), obsessive–compulsive disorders (F2: 20.0%), organic mental disorders (F2: 2.7%), and other diagnosis (8.8%). 18.9% patients had been hospitalized at psychiatric institutions at least once. 9.8% consulted medical staffs such as psychologists and social workers, in addition to psychiatrists. 4.2% patients utilized day/treatment programs covered by health insurance. Utilization rate of community services including community workshops, support for employment, local activity support center, rehabilitation service and other psychosocial resources were 2.0%, 1.3%, 0.9%, 0.2% and 1.1%, respectively. DISCUSSION: In Japan, in most cases, consultations by medical staffs are not covered by health insurance but free of charge. Meanwhile, based on “the Services and Supports for Persons with Disabilities Act”, community services are provided at a cost of municipalities. Under such a circumstance, many of Japanese patients with mental disorders have to utilize psychosocial supports provided by local governments as well as those covered by health insurance. CONCLUSIONS: Costs for psychosocial supports borne by local governments is not included in health care cost. However, when conducting pharmacoeconomic analysis of psychotropics in Japan, it should be taken into account.