THE ECONOMIC IMPACT OF ARIPIPRAZOLE AMONG PERSONS WITH SCHIZOPHRENIA IN MEXICO

OBJECTIVES: The overall cost of care for patients with schizophrenia can increase considerably, due to management of diseases related to the metabolic syndrome such as cardiovascular disease (CHD) and diabetes. The estimated avoided direct costs due to the favorable metabolic profile of this drug when compared to SOC. The Mexican Health Care system can be translated into a significant reduction of health care costs of $27 millions during this period.

RESULTS: With ADT alone, the expected rate of clinical response at 6 weeks was estimated to be 20%. Adjuvant therapy with aripiprazole,quetiapine 150 mg/day, or risperidone was estimated to increase clinical response at 6 weeks to 49%, 34%, 18%, and 45%, respectively. Costs of MDD-related care over a 10-year period for ADT alone, $714 for aripiprazole, $499 for quetiapine 300 mg/day, and $649 for olanzapine. Cost per additional responder was estimated to be $2798 for aripiprazole, $7996 for quetiapine 150 mg/day, $5706 for quetiapine 300 mg/day, and $3324 for olanzapine. The cost-effectiveness analysis was sensitive to the estimated rate of clinical response at 6 weeks and the cost of adjuvant therapy. CONCLUSIONS: Adjunctive therapy with atypical antipsychotics substantially increases clinical response at 6 weeks. Cost per additional responder is lower for aripiprazole than quetiapine or olanzapine.

THE COST-EFFECTIVENESS OF ATYPICAL ANTIPSYCHOTICS AS ADJUNCTIVE THERAPY IN ADULT PATIENTS WITH MAJOR DEPRESSIVE DISORDER (MDD)

OBJECTIVES: The economic impact of early non-responders to an atypical antipsychotic (risperidone) and the cost-effectiveness of treating early non-responders maintained on risperidone versus those switched to olanzapine. The cost-effectiveness analysis was sensitive to the estimated rate of clinical response at 6 weeks and the cost of adjuvant therapy. CONCLUSIONS: Adjunctive therapy with atypical antipsychotics substantially increases clinical response at 6 weeks. Cost per additional responder is lower for aripiprazole than quetiapine or olanzapine.