IMPACT AND COSTS OF HOSPITALIZATION IN SCHIZOPHRENIA
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OBJECTIVES: Data concerning impact and costs of hospitalization in patients with schizophrenia are scarce in Germany. Aim of this study was to analyse the impact and costs of hospitalization in schizophrenia from the perspective of a major statutory health insurance fund. METHODS: A nation-wide database was used to evaluate the impact and related costs of hospitalization in schizophrenia (ICD-10 FY02 to FY06). All hospitalizations of patients who were identified based on claims data and schizophrenia related costs for outpatient care, inpatient care, medica-
tions, rehabilitation, occupational therapy, and sick leave payments were analyzed before, during and after the hospitalization. RESULTS: Data from 4126 hospitalised patients were available, with 46.0% being female and a mean age of 42 years. Mean length of the inpatient hospitalization was 45.9 days and mean health insurance costs of €9,366 incurred during the index hospitalization. In the 3 months before the index hospitalization, average costs of €897 and in the 3 months after the index hospitalization costs of €2,322 incurred for outpatient care, inpatient care, medications, rehabilita-
tion, occupational therapy, and sick leave payments. The patients had at least one rehospitalization after the index hospitalization and mean costs of €8,710 incurred during the first rehospitalization. In the 4 weeks before the first rehospitaliza-
tion average costs of €3,110 and in the 3 months after the rehospitalization costs of €2,184 incurred. With any further rehospitalization costs for the inpatient care itself are decreasing slightly but overall costs for schizophrenia related medical care before and after the event are increasing. CONCLUSIONS: Impact and costs of hospitalization in schizophrenia are significant, especially if the costs before and after hospitaliza-
tion are carried in the same account. Rehospitalizations are a frequent event in schizophrenia care with high impact on costs. Further studies including the predictors of hospitaliza-
tion are needed.

SOCIETAL COSTS OF BIPOLAR DISORDER—THE CASE OF SWEDEN
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OBJECTIVES: To investigate the health care resource utilization and costs for Swedish bipolar disorder patients. METHODS: Registry data on socio-demographics and disease-related resource use during 2006–2008 was collected for 1846 patients with bipolar disorder. Health care visits and hospitalizations were obtained from the Northern Stockholm psychiatric clinic, while data on pharmaceuticals and sick leave were obtained from the national pharmaceutical registry and the Swedish social insur-
ance agency, respectively. Community care data was obtained from the Swedish quality registry for bipolar disorder (BipoAR). Indirect costs were valued according to the human capital method. Costs across mood episodes (manic, depressive, and unspecified) as well as remission were calculated, a patient for which >70 days had passed since the last new episode or inpatient visit, was defined as being in remission. RESULTS: The mean annual cost per patient with bipolar disorder was estimated at €13,314. With any further rehospitalization costs for the inpatient care itself are decreasing slightly but overall costs for schizophrenia related medical care before and after the event are increasing. CONCLUSIONS: Impact and costs of hospitalization in schizophrenia are significant, especially if the costs before and after hospitaliza-
tion are carried in the same account. Rehospitalizations are a frequent event in schizophrenia care with high impact on costs. Further studies including the predictors of hospitaliza-
tion are needed.

RESULTS OF THE GERMAN IDA STUDY—ASSESSING THE FINANCIAL IMPACT OF INFORMAL CARE AMONGST COMMUNITY LIVING DEMENTIA PATIENTS
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OBJECTIVES: Rising life expectancy is associated with increasing prevalence of dementia in European countries. With progressing disease severity patients’ calls on health care services and social support grows. Several studies stress the burden imposed on family members caring for dementia-patients. However, empirical data assessing the economic value of informal care compared to health insurance expenditures is scarce. Within the cluster-randomized IDA study health care service utilization and informal caregiving time were assessed for 383 community living individuals suffering from mild to moderate dementia. METHODS: To examine costs from a health insurance perspective administrative data on all types of services provided were collected and valued with corresponding administrative prices over a three-year period. Patients’ caregivers reported in yearly interviews the hours daily dedicated to the patient in care and supervision. The time provided for informal caregiving was valued by applying hourly wages of a nursing service and a domestic help respectively. Total costs and cost components were calculated from societal perspective and payers’ point of view and analyzed by relevant subgroups. RESULTS: Caring for a home-
dwelling dementia-patient amounts annually to around €57,000 from societal perspec-
tive and informal care covering nearly 80% of this sum. For a patient with moderate dementia values assigned to informal care are approximately 70% higher than for a person with mild dementia. Health insurance has to spend €10,000 for an average dementia-patient per year, with services for long-term care representing the most costly component. CONCLUSIONS: Informal care is the major cost component in care for demen-
tia, and it is strongly rising with disease progression. Changes in family structures and traditional living arrangements thus pose an enormous challenge regarding the future organization of dementia care. To maintain today’s care-setting, concepts fostering community-based dementia care and support to family caregivers need to be further developed.
comparing the new with the current treatment. The cost of the MMT program was US$312. Most (99.5%) were smoker with history of heroin addiction of more than 10 years. The median length of MMT treatment was 14 months. Fifty-seven percent had been treated by in-patient care; 73% had at least one dispensed drug. The total health care cost, including drug costs, was US$50.43. Approximately 47.1% of this was for methadone and personnel cost accounted for 31.94%. The variable cost was statistically higher (P < 0.05) in patients present of chronic disease.

CONCLUSIONS: This study estimated the variable cost of MMT treatment per patient in Malaysia (US$50.43/month) is less expensive compared USA (US$220/month, Jones et al., 2009). These cost data may be useful to policymakers and researchers for further developing the program.

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RECENT TRENDS IN PSYCHIATRIC PRESCRIPTION DRUG SPENDING

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OBJECTIVES: To describe new data on recent trends in U.S. psychiatric prescription drug spending and utilization over the period 2003 to 2008 and to understand drivers of those new trends. METHODS: SAMSA Spending Estimates were coupled with MEPS data to examine trends in mental health drug spending and utilization through 2005. 1997–2008 Thomson Reuters MarkerScan Commercial Claims data were used to decompose spending where: Total Expenditures = Price X Quantity, and AvgCost Enrollee = AvgCost/Day X DaysUser X AltersEnrollee. The following drugs were included in the analysis: Antidepressants, Antipsychotics, Stimulants, and Anxiolytics/Sedative/Hypnotics. RESULTS: The average annual growth rate in mental health prescriptions was from 28% in 1998 to 31% in 2008. The rate of growth has stayed below 10% since 2005, and was negative in 2007. For persons with private insurance, the average annual expenditure growth rate overall was 6% during the years 2001–2008, where 2% was attributable to days/user, 2% was due to users per population, and 2% was due to cost/day. In contrast for the years 1997–2001, the average growth rate overall was 18%, where 3% was attributable to days/user, 7% was due to users per population, and 8% was due to cost/day. CONCLUSIONS: Mental health prescription drug spending growth has slowed in recent years. This is due primarily to slower growth in additional users and slower price growth. The lower price growth is mainly due to generic entry starting in 2005, particularly within the antidepressant drug class.