incremental cost per DFW is £5686 compared to lofepramine and £2692 compared to tricyclics. Relative to lofepramine, the tricyclic group had marginally fewer QALYs and higher costs. CONCLUSIONS: The results from the cost-per-QALY analysis suggest that SSRIs provide a small additional benefit at an acceptable cost. However, when analysed using DFWs, the results suggest that SSRIs will only be the most cost-effective treatment option if decision-makers are prepared to pay an extra ≤£50 per DFW.

MH2

MODELING ANTI-PATSYCHOTICS MARKET SHARE EVOLUTION TREATMENT

Riou-Franca L1, Westerlopie P1, Lauwnois R2

REEES, PARIS, France; 1Bristol-Meyers Squibb, Rueil-Malmaison, France

OBJECTIVES: Reimbursement of a new drug often depends on its budgetary impact. Identifying the budget impact of a new drug introduction requires characterizing the evolution of the costs related to competing drugs. We present, in the context of schizophrenia, a simple model to estimate the evolution of prescriptions if no other drug is added to those already reimbursed. This model allows for a probabilistic sensitivity analysis.

METHODS: A cross-sectional survey was conducted among a sample of ambulatory and hospital psychiatrists. Data was collected for 1855 patients about treatment changes in the past 12 months. We use this data to estimate a Markov transition matrix and characterize uncertainty about the estimates using Dirichlet distributions. The Markov model is then tailored to allow entries and exits from the population. Market share is then computed for the next three years, a Monte Carlo simulation is performed as a sensitivity analysis, and the results are compared to the antipsychotic sales trends from 1998 to 2003.

RESULTS: Second-generation antipsychotics (SGAs) prescriptions are expected to increase in the next years. Their market share should grow from 62% to 70% three years later. This increase is explained by a rising importance of olanzapine and risperidone prescriptions. These estimations are consistent with the observed sales trends, the model trends differing from the observed sales end out to be non-significant in the sensitivity analysis. Since SGAs cost more than first generation antipsychotics, the average daily treatment cost (DTC) is expected to increase from 2.25€ to 2.53€.

CONCLUSION: Without any new drug introduction the average schizophrenia DTC is expected to increase in parallel with the SGAs prescriptions. Thus, when assessing the budget impact of a new drug introduction, not considering this spontaneous trend, would lead to an overestimation of its potential impact.

MH3

SCHIZOPHRENIA AND QUALITY OF LIFE ASSESSMENTS

Adams J1, LeReun C1, Crowley S2, Nand V1, Eggleston A2

M-TAG Australia Pty Ltd, Chatswood, NSW, Australia; Janssen-Cilag Pty Ltd, North Ryde, NSW, Australia

OBJECTIVES: To assign utility values for schizophrenia-related health states using the Assessment of Quality of Life Questionnaire (AQoL) from two different perspectives: general population and caregivers. METHODS: Eight schizophrenia-related health state scenarios were presented to participants from the general population and caregivers. The participants explained how these scenarios would impact on their quality of life using the AQoL. The caregivers were also asked to value their own quality of life if they were caring for the person described in the