OBJECTIVES: Major depressive disorder affects approximately 10-15% of the popula-
tion and is associated with significant morbidity and mortality. It is one of the
leading causes of disability in young adults. A large proportion of the burden can be
attributed to treatment-resistant depression (TRD). To understand the prevalence and
disease burden of TRD in Western European countries, the US and Canada, a sys-
tematic review including performed searches of the PubMed and the CRD database were used to retrieve TRD publications in English language from January 2003-October 2013. In total, 6306 abstracts were identified. Predefined selection criteria regarding study design, patient population (age ≥12 years, US, Canada, Germany, Italy, France, Spain or UK), TRD defined as one treatment failure
and high symptom severity e.g. MADRS ≥31, or an inadequate response to ≥2
antidepressants) and outcomes of interest were applied. RESULTS: Only seven stud-
ies included prevalence and/or disease burden data. Five studies provided previ-
ous estimates which adhered to the strict TRD definition used for this review.
Study design and definition of the patient population were critical in determining the
prevalence rates, with the lowest rates found in US health capital databases (11-15%), higher rates in commercial health insurance databases (29-31%) and the highest rates in a European multicenter study (51-56%). The database studies mainly included employed patients thereby likely underestimating the prevalence, whereas the population-based studies likely overestimated the prevalence due to a less stringent TRD definition. Inconsistent data were reported regarding treatment outcomes, comor-
dbidities, hospitalization and work productivity. There was no information on other
outcomes such as health-related quality of life or functioning. CONCLUSIONS: No consistent data were found in the literature from January 2003-October 2013 regarding the
epidemiology and disease burden of TRD. To determine the prevalence and disease burden for TRD, further studies are needed.

PMH15
PREVALENCE OF METABOLIC SYMPTOMS IN PATIENTS WITH SCHIZOPHRENIA ACCORDING TO THE PRESENCE OR ABSENCE OF NEUROGENIC SYMPTOMS
Szasz-Majnar A1, Ruiz-Beato E2, Maurino J3, Navarro-Arteaga R4
1Badalona Serveis Assistencials, Badalona. Barcelona, Spain, 2Roche Farma, S.A, Madrid, Spain, 3Hospital Universitari Germans Trias i Pujol, Badalona, Spain
OBJECTIVES: The aim of this study was to estimate the prevalence of metabolic syn-
drome (MS) in patients with schizophrenia according to the presence or absence of
negative symptoms. METHODS: A retrospective, cohort study was conducted using
electronic medical records from the health provider BSA (Badalona, Spain). All adult
outpatients with a diagnosis of schizophrenia were followed for 12 months. Two study
groups were defined by the presence or absence of negative symptoms based on the
NIMH Negative symptom rating factor (NIH-N4, N6, N16 and C16). MS prevalence was
estimated using the NCEP ATP III criteria. Descriptive statistics and logistic regres-
sion models were applied. RESULTS: We studied 1,120 patients (mean age: 46.8 ±
13.8 years, male: 58.4%). One or more negative symptoms were present in 52.5% of
patients. Prevalence of MS was lower in patients with negative symptoms (38.2%) than in patients without negative symptoms (9.3%, p<0.05). CONCLUSIONS: Further studies are necessary to elucidate the association
between the presence of negative symptoms and MS among patients with schizo-
phrenia as well as the underlying mechanisms involved.

MENTAL HEALTH – Cost Studies

PMH16
THE POTENTIAL BENEFITS OF LONG-ACTING ATYPICAL ANTIPSYCHOTICS TO PREVENT RELAPSE IN BIPOLAR DISORDER
Tay-Toe K1, Pezzullo L1, Vinho B2, Dias T2, Sardé P1, Delatorre K1, Pintor L2, Guarionio F3
1Delatorte Across Economics, Melbourne, Australia, 2Monitor Delatorte, Sao Paulo, Brazil, 3Janssen Clay, Sao Paulo, Brazil
OBJECTIVES: To quantify the economic burden of schizophrenia relapse in Brazil, and to estimate the impact of atypical Long Acting Injectables (LAIs) on relapse.
METHODS: Administrative health service data from a Brazilian public system database (DATASUS) were used to estimate the number of relapse patients and related
resource utilisation. Corresponding data for private system patients were estimated based on published literature and by extrapolating DATASUS data. A prevalence-based costing with a mixed bottom-up and top-down approach was used to quantify direct and indirect costs, disability adjusted life years (DALYS) and their associated monetary value. A decision-analytic model was constructed to evaluate the cost effectiveness of potentially transferring non-compliant patients from oral antipsychotics to atypi-
cal LAIs. All costs are presented in 2013 Brazilian real. RESULTS: In 2011-12, 88,721
patients with schizophrenia in Brazil experienced 263,037 episodes of relapse that resulted in hospital or outpatient care. The potential avoidable health care cost of relapse was R$2,335 DALYs (2013$). 35% of relapses, corresponding to a saving of R$462.8 million in the stock of health capital. CONCLUSIONS: The economic burden of schizophrenia relapse in Brazil is significant. Brazilian policymakers should provide greater access to LAIs.

PMH17
ANALYSIS OF ‘REVOLVING DOOR’ PATIENTS IN OPIOID DEPENDENT PATIENTS: THE IMPACT OF TREATMENT DISCONTINUATION ON RELAPSE RATES AND HEALTH CARE COSTS IN US PUBLIC HEALTH INSURANCE CLAIMS
Clay E1, Zagh V2, Khatriova E3, Ruby P1, Abalka B1, Kheirani A4
1Centres for Addictions and Mental Health, Toronto, ON, Canada, 2Centre for Addiction and Mental Health, Toronto, ON, Canada, 3Cubic Health Inc., Toronto, ON, Canada, 4Janssen Inc, Toronto, ON, Canada
OBJECTIVES: This study examined the impact of treatment discontinuation on relapse rates and health care costs in US public health insurance claims. METHODS: Claims data from 46,387 opioid dependent patients were extracted from the BMG database, and the CRD and the DBD databases were used to retrieve TRD publications in English language from January 2003-October 2013. In total, 6306 abstracts were identified. Predefined selection criteria regarding study design, patient population (age ≥12 years, US, Canada, Germany, Italy, France, Spain or UK), TRD defined as one treatment failure
and high symptom severity e.g. MADRS ≥31, or an inadequate response to ≥2
antidepressants) and outcomes of interest were applied. RESULTS: Only seven stud-
ies included prevalence and/or disease burden data. Five studies provided previ-
ous estimates which adhered to the strict TRD definition used for this review.
Study design and definition of the patient population were critical in determining the
prevalence rates, with the lowest rates found in US health capital databases (11-15%), higher rates in commercial health insurance databases (29-31%) and the highest rates in a European multicenter study (51-56%). The database studies mainly included employed patients thereby likely underestimating the prevalence, whereas the population-based studies likely overestimated the prevalence due to a less stringent TRD definition. Inconsistent data were reported regarding treatment outcomes, comor-
dbidities, hospitalization and work productivity. There was no information on other
outcomes such as health-related quality of life or functioning. CONCLUSIONS: No consistent data were found in the literature from January 2003-October 2013 regarding the
epidemiology and disease burden of TRD. To determine the prevalence and disease burden for TRD, further studies are needed.

PMH18
TREATMENT COST COMPARISON: PALIPERIDONE PALMITATE VERSUS Risperidone Long Acting in Brazil
Pintor L2, Guarionio F1, Antonio M
1Janssen Clay, Sao Paulo, Brazil
OBJECTIVES: To compare the treatment cost of paliperidone palmitate (PP) versus risperidone long acting (R-LA) respectively, both indicated for the treatment of schizophrenia in Brazil.
METHODS: In Brazil, both (PP and R-LA) long acting 2nd generation antipsy-
chotics are approved for the treatment of schizophrenia. Published literature shows that the mean treatment costs are lower for PP compared to R-LA. In addition, PP offers advantages that can have additional value for public and private payers alike such as a monthly injection and no need for
switch therapy. However, a lack of data comparing these drugs: PP vs. R-LA, has made it difficult for decision makers to choose a lower cost drug with additional value.
RESULTS: We studied 1,120 patients (mean age: 46.8 ±
13.8 years, male: 58.4%). One or more negative symptoms were present in 52.5% of
patients. Prevalence of MS was lower in patients with negative symptoms (38.2%) than in patients without negative symptoms (9.3%, p<0.05). CONCLUSIONS: Further studies are necessary to elucidate the association
between the presence of negative symptoms and MS among patients with schizo-
phrenia as well as the underlying mechanisms involved.

PMH19
COSTS OF EMPLOYEES WITH TREATMENT-RESISTANT DEPRESSION BASED ON A CANADIAN PRIVATE CLAIMS DATABASE
Kellar J1, Mittmann N2, von Heymann C2, Zingaro J3, Kuriakose R4, Li A1
1Centre for Addiction and Mental Health, Toronto, ON, Canada, 2Sunnybrook Health Sciences Centre, Toronto, ON, Canada, 3Cubic Health Inc., Toronto, ON, Canada
Approximately 10-20% of individuals with Major Depressive Disorder (MDD) fail to
respond to antidepressant monotherapy. These individuals with treatment resist-
ant depression (TRD) have been found to be frequent users of health care services, thus incurring significantly greater costs than those without TRD.
OBJECTIVES: To investigate the cost of Treatment-Resistant Depression from a private payer perspective in Canada. METHODS: An employer-sponsored benefits plan data-
base (2011/2012) was used to define a cohort of Non-TRD and TRD claimants. TRD claimants are defined as those on their third antidepressant monotherapy; or combination antidepressant therapy; or antidepressant augmented with lithium, thyroid hormone or an antipsychotic medication. The cost of prescription medica-
tion utilization, short-term disability (STD) and long-term disability (LTD) benefits for employees was calculated (2011 and 2012 SCAN) for both Non-TRD and TRD groups. Descriptive statistics were used to characterize the cohort of claimants and employees, as well as resources and costs for employees. RESULTS: There were 55,324 and 61,028 employee claimants in 2011 and 2012, respectively. 717 (1.3%) were identified as Non-TRD claimants in 2011 and 2012, respectively. In 2011, the medication costs for treating depression was $774 per TRD employee claimant compared to $303 per Non-TRD claimant. STD costs were $26,236 for TRD (n=79) and $5,855 for Non-TRD (n=276). LTD costs were $13,598 for TRD (n=80) and $12,727 for Non-TRD (n=119). In 2012, the medication costs for treating depression per TRD employee claimant was $794 compared to $293 for Non-TRD claimants. STD costs were $7,832 for TRD (n=89) and $4,744 for Non-TRD (n=289) for TRD (n=89) and $12,901 for Non-TRD (n=121). CONCLUSIONS: Claimants identified with TRD had higher medication, STD and LTD costs than those with Non-TRD. Limitations include lack of diagnostic information for claimants and small sample sizes for STD and LTD subgroups.