PMH36 ECONOMIC EVALUATION OF AGOMELATINE FOR MAJOR DEPRESSIVE DISORDERS RELATIVE TO OTHER ANTIDEPRESSANTS IN THE ITALIAN SETTING

Lanati EP, Lidovich D, MA Pererini, Milan, Italy

OBJECTIVES: The purpose of the present study is to conduct an economic evaluation of Agomelatine vs the current alternatives in daily clinical practice for treating patients with major depression disorders (MDD) in Italy (Venlafaxine, Fluoxetine, Sertraline, Escitalopram and Duloxetine). METHODS: Using a Markov model-based cost-effectiveness analysis, Agomelatine was compared with other therapies used for the treatment of MDD commonly prescribed (Venlafaxine, Fluoxetine, Sertraline, Escitalopram and Duloxetine), chosen on the basis of market shares, and compared with placebo. The population considered in the model consists of patients suffering from MDD and with an average age of 45 years. The perspective of the third party payer (Italian National Health Service) and the societal perspective were considered. RESULTS: The study shows that Agomelatine administration is linked with higher direct and indirect costs only when compared with Duloxetine (respectively €4,365 vs. €4,253 and €5,535 vs. €5,484). Nevertheless, Agomelatine has the higher efficacy in terms of outcomes in patients considered in the analysis.

According to the societal perspective, Agomelatine is dominant against Venlafaxine, Escitalopram, Fluoxetine and Sertraline, since it is less expensive and more effective and cost-effective compared to Duloxetine since the incremental cost per QALY gained is €12,461. According to the perspective of the Italian NHS, Agomelatine is dominant versus Venlafaxine, Fluoxetine and Sertraline and is cost-effective in comparison to Duloxetine (ICER 6,101 €/QALY) and Escitalopram (3,336 €/QALY).

CONCLUSIONS: The economic evaluation indicates that the Agomelatine is more effective and cost-effective within the two-way comparison and is more effective and cost-effective when compared with placebo. The notably mentioned adverse effects were “discomfort” of the digestive system (10%), sleep disorders (8.6%), and heart rhythm disorders (4%), however, these were of tolerable severity since they did not significantly influence dropout rate. Contrary to that, a significantly somnolence and younger age (≤ 50 years) increased the chance of premature treatment discontinuation, while patients suffering from cardiovascular risk factors or scars are most likely to adhere to therapy. CONCLUSIONS: Overall, the findings indicate a good tolerability of SSRIs at the beginning of treatment, whereas occurrence of somnolence leads to incompliance.

PMH37 RETROSPECTIVE DATABASE STUDY ON HEALTH CARE RESOURCE UTILIZATION OF PATIENTS INITIATING LONG-ACTING OLanzapine IN SWEDEN

Torkheim, Johanssone M, Borgegård H1

1Eli Lilly UK, Windlesham, Surrey, UK, 2IMS Health Sweden, 113 46 Stockholm, Sweden, 3Eli Lilly and Company, Stockholm, Sweden

OBJECTIVES: The Swedish national payer, TIVL was interested in understanding how OLA is used in routine clinical practice regarding dosing and its impact on psychiatr-

ic-related hospitalization. METHODS: Three Swedish nationwide health registers:

the patient register, the drug register and the mortality register were linked. Patients with a prescription of OLA and one diagnosis of schizophrenia or schizoaffective disorder prior to initiation of OLA were included in this retrospective patient mirror-

image study. The minimum follow-up was six months. The study period was from 03/2010 until 12/2011. The average number and duration of hospitalizations were compared before and after initiation with OLA using a Student’s t-test. RESULTS: 70 patients met the inclusion criteria. The proportion of patients being hospitalized ≥1 was 77% in the pre-index period and 67% in the post-index period. The number of outpatient visits to the inpatient drug pharmacy, from 45% prior to post initiation. The results high showed a significant reduction in the mean length of stay per hospitalization (19.6 days vs 9.3 days [p<0.001]), and in the mean total number of days spent in hospital per patient (239.6 days vs 113.1 days [p<0.001]). No other parameter, excluding the number of hospital visits between the pre- and post-initiation periods, although there was a numerical decrease observed within the post-index period. The average dose of OLA was 16.3 mg per day (95% CI: 15.6 mg to 17.9 mg) and the prescription refill period was 19.6 days (95% CI: 17.7 days 21.5 days). CONCLUSIONS: This study provides evidence that initiation with OLA significantly reduces the length of stay per hospitalization and the total days spent in hospital.

PMH38 USE OF SERVICES AND COST OF AGITATION AND CONTAINMENT IN PSYCHIATRIC HOSPITALS: A SYSTEMATIC REVIEW

Rubio-Valera M1, Luciano-Devis JY2, Ortiz JM1, Salvador-Carulla L3, Haro JM4, Gracia A1, Serrana-Blanco A1

1Parc Sanitari Sant Joan de Déu, Sant Boi de Llobregat, Spain, 2Centre for Disability Research and Policy, Lidcombe, Australia, 3Ferrar International, Barcelona, Spain

OBJECTIVES: The aim of this study was to evaluate the use of services and costs related to agitation and containment of adult patients admitted to a psychiatric hospital. METHODS: Systematic review through searches of Pubmed, Cochrane Library and Web of Knowledge (using a wide variety of terms related to agitation, inpatient care and use of services/costs; bibliographic references in retrieved studies and expert consultation. Studies published since 1998 were selected in duplicate by reviewing abstracts and full-text papers. RESULTS: After removing duplicates, 372 papers were reviewed and 11 included in the review. Four studies were of high quality, 4 of moderate-high to moderate-low quality and three of low quality. Eight of the studies showed a positive effect of agitation and containment on adherence to medication. Two studies evaluated medication, one showed that the mean medication dose was higher in agitated patients and the other found higher costs of treatment compared with non-agitated patients in the unadjusted analysis. Another estimated the costs based on the use of alcohol, medication side effects, existing denial of illness and use of traditional treatment in the psychiatric hospital. In UK the total annual cost in England for all conflict was £72.5 million (€145,177 annual conflict cost per ward) and €106 million for containment (€212,316 annual containment cost per ward). CONCLUSIONS: Studies on use of services and cost of agitation are scarce. Overall, agitation has an effect on health care use and costs in terms of longer length of stay, more readmissions and higher consumption of drugs. The average quality of the studies was moderate. Further research is needed to establish the degree of burden of agitation and containment borne by hospitals and the health care system.

PMH39 WHICH ADVERSE EFFECTS INFLUENCE THE DROPOUT RATE IN SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) TREATMENT?

Koster V1, Ehlken B2, Reis J3, Engelhard J4, Altmann V5, Helmaiers C6

1IMM Health, Frankfurt am Main, Germany, 2IMS Health Germany, Munich, Germany, 3POM University of Applied Sciences, Essen, Germany

OBJECTIVES: Nowadays selective serotonin reuptake inhibitors (SSRIs) are the most frequently prescribed medications due to their beneficial effects, tolerability, safety, and even the discerning side effects or monoamino oxidase inhibitors. However, despite this, especially at the beginning of treatment SSRIs are associated with side effects, which may lead to premature discontinuation therapy in some cases. Assessment of these factors was the aim of the present study. METHODS: This retrospective database analysis used data from 50,824 patients first time treated with SSRIs for major depressive disorder selected from a Electronic Medical Records (EMR) database (IMS Disease Analyzer) in Germany, providing information on SSRI side effects and their influence on premature treatment discontinuation calculated by regression analysis. In addition to that, presence of certain co-morbidities was registered. RESULTS: Mean age was 45.7±14.1 years. SSRI drop-out rates in patients with and without adverse effects were 39.8% and 34.8%, respectively. The most frequently mentioned adverse effects were “discomfort” of the digestive system (10%), sleep disorders (8.6%), and heart rhythm disorders (4%), however, these were of tolerable severity since they did not significantly influence dropout rate. Contrary to that, a significantly somnolence and younger age (≤ 50 years) increased the chance of premature treatment discontinuation, while patients suffering from cardiovascular risk factors or scars are most likely to adhere to therapy. CONCLUSIONS: Overall, the findings indicate a good tolerability of SSRIs at the beginning of treatment, whereas occurrence of somnolence leads to incompliance.

PMH40 GENERAL BELIEFS ABOUT MEDICINES AMONG DEPRESSED PATIENTS IN SAUDI ARABIA

Alijumah L1, Hassali AA2, Al Mutairi A3, Al Zaide N4

1MON, Riyadh, Saudi Arabia, 2Universiti Sains Malaysia, Penang, Malaysia

OBJECTIVES: The aim of this study to explore patients’ general and specific beliefs about medicines among depressed patients and effect on adherence. METHODS: A cross-sectional study was designed. The general and specific beliefs among depressed patients, using BMQ general and specific scale. Patients were recruit from outpatient clinic at Al-Amal hospital in Riyadh (psychiatric hospital) between 2013 and January 2014. RESULTS: A total of 403 patients meet the inclusion criteria and were participated in this study. Two hundred three representing 50.37 % of the total study sample, were female, while the remaining 200 (49.6 %) were male, with average 39 years. Half of the patients (52.9%) report low adherence to antidepressant medications. 30% had high belief and 55% had moderate belief group high in the necessity beliefs (18.02 (SD 3.91) - 18.32 (SD 3.9)) respectively with no statistically different. Contrariwise patients with high adherence had significantly lower level of concern about antidepressants medication and less harmful belief also the same finding with general overuse belief. CONCLUSIONS: General patients believe either general overuse or general harm about medication influence patients taking medication behavior and have negative correlation with adherence to medication and adherence and only specific BMQ beliefs to antidepressant have a positive correlation with adherence to antidepressant this finding will help psychiatric to improve adherence and clinical outcome by addressing medications taking behavior using a systematic approach based in this finding.

PMH41 ADHERENCE TO PSYCHOTROPIC MEDICATIONS BY OUTPATIENTS IN PSYCHIATRIC HOSPITAL, USELU BENIN CITY, NIGERIA

Arute JE1, Eniokun IA2, Ebighie NP3

1Delta State University, Abraka, Nigeria, 2Abra, Nigeria, 3Delta State University, Abraka, Nigeria, Abraka, Nigeria

OBJECTIVES: Patients adherence studies are essential for evaluating the quality of care delivery of a health facility and patients’ role in improving their conditions. The objective of this study is to determine the level of adherence of outpatients to psychotropic drugs and evaluate the impacting factors. METHODS: The study was a cross-sectional study done at the psychiatric hospital, Useelu, Benin city, Nigeria from April to September, 2013. Convenient sampling method was used in popula-

tion size determination for data collection. The participants were adult patients (18 years and above) attending the outpatients psychiatric clinic of the hospital with diagnosis of various psychiatric illnesses. A total of 250 patients participated in the study and a well-structured self-report 10-item questionnaire using the medica-

tion adherence rating scale (MARS) was used. Additional information was patients’ socio-demographic profile and clinical variables that affect patients’ adherence to medication. RESULTS: The level of patients adherence to psychotropic was 63.6% and factors found to significantly affect adherence include amount spent per clinic visit, perception of social support, belief to antidepressant have a positive effect on another hand only specific concerns belief to antidepressant have a positive effect on adherence and clinical outcome by addressing medications taking behavior using a systematic approach based in this finding.