

## PW01-78 - PHARMACOECONOMIC ASPECTS OF DEMENTIA THERAPY

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**Objective:** We hypothesized that patients with Alzheimer's disease (AD) not treated with anti-dementia therapy are institutionalized at the earlier AD stages compared to the ones who took nosotropic therapy timely.

**Methods:** 100 outpatients with AD were treated with AChE-inhibitors in the Moscow Alzheimer's center. The controls were AD patients, hospitalized in gerontopsychiatric units of the Moscow Psychiatric Hospital №15 and not treated with anti-dementia drugs before.

**Results:** The mean duration of dementia syndrome in the main group was  $73.2 \pm 27.6$  months compared to  $21.6 \pm 13.2$  months in the control group. The mean duration of the hospitalization in the control group proved to be  $6.3 \pm 5.6$  months (i.e. 29% of dementia syndrome duration). We suggest, that without the antidementia therapy patients of the main group could be hospitalized also for 29% of the duration of dementia syndrome ( $\geq 21.2$  months). The cost of one bed day in Moscow hospitals in 2009 year is 31.2 EUR, thus total expenses for a hospital treatment of one patient with AD for 21.2 months would be 19902.6 EUR (given). The expenses for a treatment of one patient in out-patient clinic for 21.2 months excluding medical staff salary range from 1605.3 EUR (memantine) to 2422 EUR (AChE-inhibitors). Therefore, treatment of AD patients in outpatient clinic instead of hospitalization allows to save 17480.6-18297.3 EUR for public health service budget for each patient.

**Conclusion:** Long-term anti-Alzheimer therapy allows to postpone institutionalization. Economic expenses resulted from AD-patients institutionalization more than 8 times exceed the cost of the appropriate therapy in outpatient clinic.