

economic study. Therefore, this study is an important opportunity for detailed evaluation, on an intent-to-treat basis, of long-term use of a novel antidepressant, sertraline, among persons over 65 years old.

This paper presents the results of the economic evaluation of this valuable data-set.

S4-2

A HEALTH POLICY ANALYSIS OF PHARMACOTHERAPY FOR MAJOR DEPRESSIVE DISORDER IN EUROPE AND THE AMERICAS

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We conducted a pharmacoeconomic analysis of oral therapies for major depressive disorder in 10 countries in Europe, Latin America, and North America. The 10-country average direct cost of treatment with venlafaxine is US\$ 3,751 per patient, US\$ 4,457 for SSRIs, and US\$ 4,628 for TCAs. Savings attributable to venlafaxine result from superior efficacy and reduced resource utilization. The economic impact of a 1% shift in venlafaxine utilization in 10 countries studied translates to a savings of US\$ 14.24 million in total direct cost to society and US\$ 7.74 million in direct cost to the primary payors.

S4-3

EXPLORATION OF THE USE OF THE CONTINGENT VALUATION METHOD TO DETERMINE PUBLIC PREFERENCES AND VALUATIONS FOR THE BENEFITS OF ANTI-DEPRESSANT PRESCRIBING POLICIES

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In this paper we report the results from a study exploring the use of the contingent valuation method (CVM) to estimate the benefits from three different aspects of anti-depressant prescribing policy; (i) the use of maintenance treatment to prevent acute episodes of depression (as recommended by the World Health Organisation); (ii) the prescribing of selective serotonin up-take inhibitors (SSRIs) versus tricyclic anti-depressants (TCAs) with emphasis on the relative side-effect profiles of the two drug types; (iii) and a switch from TCAs to other types of anti-depressants as a means of reducing depression-related mortality.

The emphasis of the paper is on introducing CVM as a method for assessing public preferences and valuations for use in the cost-benefit appraisal of mental health policies and interventions. Methodological and other issues relating to the validity and reliability of survey responses are discussed

S4-4

VARIATION IN GP PRESCRIBING FOR PATIENTS WITH DEPRESSION

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Identifying variation in GP prescribing for any common diagnosis is important for several reasons. It can indicate a measure of inefficiency if the patient group are similar, test for the impact of recent policy changes such as generic substitution and fundholding

schemes; be an indicator for predicting expenditure for budget planning purposes; and in general address the concern with rising national pharmaceutical costs. The study focuses on variation in the prescribing of antidepressants for patients with depression - an important submarket given the recent cost debate between first and second generation drugs for this illness.

Using information from a centralised general practice database, approximately 11,000 prescriptions for depression were matched with patient, GP, and practice characteristics. A discrete choice regression model was used to predict the type of antidepressant prescribed for a given set of diagnoses and then to predict differences between fundholding and non-fundholding practices.

A variety of models and sampling approaches suggest that female GPs were more likely to prescribe SSRIs (the more expensive option) than TCAs compared with male GPs; town practices were more likely to prescribe TCAs than SSRIs compared, with rural practices; fundholders were more likely to prescribe TCAs than SSRIs compared with non-fundholders; and non fundholders were more likely to prescribe repeat prescriptions for SSRIs and less likely to prescribe generic TCAs compared with fundholders. Descriptive results show that GPs also prescribe a number of different antidepressants for depression.

S4-5

THE COSTS OF COMORBIDITY: ANXIETY AND DEPRESSION

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Little is known about the additional impact of comorbidity on either direct care costs or indirect costs associated with, for example, lost employment or reduced productivity. Does comorbid anxiety increase the direct or indirect costs associated with depression? If so, for which patients is this additional cost most likely to occur and/or to be sizeable?

Using data collected in a major national survey of psychiatric morbidity in Great Britain, this paper will report the costs associated with depression (only), anxiety (only) and depression and anxiety (comorbidity). This survey-the OPCS Survey of Psychiatric Morbidity, conducted in 1993/94 - is the most comprehensive epidemiological collection to date in Great Britain. Both direct and indirect costs will be distinguished. The associations between these costs and the characteristics of patients are also explored.

S5. Issues in women's mental health

Chairs: B Petersson (DK), M Kastrup (DK)

S5-1

GENDER DIFFERENCES AND MENTAL HEALTH

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Population surveys have shown that women are more likely to complain of psychological problems and to seek help to alleviate these conditions. Women show in most surveys a higher psychiatric morbidity than men and the female excess is related to a preponderance of women with anxiety and depressive disorders, but also phobias and symptoms pertaining to somatic areas. Men tend to have personality disorders and problems of abuse.

Are these gender differences real or artefactual and a consequence of the socio-cultural construction of gender roles?

It is suggested that beyond biological predispositions, women's health is in double jeopardy by gender role related risks, which affect morbidity both directly through immunology systems and indirectly through health perceptions. These factors has big consequences for treatment strategies now and in the future.

S5-2

WITH BATED BREATH: COGNITIVE AND EMOTIVE ASPECTS OF BREATHING IN PATIENTS WITH MODERATE ASTHMA

Gretty M. Mirdal. *Institute of Clinical Psychology, University of Copenhagen, Copenhagen, Denmark*

The psychological literature on asthma has principally focused on the possible psychological causes of asthma; very little attention has been paid to the emotional and cognitive effects of having or having had breathing difficulties. The present study has focused on understanding the psychological difficulties of asthma patients as the consequents rather than the antecedents of the disease.

With asthma patients as co-researchers and psychotherapy as a method of data collection that allows for the investigation of complex psychosomatic interactions, this study has focused on the relationship between psychological hyperreactivity and bronchial hyperreactivity in 10 women patients with moderate asthma. The results demonstrate an interaction between attention, mood, concentration, memory, and breathing. The paper discusses these findings and their therapeutic implications.

S5-3a

POSTPARTUM PSYCHOSES: CLINICAL DIAGNOSES AND RELATIVE RISK OF ADMISSION

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Previous studies have suggested that the risk for psychosis, especially affective psychosis, is highly increased during the first 30 days after delivery. The aim of our study was to replicate these findings. Linking The Danish Medical Birth Register and The Danish Psychiatric Central Register from January 1st 1973 to December 31st 1993 has revealed 1253 admissions diagnosed as psychosis within 91 days after delivery. The admission rate after delivery was compared to the admission rate among non-puerperal women in the general, Danish female population. The relative risk of all admissions was only slightly increased, RR = 1.09 (CI, 1.03–1.16). The admission rate concerning first admissions was highly increased, RR = 3.21 (CI, 2.96–3.49) whereas the admission rate concerning readmissions was reduced, RR = 0.66 (CI, 0.61–0.72).

S5-3b

POSTPARTUM PSYCHOSES: PROGNOSIS AND RISK FACTORS FOR READMISSION

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Linking the Danish Medical Birth Register and the Danish Psychiatric Central Register revealed 1173 women admitted between 1973 and 1993 to a psychiatric hospital diagnosed a psychosis within 91 days after delivery. The relative risk of rehospitalisation was estimated with Cox proportional hazard regression models. A diagnosis of schizophrenia, RR = 2.4 (1.9–3.1) and a history of prior psychiatric admission among non-schizophrenic women, RR = 1.8 (1.5–2.1) predicted an increased risk of rehospitalisation compared to the rate of rehospitalisation among non-schizophrenic women with no prior psychiatric history. Unmarried women had an increased risk of readmission, only preterm delivery was associated with a reduced risk of readmission.

Stress factors as preterm delivery predicts the best prognosis after puerperal psychosis. The majority of psychotic relapses are related to the psychopathology of the patient, a history of psychiatric admission and to family relations.

S5-4

SUFFERING OF THE BODY AND MIND: PREDICTORS FOR PSYCHOSOMATIC PROBLEMS IN FEMALE REFUGEES

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In a sample of 120 Bosnian female refugees, tests were carried out regarding the level of various health problems and a number of factors which, according to the suggested model, influence the level of adjustment. Each subject was asked to state whether a given symptom had been present before the war. This provided us with information about the level of problem before the experienced traumatic events. The most frequent somatic and psychological symptoms are reported. Many of the somatic symptoms indicate a high level of physiological arousal indicative of PTSD reactions, anxiety, and depressive states. Correlation between health problems before and after the war is higher than 0.40, and implies the importance of previous health status, primarily for somatic problems. The general level of health problems is significantly increased in comparison to the period prior to the war. There is a high correlation between somatic and psychological symptoms. After trauma, body and mind suffer simultaneously. Important predictors found were the extent of experienced traumatic events, losses of relatives, age and level of health problems before the war.

S5-5

WOMEN'S MENTAL HEALTH IN UKRAINE

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Now we have in Ukraine the significant growth of women's mental disorders and psychological problems in different ages. The most prevalent are depression, agoraphobia and social phobia, addictive disorders, suicidal behavioral, drug abuse and alcoholism. Very serious problems are frequent events of women's abuse and domestic violence.

Causes of bad effect on women's mental health are: the chronic economical and social crisis, violence of human rights, absence of confidence in the future, the loss of significance and sense of life. This situation is intensified by obsolescence of the Governmental Mental Health Services, a fear of psychiatrists and psychologists,