05-02

The Australian SCAP Study: real-world schizophrenia – economics

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Background: The treatment of patients with schizophrenia consumes a considerable proportion of health service budgets. Despite this, there have been few attempts to prospectively analyze the costs associated with schizophrenia and the relationship of these to clinical outcomes.

Methods: Direct health care costs were prospectively studied in a cohort of 347 patients with schizophrenia in Dandenong, Australia, over 3 years. Indirect costs were estimated from patient's self-reported information.

Results: The average annual societal cost was A\$32 160 per participant in the first year of the study, A\$27 190 in the second year and A\$29 181 in the third year. Indirect costs accounted for 46% of the total costs in the first year, 52% of the total costs in the second year and 50% of the total costs in the third year. The most expensive component of treatment was in-patient hospital care, which accounted for 42%, 34% and 36% of the total costs in the first, second and third years, respectively.

Conclusions: Considerable resources are required for the provision of treatment for patients with schizophrenia. However, this expenditure is accompanied by an improvement in clinical outcomes and reported quality of life. The distribution of health care costs is highly skewed, with a relatively small proportion of patients (39%) consuming the majority of resources (80%). An expansion of resources dedicated to supporting a return to employment for this patient group is likely to have substantial benefits in reducing the overall economic and personal impact of this disorder.

05-03

Disease burden of bipolar and schizoaffective disorder in an Australian cohort

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Objective: The Bipolar Comprehensive Outcomes Study (BCOS) is an ongoing, Australian, 2-year, observational study of participants with bipolar I or schizoaffective disorder, designed to examine the economic, clinical and functional outcomes associated with treatment in a 'real-life' context.

Methods: Participants prescribed olanzapine or conventional mood stabilizers were assessed at entry using the Young Mania Rating Scale (YMRS), Hamilton Depression Rating Scale (HAMD21), Clinical Global Impressions Scale – Bipolar Version (CGI-BP) and the EuroQol Instrument.

Results: On average, participants were 41.8 ± 12.7 years of age. About 58% ($n = 140$) were women, and 73% ($n = 176$) had a diagnosis of bipolar I disorder. Olanzapine was prescribed to 35% ($n = 85$) of participants, and more commonly for schizoaffective disorder (48% vs. 31% for bipolar). Based on CGI-BP scores, more women were markedly ill (34% vs. 22%, women vs. men) and significantly more depressed than men [HAMD21 total score 14.3 ± 8.7 vs. 12.1 ± 8.3, $P = 0.048$; CGI-BP depression scores 3.5 ± 1.3 vs. 2.8 ± 1.3, $P < 0.001$ (women vs. men)]. Participants were on average, hypomanic, with YMRS total and CGI-BP mania scores of 8.2 ± 8.5 and 3.0 ± 1.6, respectively. Bipolar participants rated their overall health state significantly higher than those with schizoaffective disorder. This trend was also reflected by the mean weekly wage (\$500–\$999, 21.3% vs. 6.3%, per cent participants, bipolar vs. schizoaffective), unemployment rate (22.2% vs. 48.4%) and relationship status (47.1% vs. 26.6%, $P = 0.005$).

Conclusions: Participants were characterized by social and occupational dysfunction at study entry, but those with schizoaffective disorder appeared to be more severely affected. Effective treatment is required to address both clinical and functional impairment.