Conclusions: SOHO will provide unique data to study how patients with schizophrenia are treated in actual practice in Europe. Results indicate that antipsychotic side effects are frequent and a relevant reason for medication change.

P24.09

Hospitalisation and costs for schizophrenia relapse treatment in Germany

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Objective: To study hospital length of stay (LOS) and direct treatment cost for relapsing olanzapine and haloperidol-treated schizophrenia patients in Germany.

Method: Retrospective chart review of last hospitalisation due to schizophrenia relapse for a matched sample of patients matched on i) time since diagnosis; and ii) severity of symptoms.

Results: For the matched sample (n=136 matched pairs) olanzapine-treated patients had shorter inpatient hospital LOS, and a lower average direct treatment cost of 803 DM per patient. Due to significant patient differences regarding duration of intake of study medication prior to hospital admission, an exploratory re-matching was performed using this as re-matching criteria. For the re-matched sample (n=76 matched pairs) median LOS increased to about six weeks for haloperidol-treated patients, leading to an average lower cost of 3,517 DM for olanzapine-treated patient.

Conclusions: The results are consistent with results from randomised clinical trials in other countries in concluding that olanzapine is preferable to haloperidol in terms of the direct cost of treating schizophrenia.

P24.10

Economic aspects of bipolar disorder in Europe

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Objective: To quantify the societal costs associated with Bipolar Disorder (BPD) in Europe. This information is of importance to decision makers given restricted budgets and rising costs.

Method: A detailed search of information sources in 5 European countries (France, Germany, Italy, Spain and the UK). Information on prevalence, resource use and costs associated with BPD was collated.

Results: There was a paucity of evidence assessing the epidemiology, treatment patterns and especially service/resource use associated with BPD in Europe. Lost productivity was a substantial cost associated with the disorder. Hospitalisation accounted for the majority of service costs(1). Mania/hypomania episodes drive this hospitalisation cost, with hospitalisation rates four times those for BPD depression episodes. Medication impacted on current and future hospitalisation use and consequently on service costs(1).

Conclusion: BPD places a high burden on society's resources(2). Findings highlight the potential impact of mania medication choice on service costs.

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P24.11

Outcomes and cost's associated with different antipsychotic treatment

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The schizophrenic syndrome is a disabling condition and often begins in young adulthood. Between 50–70% of the cases have a chronic course with relapses in psychotic episodes, high morbidity and a mortality above the expected. In a time of scare resources and high national economic costs for schizophrenia, improved methods of treatment and efficient use of national resources has become increasingly important. Measuring cost-effectiveness of treatment requires inclusion of a broad evaluation of the outcome for patients concerning factors like treatment response, social functioning and occupational. The costs of schizophrenia do not only include costs for treatment of patients with a schizophrenic syndrome, but also the social and psychological costs experienced by their relatives.

New treatment usually results in an initial increase in costs but if outcome could be improved in patients as a result, this could produce long-term savings. In a naturalistic, retrospective study of 240 patients medical documents are studied during 2 years with respect to the following factors: days in hospital, prescribed psychotropic drugs, days in relapse, involuntary treatment and costs for legal procedures, children that need support, costs for support in patients homes, the amount of patients at work, the amount of patients with sick-leave or sick-pension, living circumstances and GAF. Patient prescribed classical antipsychotics per os, classical antipsychotic in depot-formulation, olanzapin or risperidon. Each group includes 60 patients. The result will be discussed with focus on costs and outcome.

P25. Internet in psychiatry

P25.01

Is the web-administered CIDI-SF equivalent to a human SCID-interview?

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The procedural validity of the Composite International Diagnostic Interview – short form (CIDI-SF) administered via an Internet web-page was examined and compared with an in-person interview (Structured Clinical Interview for DSM-IV Axis I Disorders, research version; SCID) for seven DSM-IV mental disorders: major depression, generalized anxiety, specific phobia, social phobia, agoraphobia, panic attack, and obsessive–compulsive disorder. The 53 participants completed a computerized interview (CIDI-SF) via a web page two days before the scheduled in-person interview (SCID). The agreement between CIDI-SF and SCID was generally low (Cohens Kappa <.40). However, the agoraphobia and obsessive–compulsive disorder modules had good specificity and sensitivity respectively. The CIDI-SF is not equivalent to a human SCID-interview, but can be used to screen for agoraphobia and obsessive–compulsive disorder. Furthermore, if the panic disorder

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