P24.05

Health care expenditures of patients with major depressive disorder and post traumatic stress disorder

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Introduction: An estimated 50% of Americans are exposed to at least one traumatic event in a lifetime. Of those, 20% experience post-traumatic stress disorder (PTSD). Approximately 50% of patients with PTSD have comorbid major depression disorder. This study examined the cost differential between patients with major depressive disorder (MDD) only, PTSD only and patients with comorbid MDD and PTSD.

Methods: A retrospective study of patients with MDD and PTSD was performed using 1996 to 1999 claims from the MarketScan Database, with private sector health data from approximately 100 payers in the US. Three cohorts of patients were created: 1) patients with MDD (ICD-9-CM 296.2, 296.3, 300.4, or 311), 2) patients with PTSD (ICD-9-CM 309.81), and patients with both MDD and PTSD. Patients had to also have a prescription drug claim for an antidepressant within 30 days of diagnosis. During the 6 month follow-up, healthcare utilization and expenditures for inpatient, outpatient, emergency room, and outpatient drugs were calculated. Total expenditures were compared. ANOVA was used to assess the statistical significance of differences in expenditures.

Results: A total of 24,955 patients with fee-for-service health coverage were identified . Of those, 24,156 were diagnosed with MDD, 196 with PTSD, and 603 had co-occurring MDD and PTSD. The mean total expenditure for patients with MDD, PTSD, and MDD with PTSD were $3,407, $3,714, $5,723 respectively ($p<0.05$). PTSD was significantly associated with increased expenditures after stratifying for gender, age, and geographic region.

Conclusion: Costs associated with MDD and PTSD are substantial. The total health care expenditures of patients with PTSD were significantly higher than expenditures for patients with MDD alone. Patients with comorbid depression and PTSD had significantly increased expenditures than patients with one condition.

P24.06

Olanzapine or risperidone treatment initiation: SOHO Study Results

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Objectives: To compare initial use patterns for patients initiating treatment with olanzapine and risperidone in the Schizophrenia Outpatient Health Outcomes (SOHO) study.

Method: SOHO is a 3-year, prospective, Pan-European, observational study being conducted across 10 European countries. Dose, patient characteristics, and prescriptions for concomitant medications were compared for patients who initiated treatment with olanzapine or risperidone.

Results: Preliminary results were used to conduct comparisons of olanzapine (n=802) and risperidone (n=226) patients at baseline. Of patients who changed antipsychotic treatment, a larger proportion of olanzapine patients (40%) had received an atypical antipsychotic in the 6 months prior to treatment compared to risperidone patients (24%). Average doses upon treatment initiation were 10.1mg and 4.3mg for olanzapine and risperidone, respectively. A smaller proportion of the olanzapine patients received a concomitant anticholinergic (8%) compared to risperidone patients (19%).

Conclusions: Patients treated with olanzapine may be more likely to have a history indicative of greater severity of illness and/or treatment resistance compared to patients treated with risperidone. Despite low initial doses, risperidone patients were more likely to be treated with an anticholinergic for EPS than olanzapine patients.

P24.07

Schizophrenia treatment in Europe: country differences in the SOHO Study

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Objectives: To describe between country differences in schizophrenia treatment patterns in the Schizophrenia Outpatient Health Outcomes (SOHO) study.

Method: SOHO is a 3-year, prospective, Pan-European, observational study being conducted across 10 European countries. Patient characteristics in terms of resource utilisation, antipsychotics use patterns, and symptomatology were compared between countries.

Results: Preliminary results in the six month period before inclusion indicate that 36% of patients were admitted to hospital with figures ranging from 18% in Greece to 43% in Italy. Day-centre or day-hospital use was highest in Italy (52%of patients), and lowest in Greece (5%). Germany and Italy had the highest use of depot medications (more than 25% of patients in the previous 6 months). France and Spain had the highest use of atypical antipsychotics (above 40%). Rate of occurrence of EPS symptoms was highest in Greece. Germany and Greece also had the highest proportion of patients changing therapy due to side effects.

Conclusions: European countries show important differences in patterns of care for schizophrenia. The impact of these differences on long-term outcomes needs to be examined.

P24.08

Baseline results from SOHO: a pan-European, observational study

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Objectives: To describe baseline characteristics of patients included in the Schizophrenia Outpatient Health Outcomes study (SOHO).

Method: SOHO is a prospective, Pan-European, observational study being conducted across 10 European countries. Patients may be enrolled if, at the discretion of the treating clinician, they initiate antipsychotic medication in the outpatient setting. There will be 2 principal cohorts of approximately equal size: (1) patients who initiate olanzapine treatment; (2) patients who initiate non-olanzapine antipsychotic treatment.

Results: Preliminary results indicate that 74% of patients were rated as moderately or markedly ill, with negative symptoms being more prominent than positive. Thirty-seven percent of patients had taken an atypical antipsychotic in the previous six months and 16% were neuroleptic-naïve. Side effects were frequent, with 39% experiencing EPS, 12% tardive dyskinesia, and more than 50% with some form of sexual dysfunction. The most frequent reasons for medication change were lack of effectiveness and side effects.

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