Conclusions: These results suggest that the two groups different in symptomatology and temperamental aspects. In particular, female patients present an higher level of severity in symptomatology and in temperamental aspects for all dimensions temperamental. Male patients present character features significantly higher in all dimensions of Self directedness and reducted cooperativeness. Male patients present higher comorbidity for general medical condition.

P24. Health economics

P24.01

Guidelines for economic evaluation of treatments for major depression

K. Frasch*, N.U. Neumann. *Department of Psychiatry II of the University of Ulm at the Bezirkskrankenhaus Günzburg, Germany*

Objective and method: Our previous research proved cost-utility analysis (CUA) to be the most adequate of the 3 economic evaluation subtypes in examining psychiatric treatment. Since Major Depression is the psychiatric disorder with the largest societal costs, we checked the relevant medical literature vol. 1987–1998 in order to develop guidelines for future research.

Results: Only 3 methodologically comprehensive trials were found, 2 of them dealing with major depressive patients. The following variables turned out to be most important for calculating the cost-utility ratio, expressed in incremental $ / incremental Quality-Adjusted Life-Year:

direct costs including therapist hours, medication and blood tests (all easy to calculate),

indirect costs such as for travelling and patient time (transportation, waiting and visiting time – usually 60–80% of an average hour of pay per hour),

the utility value p (quality of life while being depressed): between 0,3 and 0,7 (reasonably pessimistic/optimistic – 'sensitivity analysis'),

discount rates (different in each country, e.g. 0–5%).

Conclusion: Although it is perfectly possible to evaluate psychiatric treatment by CUA without special economic knowledge there is a considerable lack of appropriate studies which can only partly be explained by the fact that consideration of a treatment's cost-utility must be based on results of methodologically comprehensive *clinical* studies including comparison treatment/placebo.

P24.02

The economic burden of schizophrenia in Russia

I. Gurovich*, E. Lyubov. *The Moscow Research Institute of Psychiatry, Russia*

Objectives: This study tried to estimate the annual total costs of schizophrenia in Russia in 1998.

Methods: The cost-of-illness study was based on a prevalence approach. Costs were expressed in 1998 values.

Summary of the results obtained: The overall monetary burden of schizophrenia in Russia was estimated to be Roub.8.1 billion (US$0.8 billion). The direct (medical) costs were Roub.3.4 billion (42% of total costs), or 5% of the annual health care budget, or 0.1% of gross domestic product. Inpatient care costs accounted for 95% of the direct costs while drug therapy costs accounted for only 1.8%. The indirect (societal) costs were caused mainly by work disability. The mean total costs per capita were Roub.5800. However the study revealed the cost heterogenety of schizophrenia population.

Conclusions: In light of the huge burden of schizophrenia more attention should be directed at cost-effective psychopharmacotherapy, the management of "high cost" service users, and community psychiatry.

P24.03

Healthcare utilization in patients with treatment resistant depression

J. Russell[1]*, E.R. Berndt[2], S.N. Finkelstein[2], A.S. White[3], W.H. Crown[3]. [1]*University of Texas Medical Branch-Gavleston and Cyberonics Inc;* [2]*Massachusetts Institute of Technology;* [3]*The Medstat Group, Cambridge, MA, USA*

Objective: Recent studies indicate that as many as 20% of depressed patients are resistant to traditional antidepressant treatments. This study utilized a national healthcare database to characterize healthcare utilization of patients with treatment-resistant depression.

Methods: Depression-diagnosed adults with at least 8 weeks of adequate antidepressant dosing were selected. Patients were classified as treatment-resistant (n=1,697) and those without evidence of treatment resistance (n=3,639) for comparison.

Results: Treatment-resistant patients are at least twice as likely to be diagnosed with bipolar disorder, comorbid anxiety disorders, and substance-related disorders ($p<0.01$). Treatment-resistant patients were at least twice as likely to be hospitalized (depression and non-depression related), had 41% more outpatient visits ($p<0.01$), and used 2 to 3 times more psychotropic medications ($p<0.01$). Treatment resistant depression was associated with higher total health care costs ($41,475/yr vs $5,318/yr; $p<0.01$).

Conclusions: Treatment-resistant depression is costly and is associated with extensive use of health care services. These findings underscore the importance of effective long-term treatment for patients with treatment-resistant depression.

P24.04

Costs for evidence-based care of patients with schizophrenia

E. Wennström, I.-M. Wieselgren, F.-A. Wiesel. *Department of Neuroscience, Psychiatry, Uppsala University, Sweden*

The Swedish National Board of Health and Welfare has recently issued evidence-based national practice guidelines for the care of persons with schizophrenia. They recommend a community-oriented care based on multidisciplinary outpatient teams with integrated, small nursing units and complementary acute beds in wards with no more than six beds each. We estimated the total annual cost for healthcare according to the recommended guidelines by appraising and comparing the resources such care would necessitate with the actual costs for current resources in Uppsala County (225,000 inhabitants 18 years and older). Mental healthcare according to the guidelines would necessitate 6.8 psychiatrists (64 % increase), 6.9 psychologists and 20.7 rehabilitation workers (e.g. occupational therapists, social welfare officers) per 105 inhabitants. Furthermore, the number of beds in small nursing units would have to be raised to 20.9 per 105 inhabitants, enabling a reduction of acute beds in hospital wards to 10.7 per 105 inhabitants. In conclusion, the total annual cost for care according to the guidelines was estimated to 5.2 million euro per 105 inhabitants, which is 24 percent in excess of the current annual cost.

https://doi.org/10.1016/S0924-9338(02)80649-6 Published online by Cambridge University Press