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**REES France**

## **Schizophrenia Antipsychotic Treatment Patterns and Costs in France**

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***REES France (Health Economics Evaluation Network)***

[www.rees-france.com](http://www.rees-france.com)

# Objectives

- 1996: last survey about antipsychotic prescription patterns in France\* ;
- 1995 and 1996: risperidone and olanzapine introduction in France;
- Need for an updated description of schizophrenia treatment patterns in the presence of atypical antipsychotics;
- Repercussions in the daily cost of treatment ?

\* Fourrier A et al. Br J Clin Pharmacol. 2000 Jan;49(1):80-6.



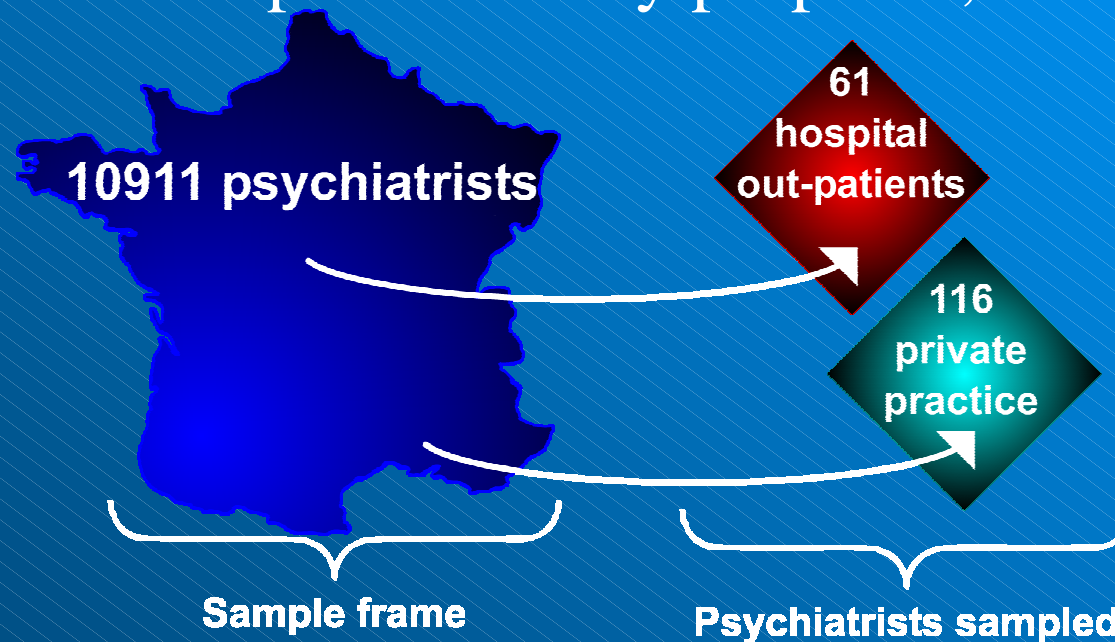
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**METHODS**

# Data Sources: Psychiatrists

## “EpiSurvey”

- Cross-sectional epidemiological survey;
- November 2002 – February 2003;
- Two levels for representativity purposes;



- 177 psychiatrists surveyed.

# Data Sources: Patients

For each psychiatrist:

- Patient inclusion criteria:
  - Schizophrenic ambulatory patient;
  - Under antipsychotics for at least 6 months.
- **Registry** (n = 2741 patients)
  - All included patients seen in the month (max 25 patients);
  - Treatment patterns information.
- **Detailed survey** (n = 1861 patients):
  - 3 treatment categories (olanzapine / amisulpride, risperidone, clozapine / typicals);
  - Max 9 (private practice) or 18 (hospital out-patients) adult included patients;
  - Daily doses and co-prescriptions.

# Statistical Analysis

- Multiple hierarchical weights to obtain population estimates;
- Generalized logit analysis:
  - Response variable: principal treatment prescribed (6 categories, reference category = Standard typical antipsychotic);
  - Covariates: patient characteristics, prescription source and co-prescriptions;
  - Identification of variables associated with current principal antipsychotic taken (association does not imply causation).
- Cost estimation based on drug presentation and daily doses.



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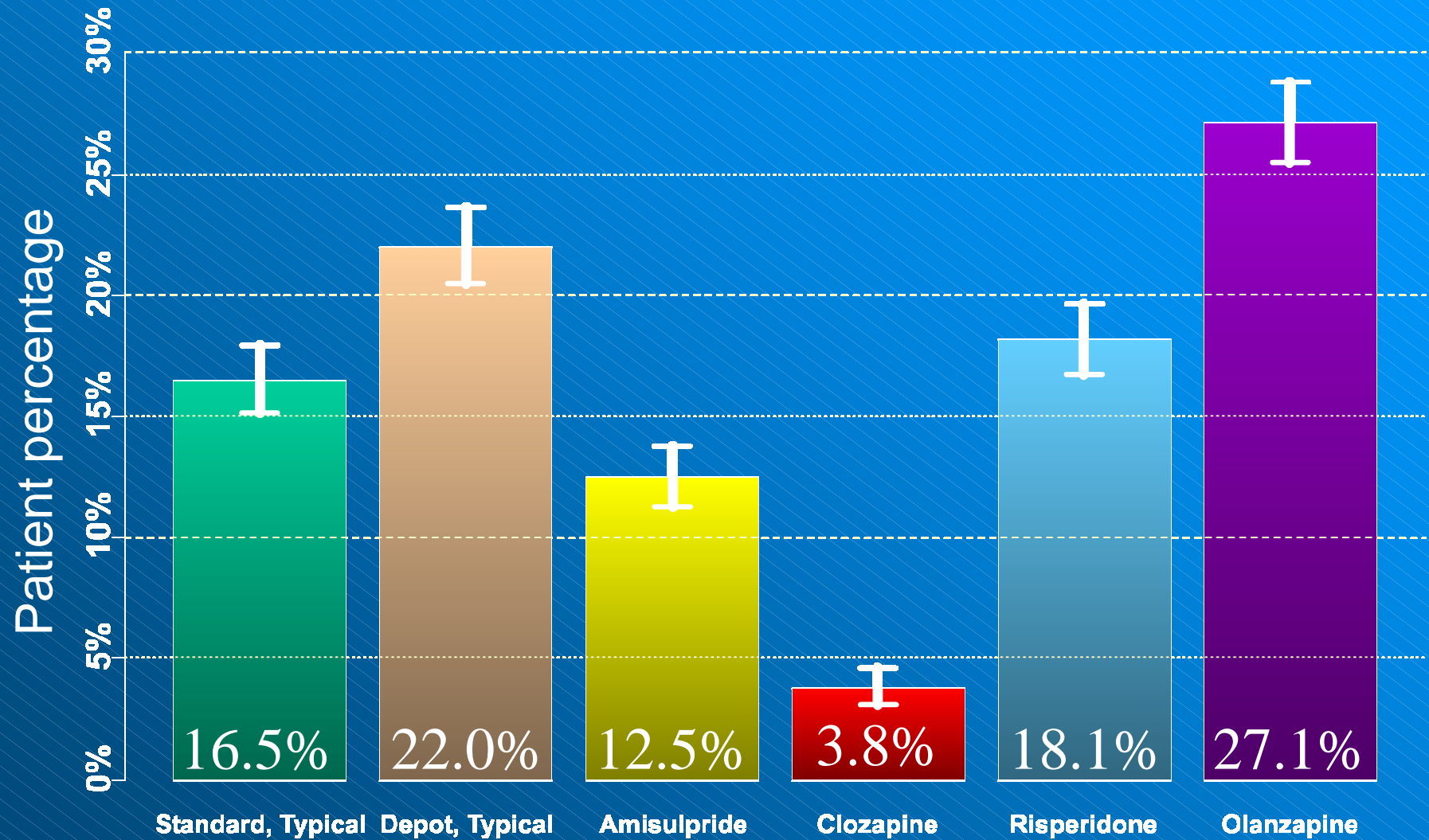
**RESULTS**

# Patients' Broad Characteristics

- Mean age 40 years;
- 60% are men;
- 60% predominant positive symptoms;
- 60% followed by hospital psychiatrists.
- 30%  $\geq 1$  hospitalization during the year;
- 25% with a diagnosis  $< 5$  years;
- 25% under legal protection;



# Treatment Patterns



Principal treatment only.

# Daily Cost Of Treatment

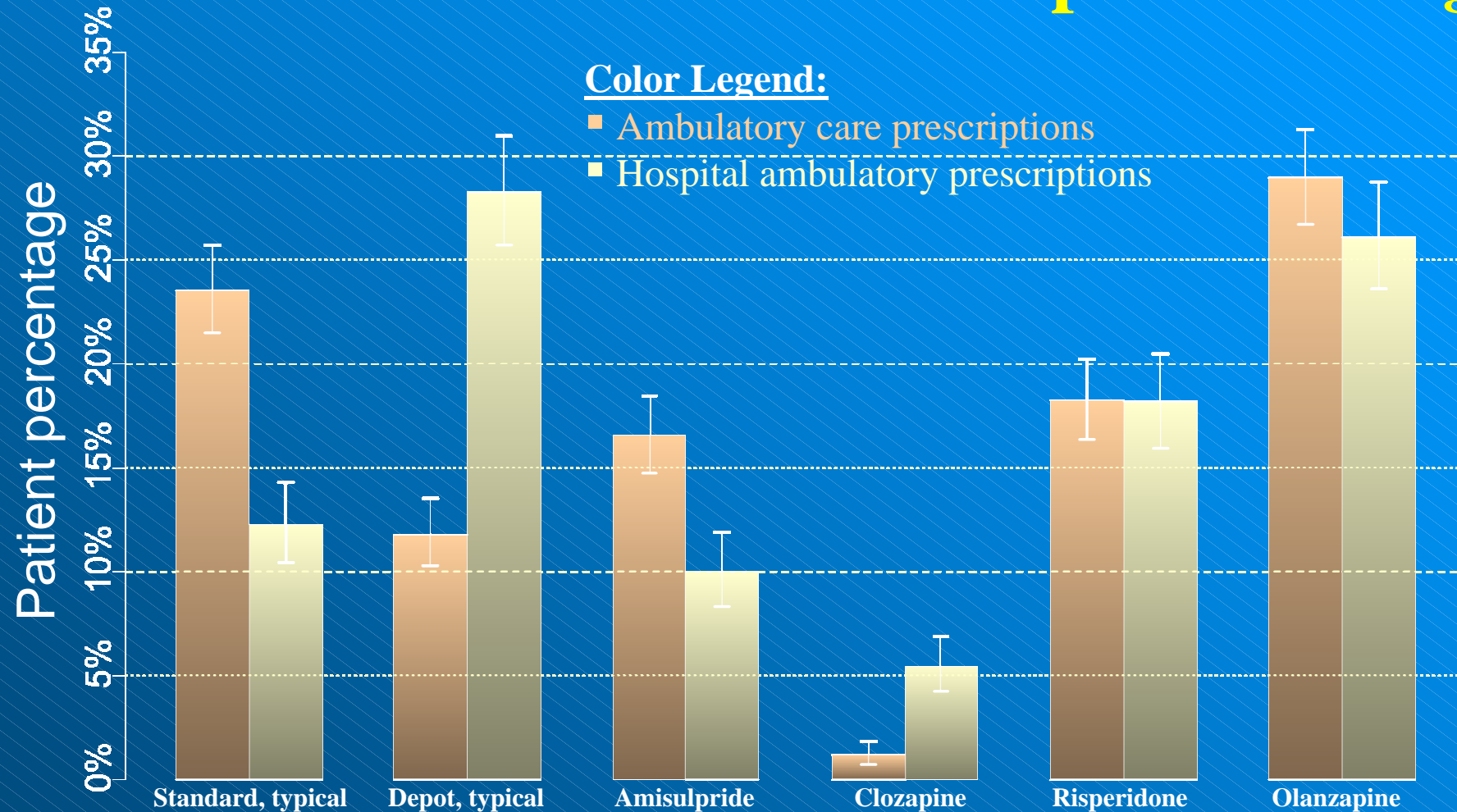
## Weighted average DCT, ex-factory price

Treatment	Mean DCT (€/day)	Inter-Quartile Interval
All atypical	3.47	1.68 – 4.51
All standard typical	0.33	0.07 – 0.34
All typical*	0.30	0.17 – 0.28
All treatments	2.26	0.28 – 3.37

\* Using for depot typicals only the estimated cost of Haldol Decanoas<sup>®</sup> (0.28 €/day)

Cost of principal antipsychotic prescribed (cost of co-prescriptions not included).

# Treatment Patterns and Prescription Setting



Ambulatory patients' prescriptions differ among ambulatory care and hospital psychiatrists.

# Daily Cost Of Treatment and Prescription Setting

Treatment	Mean DCT (€/day)	
	Private practice	Hospital out-patients
All atypical	3.04	3.76
All standard typical	0.32	0.33
All typical*	0.31	0.29
All treatments	2.09	2.37

\* Using for depot typicals only the estimated cost of Haldol Decanoas<sup>®</sup> (0.28 €/day)

Weighted average DCT, ex-factory price.

Cost of principal antipsychotic prescribed (cost of co-prescriptions not included).

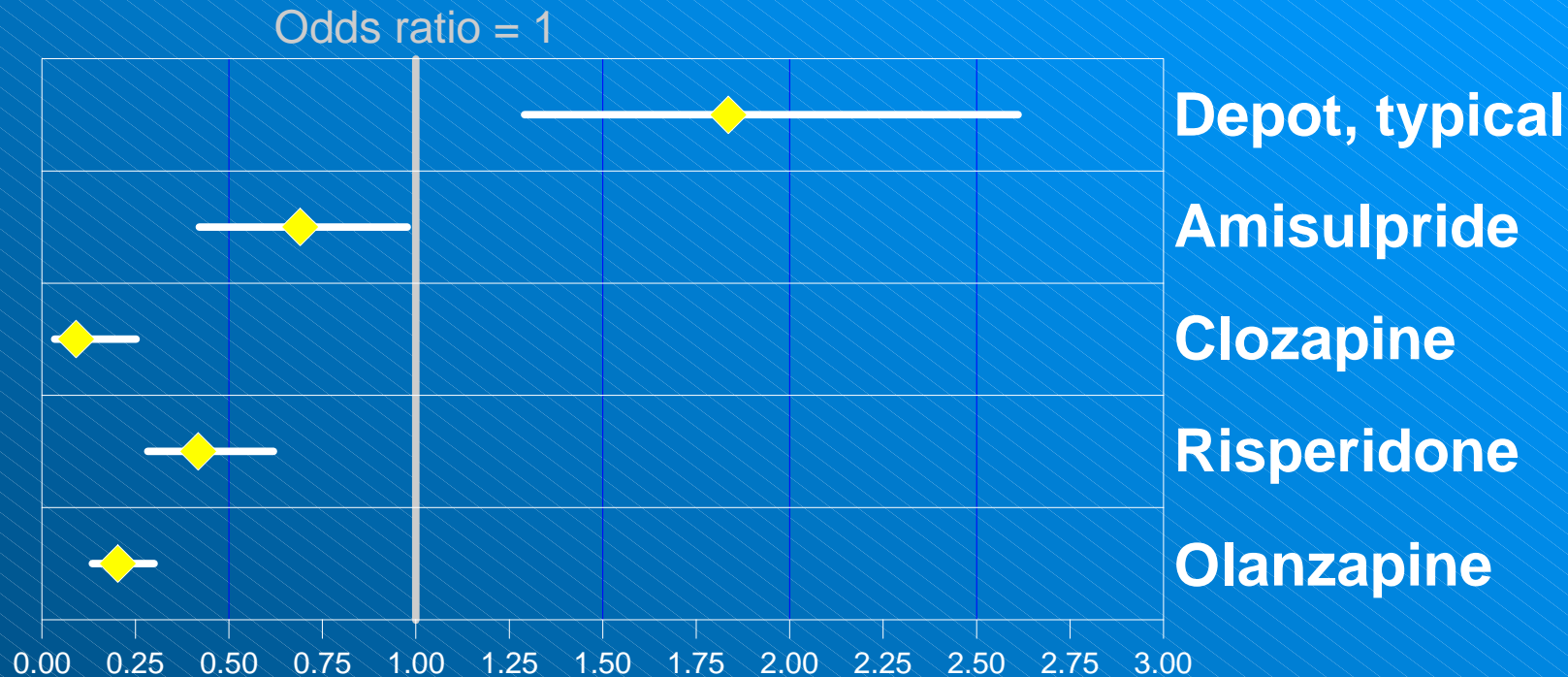
→ Ambulatory patients' mean daily cost of principal treatment differ among private practice and hospital psychiatrists.

## Principal Treatment and Associated Variables

- 27 potential covariates for the multinomial logit model, 14 retained :
  - Antiparkinsonians ( $p < 0.0001$ )
  - Hospital prescription ( $p < 0.0001$ )
  - Prescription change ( $p < 0.0001$ )
  - Age ( $p < 0.0001$ )
  - Legal protection ( $p < 0.0001$ )
  - Smoking ( $p < 0.0001$ )
  - Age of onset ( $p = 0.0001$ )
  - Antidepressants ( $p = 0.0006$ )
  - Anxiolytics ( $p = 0.0007$ )
  - Therapy without drugs ( $p = 0.0027$ )
  - Acute episode ( $p = 0.0036$ )
  - Living with relatives ( $p = 0.0095$ )
  - Hypnotics ( $p = 0.0348$ )
  - Toxicomania ( $p = 0.0384$ )

p-values calculated using Wald Chi-squared tests  
(type III analysis of effects)

# Example: Antiparkinsonians



- When taking an antiparkinsonian treatment:
  - Adjusted odds depot typical > adjusted odds standard typical
  - Adjusted odds atypical < adjusted odds standard typical
- Consistent with the observation of higher risk of extrapyramidal symptoms when using typical antipsychotics.

# CONCLUSION

Antipsychotic prescription is associated with other co-prescriptions and the patient's condition. The patterns of prescription remain complex.

Prescribing patterns have changed since the introduction of second-generation antipsychotics.

For a given antipsychotic, cost (i.e. dosage) differs between private practice and hospital settings.