LONG-ACTING INJECTABLE ANTIPSYCHOTICS (LAI) IN HOSPITALIZED PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS: PRELIMINARY ANALYSIS AND PROJECTION OF DRUG-ECONOMIC VARIABLES (BUDGET-IMPACT).

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BACKGROUND AND AIM OF THE STUDY
Pharmacoeconomic evaluations are fundamental to assess validity of drug treatments in clinical practice along with efficacy and effectiveness data. However, direct costs due to pharmacological treatments are only a part of the economic burden of Schizophrenia. Schizophrenia Spectrum Disorders are mental illness that causes considerable costs to society. The high costs are mainly due to the early age of onset with many patients affected during their entire lifetime with negative effects on their working ability and limited opportunities with regard to the labour market (so called, indirect costs). Relapses, subsequent hospitalizations and therapeutic residential programs have been identified as another significant cost driver. Hospitalizations in turn are caused by a poor adherence to antipsychotic medication. In this context, it has been discussed whether the treatment with Long-Acting Injectables antipsychotics (LAI) can be a cost-effective strategy to reduce overall health care costs. The aim of this study is to evaluate the impact of using LAI antipsychotics in term of direct cost in DSM budget so to confirm the sustainability of these drugs.

METHODS
In this study we analysed budget impact and direct costs of pharmacological treatment with LAI antipsychotics on a Psychiatric Unit (Unità Operativa Complessa di Psichiatria) budget during 2014 and 2015. Further economic considerations had been derived from the analysis of the data of the outcomes of a clinical study on 25 subjects (15 male and 10 female, mean age 38.7 years) affected by Schizophrenia Spectrum Disorders treated with LAI antipsychotics in a mirror image designed study. The course of the illness was assessed by comparing days and number of hospitalizations over a period of one year.

RESULTS
Antipsychotics LAI represent a high percentage of pharmacological budget (70.3% in 2014 and 70.4% in 2015) of our Psychiatric Unit. Pharmacological budget covers pharmacological expenditures during hospitalizations and NHS H-Code drugs (LAI antipsychotics in this case) that are directly administered from NHS hospitals to outpatients. The course of illness of 25 subjects treated with antipsychotics LAI (15 male and 10 female, average age 38.7 years) shows a clear reduction of number of hospitalization and, most of all, of days of hospitalization (315 vs 193 total days). Thus the saving is 122 days that in economic terms covers 52.9% of the total increased costs due to AP LAI use when calculating cost of a day of hospitalization as Hospital’s DRG income vs mean duration of hospitalization in Italy. A global saving of 230.59 hospitalization days would be enough to guarantee the sustainability of this treatment only by reducing direct costs of hospitalizations.

CONCLUSIONS
LAI Antipsychotics, according to literature, are highly effective in modifying the course of schizophrenic disorder. Their economic impact could be sustained by costs reduction for hospitalization in acute ward. Indirect cost reductions of Schizophrenia Spectrum Disorders will surely provide a further economic advantage in managing these severe and high disabling illness.

REFERENCES