economic study. Therefore, this study is an important opportunity for detailed evaluation, on an intent-to-treat basis, of long-term use of a novel antidepressant, sertraline, among persons over 65 years old.

This paper presents the results of the economic evaluation of this valuable data-set.

S4-2

A HEALTH POLICY ANALYSIS OF PHARMACOTHERAPY FOR MAJOR DEPRESSIVE DISORDER IN EUROPE AND THE AMERICAS

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We conducted a pharmacoeconomic analysis of oral therapies for major depressive disorder in 10 countries in Europe, Latin America, and North America. The 10-country average direct cost of treatment with venlafaxine is US$ 3,751 per patient, US$ 4,457 for SSRIs, and US$ 4,628 for TCAs. Savings attributable to venlafaxine result from superior efficacy and reduced resource utilization. The economic impact of a 1% shift in venlafaxine utilization in 10 countries studied translates to a savings of US$ 14.24 million in total direct cost to society and US$ 7.74 million in direct cost to the primary payors.

S4-3

EXPLORATION OF THE USE OF THE CONTINGENT VALUATION METHOD TO DETERMINE PUBLIC PREFERENCES AND VALUATIONS FOR THE BENEFITS OF ANTI-DEPRESSANT PRESCRIBING POLICIES

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In this paper we report the results from a study exploring the use of the contingent valuation method (CVM) to estimate the benefits from three different aspects of anti-depressant prescribing policy; (i) the use of maintenance treatment to prevent acute episodes of depression (as recommended by the World Health Organisation); (ii) the prescribing of selective serotonin up-take inhibitors (SSRIs) versus tricyclic anti-depressants (TCAs) with emphasis on the relative side-effect profiles of the two drug types; (iii) and a switch from TCAs to other types of anti-depressants as a means of reducing depression-related mortality.

The emphasis of the paper is on introducing CVM as a method for assessing public preferences and valuations for use in the cost-benefit appraisal of mental health policies and interventions. Methodological and other issues relating to the validity and reliability of survey responses are discussed

S4-4

VARIATION IN GP PRESCRIBING FOR PATIENTS WITH DEPRESSION

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Identifying variation in GP prescribing for any common diagnosis is important for several reasons. It can indicate a measure of inefficiency if the patient group are similar, test for the impact of recent policy changes such as generic substitution and fundholding schemes; be an indicator for predicting expenditure for budget planning purposes; and in general address the concern with rising national pharmaceutical costs. The study focuses on variation in the prescribing of antidepressants for patients with depression - an important submarket given the recent cost debate between first and second generation drugs for this illness.

Using information from a centralised general practice database, approximately 11,000 prescriptions for depression were matched with patient, GP, and practice characteristics. A discrete choice regression model was used to predict the type of antidepressant prescribed for a given set of diagnoses and then to predict differences between fundholding and non-fundholding practices.

A variety of models and sampling approaches suggest that female GPs were more likely to prescribe SSRIs (the more expensive option) than TCAs compared with male GPs; town practices were more likely to prescribe TCAs than SSRIs compared, with rural practices; fundholders were more likely to prescribe TCAs than SSRIs compared with non-fundholders; and non fundholders were more likely to prescribe repeat prescriptions for SSRIs and less likely to prescribe generic TCAs compared with fundholders. Descriptive results show that GPs also prescribe a number of different antidepressants for depression.

S4-5

THE COSTS OF COMORBIDITY: ANXIETY AND DEPRESSION

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Little is known about the additional impact of comorbidity on either direct care costs or indirect costs associated with, for example, lost employment or reduced productivity. Does comorbid anxiety increase the direct or indirect costs associated with depression? If so, for which patients is this additional cost most likely to occur and/or to be sizeable?

Using data collected in a major national survey of psychiatric morbidity in Great Britain, this paper will report the costs associated with depression (only), anxiety (only) and depression and anxiety (comorbidity). This survey-the OPCS Survey of Psychiatric Morbidity, conducted in 1993/94 - is the most comprehensive epidemiological collection to date in Great Britain. Both direct and indirect costs will be distinguished. The associations between these costs and the characteristics of patients are also explored.

S5. Issues in women's mental health

Chairs: B Petersson (DK), M Kastrup (DK)

S5-1

GENDER DIFFERENCES AND MENTAL HEALTH

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Population surveys have shown that women are more likely to complain of psychological problems and to seek help to alleviate these conditions. Women show in most surveys a higher psychiatric morbidity than men and the female excess is related to a preponderance of women with anxiety and depressive disorders, but also phobias and symptoms pertaining to somatic areas. Men tend to have personality disorders and problems of abuse.

https://doi.org/10.1016/S0924-9338(99)80018-2 Published online by Cambridge University Press