Geographical Differences in Cost of Schizophrenia in Spain. A Bayesian Mapping Approach.

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Background: Clinical decisions cannot be taken without a prior analysis of the costs of treatment, particularly for disorders with a high morbidity rate, such as schizophrenia. Previous cost of illness analyses may have disregarded geographical aspects relevant for resource consumption and unit cost calculation.
Aims: The aim of the work is to analyse and to modelize the differences between several mental-health districts in Spain.
Data: A treated prevalence bottom-up three year follow up design was used for obtaining data concerning socio-demography, clinical evolution and the utilisation of services. 1997 reference prices were updated for years 1998-2000.
Method: We carry out in our work a Bayesian mapping approach. The aim of a map is to demonstrate the distribution of a phenomena in space. The conventional approach which displays standardised rates based on Poisson inference gives a good illustration of the geographical distribution of the phenomena. However, for small areas or small sample sizes, these maps often produce results which are difficult to interpret. Bayesian approaches have been developed in mapping in order to take into account this extra-Poisson variation, producing smoothed maps. The approach is part of the general theory of Bayesian analysis using generalised linear mixed models, developed and discussed in Breslow and Clayton (1993) and Clayton (1996).
Results: The analysis of the cost of schizophrenia by geographical areas shows the important differences in costs of schizophrenia in Spain. Calculating the costs of given disease involves two principal factors: resource utilisation and prices. In this study emphasis is placed on the analysis of resource utilisation. Future research should recognize the implications of incorporating different prices into the final results.

Source of Funding: Francisco José Vázquez Polo, Miguel Negrín Hernández are partially funded by Ministerio de Educación y Ciencia, Spain, under project SEJ2006-12685.

Inpatient Vs. Outpatient Treatment of Alcoholism: Advantages and Disadvantages

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Background: Different treatment approaches to alcoholism have specific influence on final treatment outcomes and expenditures.
Aims: Focusing on treatment approaches to alcoholism, paper is to discuss on advantages and disadvantages of both inpatients and outpatient treatment models, and cost-effectiveness diversity between.
Methods: The inquiry has been conducted over two groups of alcoholic patients last 15 years: A group of randomly selected from the residentially treated alcoholics last 15 years (n=100), and other group of alcoholics (n=100) which has been randomly selected from a pool of more than 180 non-residentially treated last 15 years subjected to the Group Systemic Family Therapy Program (GSFTP). The expenditures and treatment characteristics of both approaches have been compared.
Results and Discussion: The treatment goal for both groups has been an achievement of general functional improvement and stable abstinence. The group treated in an outpatient setting, and subjected to GSFTP, has achieved better results in terms of abstinence, relapses and family functioning. This opposes to the group of alcoholics treated residentially. It was shown that relapses rates among treated residentially after the treatment were dominant feature in the years followed. This significantly differed from the group treated in GSFTP in outpatient setting ($p < .001$). The relapse rates during the first year following this treatment model were low. The proper advantages and disadvantages offered by the treatment setting type of alcoholism have modified the final outcomes. The final costs of treatment also have been strictly related to this: the inpatient treatment apparently spends significant amount of Healthcare Fund's money, and the outpatient saves it ($p<.001$). In order to decrease total residential treatment expenditures, and to improve treatment outcomes, the fresh ideas, strategy and legislative as well as early screening, and proper education of GP's from local community health services, etc., should be promoted.

Source of Funding: None declared.

Clinical Severity of Panic Disorder with Agoraphobia in Terms of Comorbid Somatic Illnesses

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Aim: The aim of this study was to determine the clinical characteristics of panic disorder with agoraphobia in terms of comorbid somatic illnesses.
Method: The sample was consisted of 64 patients with principal DSM IV diagnosis of panic disorder with agoraphobia. The presence of comorbid somatic illnesses was estimated by the modified National Institute of Mental Health Panic Questionnaire. The patients with and without comorbid somatic illnesses were compared by the mean scores on instruments that examined the severity of panic disorder with agoraphobia on baseline: 1. Questionnaires - Panic Appraisal Inventory and Illness Attitude Scales, and 2. Clinician-rated instruments - Panic and Agoraphobia Scale and Clinical Global Impression Scale.
Results: Forty-eight (75%) patients have had one or more somatic illness and most prevalent were cardiovascular (62%), gastrointestinal (30%) and urological (23%) illnesses. The comparison of patients with and without comorbid somatic illnesses shows that patients with comorbid somatic illnesses have had statically significant ($p<0.05$) higher mean scores on Clinical Global Impression Scale and statically significant ($p<0.05$) lower mean scores on Coping Panic Subscale on Panic Appraisal Inventory. The patients did not differ on other clinical variables – severity of panic disorder and agoraphobia, hypochondria and other variables of cognitive perception of panic attacks (anticipation of panic attacks and panic attacks consequences).
Conclusion: Observed differences indicate that panic patients with comorbid somatic illnesses have more severe overall clinical expression and have perception of less capability to handle panic attacks then patients without comorbid somatic illnesses. That suggest that treatment program for patient with panic disorder with agoraphobia with comorbid medical illness deserves to have greater attention because of theirs clinical specifics, which implies greater health care use.

Source of Funding: None declared.