

**SEC3-4**

A 2 WEEKS FULL-TIME MANDATORY COURSE IN ADDICTION MEDICINE INTEGRATED IN THE INTERNAL MEDICINE-SURGERY CURRICULUM. EXPERIENCES FROM THE MALMÖE MODEL

M. Berglund. *Department of Alcohol and Drug Diseases, Malmö University Hospital, S-205 02 Malmö, Sweden*

Since 1992 a new clinical curriculum in the medical school at Malmö General Hospital, University of Lund has been introduced. A 2 weeks problem based course in addiction medicine has been integrated in the teaching of internal medicine-surgery including

**Theoretical Learning:** A textbook has been written defining the learning goals for medical schools.

**Attitudes:** The students' own attitudes towards alcohol drinking are discussed in small groups.

**Practical Skills:**

- a. *The addiction interview.*
- b. *Identification of heavy drinking and subsequent intervention.*
- c. *Assessment of withdrawal symptoms.*
- d. *Ethic analysis.*
- e. *Developing an alcohol prevention plan on the general practitioner level.*
- f. *Regulations and laws.* Case stories on children and spouses of alcoholics are analyzed. Children or spouses of alcoholics are attending the discussion.
- g. *Narcotic addiction.* Identification of symptomatology indicating heroine, amphetamine and cannabis use are trained.

**Examination:** Practical (alcohol interview on profession, patient etc) and oral interviews (patient examination) as a part of the total examination of internal medicine and surgery.

**SEC3-5**

EDUCATION ABOUT ADDICTION IN THE NETHERLANDS

M.J.A.J.M. Hoes. *Dept. of Psychiatry Ziekenhuis Rivierland, P.O. Box 6024, 4000HA Tiel, the Netherlands*

The government started an intensive education campaign for the public on januari 1, 1990. Yet, alcoholconsumption continued to rise in women and youngsters, although the annual consumption per capita continued to decrease since the all-time high of >11 L out of 1979. In the medical education 40 hours of instruction are provided, in the education for general physician an extra two days. However, there are differences between the eight Dutch universities, the university of Amsterdam offering the most intensive programme. In the education for psychiatrists there are 9 or 10 training centres where mostly a half-year's stage for residents is available. The Trimbos Institute, formerly Netherlands Institute for Alcohol and Drugs (NIAD), provides educational courses throughout the country for (para)medical personnel. The section 'Psychiatry and Addiction' of the Dutch Society for Psychiatry provides two times a year symposia and a congress for psychiatrist and addiction physicians; these have their own society. One-day post-doc courses are provided at all universities, mostly on a yearly basis. The media follow closely publications of the three major and three minor research centers.

**SEC3-6**

EDUCATION ABOUT ADDICTION IN GERMANY

J. Böning\*. *Department of Psychiatry, University of Wuerzburg, Germany*

Im Gegensatz zu Studiengängen wie Sozialpädagogik oder Pädagogik an Fachhochschulen ist die Vermittlung suchtrelevanten Basiswissens in den universitären Studiengängen Medizin und Psychologie von Einzelinitiativen der Dozenten abhängig. In der gesetzlichen Weiterbildungsordnung ist für „Psycho“-Fachärzte seit 1992 ein suchtmmedizinisch-therapeutischer Teil etabliert, der dem heute erforderlichen Qualitätsstandard aber nicht genügt. Dringend notwendige – und beantragte – spezialisierte suchtmmedizinische Zertifikate für Ärzte gibt es bis heute nicht, obwohl letztere Hauptverantwortung in der stationären Versorgung Suchtkranker tragen und ihre Kompetenz durch „learning by doing“ erwerben. In Verantwortung regionaler Ärztekammern konstituieren sich momentan neben der seit 1990 bestehenden „Methadon-Basisqualifikation“ aber Fachkunden bzw. Ärztekammerdiplome in „suchtmmedizinische Grundversorgung“ (Alkohol-, Medikamenten-abhängigkeit, Essstörungen) für Ärzte an der Versorgungsfront.

Im Gegensatz dazu besteht eine längere Tradition curricular qualifizierten, aber schulisch sehr unterschiedlich strukturierter Weiterbildungen zur „Suchttherapie“ bei Psychologen, Sozialpädagogen und Pädagogen. Diese sind seit langem aktiv in die stationäre und ambulante Versorgung Suchtkranker eingebunden und werden auch von den Rentenversicherungsträgern anerkannt. Trotz der damit verbundenen berufspolitischen Brisanz kooperieren alle Berufsgruppen miteinander. In den letzten Jahren wächst auf dem Hintergrund eines gemeinsamen bio-psycho-sozialen Suchtmodells die Integration aller Beteiligten in aufgebauten interdisziplinären Weiterbildungsakademien.

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## S4. Cost-effectiveness of depression treatment

*Chairs:* MRJ Knapp (UK), P Bech (DK)

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**S4-1**

DEPRESSION IN OLDER PERSONS: ECONOMIC EVALUATION OF A CLINICAL TRIAL OF SERTRALINE

Alan Stewart. *Metap International, 27 Gilbert Street, London, UK*

The introduction of newer antidepressants, such as the SSRIs has accompanied a trend towards longer-term use of pharmacotherapy and the advocacy of maintenance treatment for depression. However, there is a shortage of long-term data evaluating the new drugs.

The study deals with that problem. A sample of persons over 65 were identified as suffering from major depression and then monitored for 112–116 weeks. The first 12–16 weeks involved treatment using open-label sertraline, a SSRI of proven efficacy. At the conclusion of that phase, participants were randomised to receive sertraline or sertraline placebo for two further study phases, of 48 weeks and 52 weeks.

Over the course of the study, detailed information was collected on patient demographics, clinical outcomes and resource use. The economic data was collected using an additional form administered alongside the clinical trial CRF.

An important innovation in this study is that participants who dropped out of the clinical trial continued to be assessed for the

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

Steven R. Arikian<sup>1,2\*</sup>, Thomas R. Einarson<sup>3</sup>, Julian P. Casciano<sup>1</sup>, John J. Doyle<sup>1,2</sup>. <sup>1</sup>The = *Analytica Group, Ltd., Scarsdale, NY*; <sup>2</sup>*Columbia School of Public Health, New York, NY, USA*; <sup>3</sup>*Faculty of Pharmacy, The University of Toronto, Ontario, Canada*

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

Andrew Healey<sup>1\*</sup>, Daniel Chisholm<sup>1</sup>, Scott Weich<sup>2</sup>. <sup>1</sup>*Centre for the Economics of Mental Health*; <sup>2</sup>*Department of Psychiatry, Royal Free Hospital, UK*

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

Stephen Almond. *PSSRU, London School of Economics, London, UK*

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

Shane Kavanagh, Martin Knapp\*. *Centre for the Economics of Mental Health, Institute of Psychiatry, 7 Windsor Walk, Denmark Hill, London SE5 8BB, UK*

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.

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## S5. Issues in women's mental health

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

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#### S5-1

##### GENDER DIFFERENCES AND MENTAL HEALTH

B. Petersson. *Institute of Public Health, University of Copenhagen, Denmark*

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.