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## **Ace–Mental Health: Pharmacological Interventions For Psychosis.**

### **Abstract**

*Purpose:* Pharmacological interventions are an important part of the treatment for psychotic disorders. In the Assessing Cost Effectiveness - Mental Health (ACE-MH) study, a Steering Committee of mental health experts and policy makers identified the following drug treatment choices for evaluation:

- atypical neuroleptics (risperidone and olanzapine) instead of typical neuroleptics;
- olanzapine to replace risperidone;
- clozapine to replace typical neuroleptics, in persons with the worst course of the disorder; and
- risperidone replacing low dose typical neuroleptics.

*Method:* The cost-effectiveness of each of these interventions is assessed using a standardised methodology. Current practice in Australia for the year 2000 is the basis of comparison and determined from the Low Prevalence Disorders Survey (LPDS) of 1997-98. The health benefit is measured as a reduction in DALYs, based on i) systematic reviews of the impact of interventions on positive and negative symptoms of psychosis; ii) the severity of side effects reported by patients on different drug treatments in the LPDS; and iii) the long-term impact on mortality and disability due to the weight gain associated with neuroleptic drugs. A health sector perspective (government and patient) is used to determine costs over a lifetime. The robustness of results is tested using extensive probabilistic uncertainty analysis. The Steering Committee selected the interventions, scrutinised the analyses and defined and applied a set of 'second filter' criteria (including equity, strength of evidence, feasibility and acceptability to stakeholders) before recommending options for change.

*Results:* The cost effectiveness ratios range from affordable, at less than \$50,000 per DALY to prohibitively expensive at over \$150,000. For clozapine to replace oral typicals the CE ratio is \$24,000 in the most severe cases and \$47,000 in the less severe; for risperidone and olanzapine to replace oral typicals only if side effects are troublesome, \$20,000 and \$38,000 respectively. In contrast, giving risperidone to people on low dose typicals is more expensive at \$73,000, and for olanzapine to replace risperidone the ratio is \$155,000.

*Conclusion:* Based on the available evidence of cost-effectiveness, low dose typical neuroleptics are indicated as the treatment of choice for established psychotic disorders with the expensive atypicals being reserved for those with moderate to serious side effects. Clozapine is cost-effective for persons with less favourable course of the disorder. Translating findings from trials into a change in overall health status is challenging due to limitations in the trial outcome data as well as the crude severity weights used in DALYs. There is a need for independent longer-term research into quality of life outcomes of drug treatments that matter to people experiencing psychosis. Acceptability to stakeholders is expected to be the most controversial of the second filter criteria.

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