

Hyperhidrosis Quality of Life index (HidroQoL<sup>©</sup>) is recently designed and validated, and therefore was used only in its validation study.

When asked about these four quality of life tools patient advisors agreed that the HidroQoL<sup>©</sup> tool covered disease-specific quality of life dimensions relevant to them most comprehensively and was easy to complete. The DLQI was considered to be too general and too focussed on the skin. The HDSS was considered to be too basic and not sufficiently discriminating.

### CONCLUSIONS:

Future studies of the effectiveness of interventions for hyperhidrosis on health-related quality of life may benefit from including the HidroQoL<sup>©</sup> tool.

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## PP029 Hospitalizations And Costs In Bipolar Disorder Patients Initiating Long-acting Injectable Antipsychotics

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### INTRODUCTION:

Existing studies have not investigated the effectiveness of one long-acting injectable antipsychotic (LAI) versus another in preventing hospitalizations among patients with bipolar disorder (BD). This study was conducted to compare all-cause inpatient healthcare utilization and associated costs among BD patients who initiated LAIs.

### METHODS:

This retrospective cohort analysis used the Truven Health Analytics MarketScan<sup>®</sup> Commercial and Medicaid claims database. Bipolar patients  $\geq 18$  years with at least one claim for one of the following LAIs were identified between 1 January 2013 and 30 June 2014 (identification period): aripiprazole, haloperidol, paliperidone, and risperidone. The first day of initiating

an LAI was considered the index date. Logistic regression and generalized linear regression models were conducted to estimate risk of inpatient hospitalization and associated costs during the 1-year follow up.

### RESULTS:

A total of 1,540 BD patients initiated an LAI: 14.5 percent aripiprazole, 16.3 percent risperidone, 21.0 percent haloperidol, and 48.1 percent paliperidone. With the aripiprazole cohort as the reference group, the odds of having any inpatient hospitalizations were significantly higher in haloperidol [Odds Ratio, OR (95 percent Confidence Interval, CI): 1.49 (1.01 - 2.19)] and risperidone [1.78 (1.19 - 2.66)] cohorts. The paliperidone cohort also had a higher risk of having a hospitalization than aripiprazole, but the difference was not statistically significant ( $p > .05$ ). Among LAI initiators having any inpatient hospitalizations, the adjusted mean all-cause inpatient costs were lowest in the aripiprazole cohort (USD26,002), followed by risperidone (USD27,937), haloperidol (USD30,411), and paliperidone (USD33,240). However, the cost difference was not statistically significant.

### CONCLUSIONS:

Our study findings highlight the value of aripiprazole in reducing all-cause inpatient hospitalizations and associated costs among patients with BD during the 1-year follow-up. It is worthwhile to note that bipolar diagnoses were identified from healthcare claims coded for reimbursement purposes, thus misclassification was possible. Future studies are warranted to understand the impact of LAI use in a longer period of time.

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## PP030 Socioeconomics Of Cardiac Rehabilitation: A Meta-Analysis

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## INTRODUCTION:

The Guidelines for Rehabilitation in Patients with Cardiovascular Disease recommends convalescent cardiac rehabilitation (CR) as the standard treatment for patients with ST elevation myocardial infarction (STEMI) (class I, evidence level B) (1). However, health economic evaluation of cardiac rehabilitation (CR) is limited.

## METHODS:

This systematic review, meta-analysis study elucidated the cost-effectiveness of CR in the short term. The target population in this study included convalescent and comprehensive CR patients with coronary artery disease (CAD), most with myocardial infarction (MI). We used mortality, life years (LY, expected life years), medical costs, and cost-effectiveness as the evaluation parameters in this analysis. We set medical costs in the analysis associated with testing, diagnosis, and treatment during the observation period related to CR. For cost-effectiveness analysis, we analyzed medical cost per LY. We examined the differences in effects for two comparisons (CR versus Usual Care, UC) using the Risk Ratio (RR) and Standardized Mean Difference (SMD). We assumed the standard deviation (SD) of cost effectiveness in this study by applying the error propagation.

## RESULTS:

We reviewed fifty-nine studies and identified three that matched our selection criteria. The studies had the following characteristics: two randomized clinical trials and one systematic review/meta-analysis; a control that does not include exercise in patients with CAD; an observation period longer than 1 year; adapting medical costs, LY, cost/LY, and mortality as the evaluation index. In total, 129,272 patients were included. Meta-analysis results revealed that the CR arm significantly improved LY (SMD: -.78, 95 percent Confidence Interval (CI): -1.37, -.19) compared with UC. Similar to LY, the CR arm significantly improved the mortality (SMD: .57, 95 percent CI: .22, 1.47) compared with UC arm. Since medical costs showed a high tendency (SMD:.02, 95 percent CI: -.08, .13), cost/LY demonstrated no improvement (SMD: .00; 95 percent CI: -.17, .18). Substantial statistical heterogeneity was observed between the studies with respect to LY and cost/LY.

## CONCLUSIONS:

While sufficient evidence to conclude health economic efficiency is not available at present, these results suggest that CR is not potentially cost-effective in the short term.

## REFERENCES:

1. JCS Joint Working Group. Guidelines for rehabilitation in patients with cardiovascular disease (JCS 2012). *Circ J.* 2014;78(8):2022-2093.

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## PP031 iStent® For Open Angle Glaucoma: Standard Or Emerging Care ?

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### INTRODUCTION:

Increased intraocular pressure (IOP) in open angle glaucoma (OAG) may lead to optic nerve damage due to progressive obstruction of aqueous humor drainage. Among surgery options, trabecular micro-bypass stent (iStent®) was recently introduced. This Health Technology Assessment (HTA) aimed to assess the effectiveness and safety of iStent®, combined or not with cataract surgery, in patients with mild-to-moderate OAG.

### METHODS:

A systematic review (SR) was performed from 2000 to August 2016. Studies reporting data at three months or more on IOP and hypotensive medication use following iStent® implant were eligible. Governmental databases on safety issues were reviewed. The project involved an interdisciplinary group of experts.

### RESULTS:

Two HTA reports, one SR, four randomized controlled trials (RCTs) and nine observational studies