

BACKGROUND

Schizophrenia is a severe, chronic, and often debilitating psychiatric disorder affecting millions worldwide. It is characterized by profound disruptions in thought, perception, emotion, and behavior, leading to significant functional impairment and reduced quality of life for patients and their caregivers. The global burden of schizophrenia is substantial, not only in terms of direct healthcare costs but also due to indirect costs such as lost productivity and caregiver burden. Suboptimal adherence to pharmacological treatment is a major challenge in managing schizophrenia, often leading to higher relapse rates, increased hospitalizations, and poorer long-term outcomes. Long-acting injectable (LAI) antipsychotics have emerged as a therapeutic option to address adherence issues, offering sustained drug delivery and potentially improving clinical stability and reducing the need for frequent oral medication intake. This poster aims to present real-world data on healthcare resource utilization (HCRU) and associated costs among individuals with schizophrenia in the Brazilian private market, with a specific focus on the impact of long acting injectable paliperidone palmitate (PDP) on these outcomes.

Schizophrenia

It is characterized by profound disruptions in



OBJECTIVES

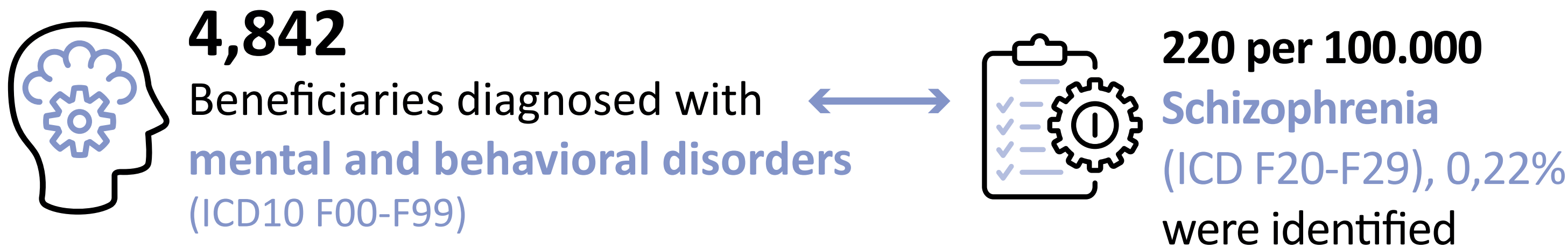
This study aimed to evaluate healthcare resource utilization (HCRU) and costs among individuals with schizophrenia in a real-world setting within the Brazilian private market. A secondary objective was to compare HCRU and costs between patients using long-acting injectable paliperidone palmitate (PDP) and those not using this medication.

METHODS

Real-world retrospective database using data from January 2019 to December 2024. Beneficiaries diagnosed with mental and behavioral disorders (ICD10 F00-F99), with a specific focus on schizophrenia (ICD F20-F29), were identified. The available data includes demographic information, comorbidities, HCRU data and associated costs. To assess the impact of long-acting injectable paliperidone palmitate (PDP), a comparative analysis was conducted between two groups: patients who used PDP and patients who did not use this medication. Statistical comparisons between categorical and continuous measures were performed using Chi-square and Fisher’s exact tests, and Student’s t-tests, respectively. Statistical significance was defined as a p-value less than 0.05.

From January/2019
to December/2024

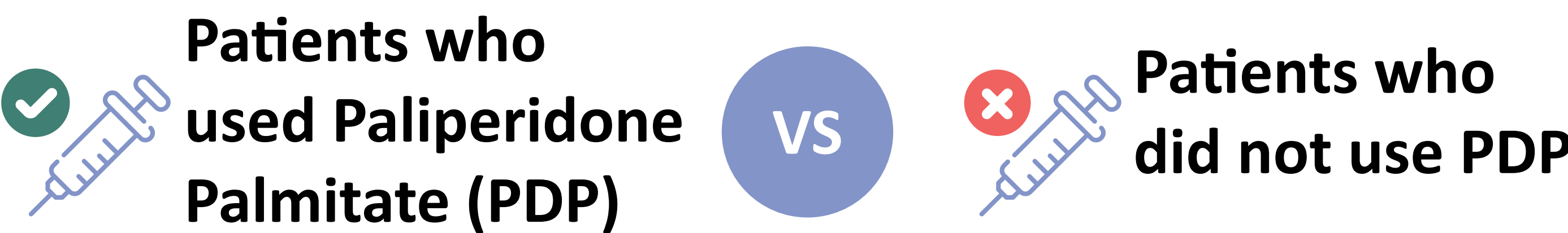
60,824
beneficiaries



Available data includes

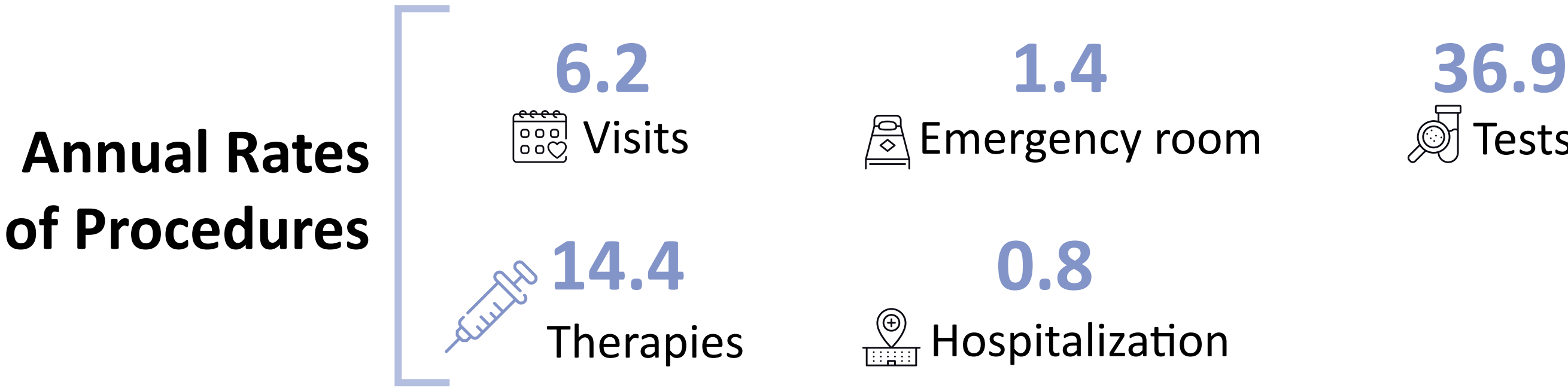


A comparative analysis was conducted between two groups:



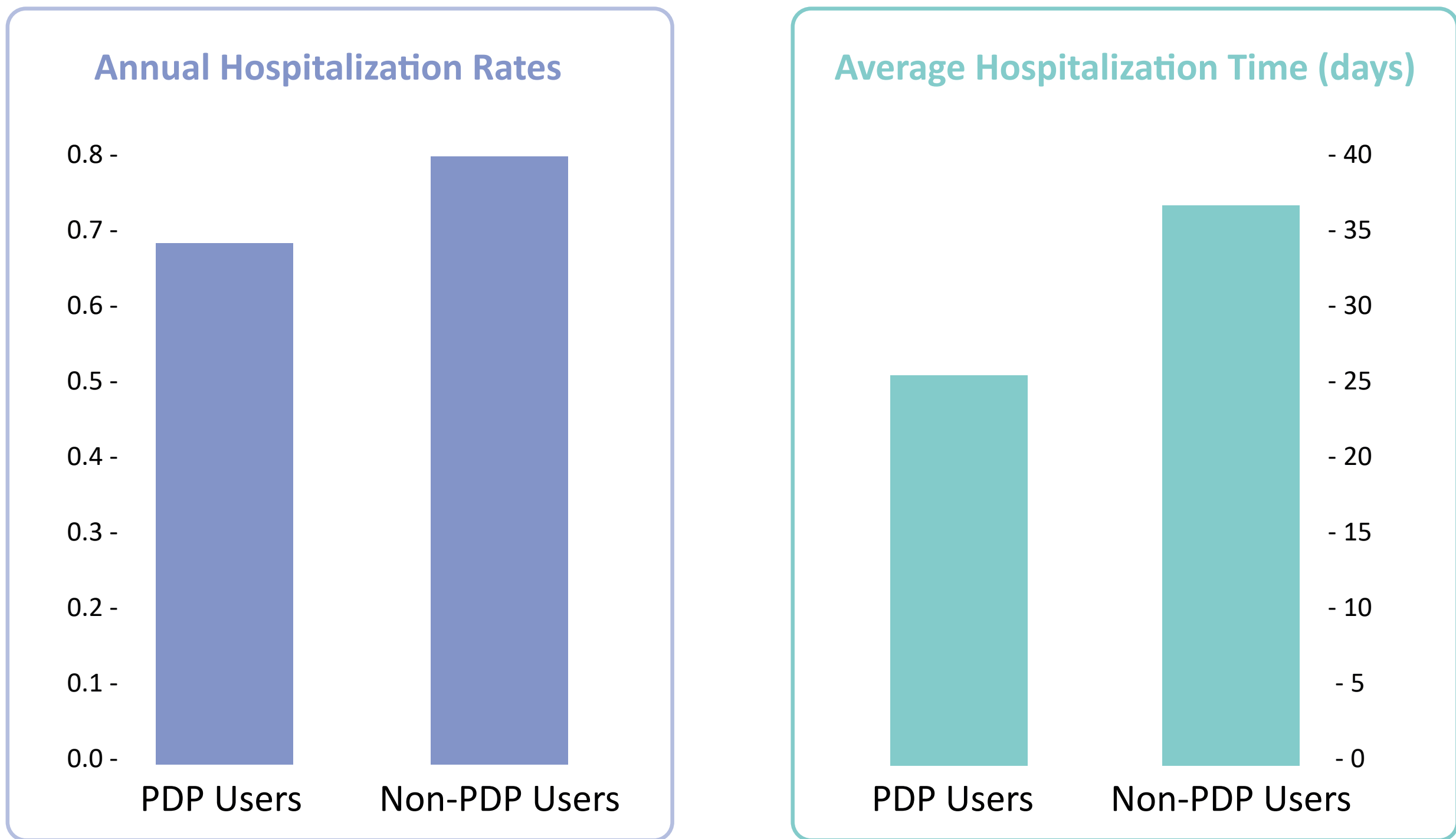
RESULTS

Of the 60,824 beneficiaries included in the database (mean age 54 years, 59.3% female), 4,842 patients were diagnosed with mental disorders (mean age 52 years; 64.9% female). The prevalence of schizophrenia within this cohort was 0.22% (54 years; 48.9% female). The annual rates of procedures for visits, emergency room, tests, therapies, and hospitalization were 6.2, 1.4, 36.9, 14.4 and 0.8, respectively.

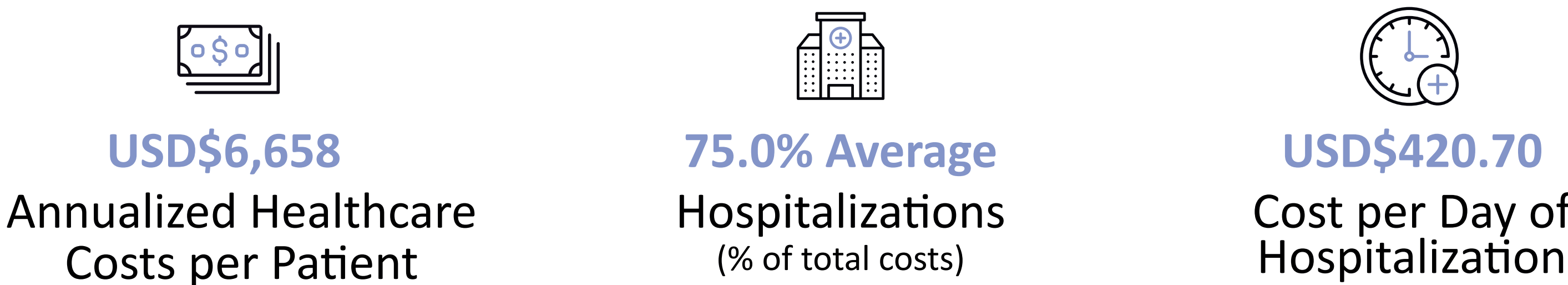


The annualized healthcare costs associated with schizophrenia were USD\$6,658 per patient (hospitalizations 75.0% of the total). The average cost per day of hospitalization was USD\$420.70. When comparing groups with and without PDP use, annual hospitalization rates were 0.69 and 0.80, and a shorter average hospitalization time (24.3 and 37.7, respectively) (p<0.05).

Hospitalization Comparison: PDP Users vs. Non-PDP Users



These findings suggest that the use of PDP is associated with a reduction in both the frequency and duration of hospitalizations among patients with schizophrenia.



CONCLUSIONS

This study demonstrated that the mean number of hospital admissions decreased with the use of LAI. Moreover, the average length of hospital stay was also reduced, with data indicating a reduction of 13 bed days per admission, which represents a potential cost savings of approximately US\$5,469 per hospitalization, allowing resources to be reallocated to other interventions, such as outpatient monitoring, therapies, and patient support. In our analysis, only 11% of patients received PDP, highlighting the potential for improved outcomes with LAI. Furthermore, shorter hospital stays are associated with a lower risk of chronic symptoms and a greater chance of continuous clinical control, highlighting the broader benefits of LAI use beyond direct cost savings. These real world findings underscore the pharmacoeconomic value of LAIs in managing schizophrenia, contributing to improved patient outcomes and more efficient healthcare resource allocation.

REFERENCES

1- Chong HY, Teoh SL, Wu DB, Kotirum S, Chiou CF, Chaiyakunapruk N. Global economic burden of schizophrenia: a systematic review. Neuropsychiatr Dis Treat. 2016 Feb 16;12:357-73. doi: 10.2147/NDT.S96649. PMID: 26937191; PMCID: PMC4762470.

2- Martins R, Kadakia A, Williams GR, Milanovic S, Connolly MP. The Lifetime Burden of Schizophrenia as Estimated by a Government-Centric Fiscal Analytic Framework. J Clin Psychiatry. 2023 Aug 9;84(5):22m14746. doi: 10.4088/JCP.22m14746. PMID: 3755674.

3- Rosenheck RA, Leslie DL, Sint KJ, Lin H, Li Y, McEvoy JP, Byerly MJ, Hamer RM, Swartz MS, Stroup TS. Cost-Effectiveness of Long-Acting Injectable Paliperidone Palmitate Versus Haloperidol Decanoate in Maintenance Treatment of Schizophrenia. Psychiatr Serv. 2016 Oct 1;67(10):1124-1130. doi: 10.1176/appi.ps.201500447. Epub 2016 Jun 1. PMID: 27247177; PMCID: PMC5048499.

4- Daltio CS, Mari JJ, Ferraz MB. Direct medical costs associated with schizophrenia relapses in health care services in the city of São Paulo. Rev Saúde Pública [Internet]. 2011Feb;45(1):14–23. Available from: <https://doi.org/10.1590/S0034-89102010005000049>