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# Cost-Effectiveness of Depressive Episode Pharmacological Treatment

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## SUMMARY

**Background and Objectives** There is a paucity of published cost-effectiveness studies of alternative scenarios in depressive episode acute medical care in Eastern European populations.

**Methods** Prospective cost-effectiveness analysis was conducted on 65 depressive patients in a large university clinic [May 2010-February 2012]. Patient visits to attending psychiatrists were scheduled at baseline, 3rd and 8th week. HDRS-17 was deployed to assess clinical efficiency and Q-LES-Q-SF scale for life quality assessment. Resource use and costs were evidenced from the Clinic's electronic registry of discharge invoices [national currency 1 €≈115.85 CSD]. Societal perspective and time horizon of 14 weeks were adopted.

**Results** No statistically significant difference in HDRS scores before and after introducing treatment [ $x^2=4.339$ ;  $p=0.362$ ]. QALY value increased by the following: 11.77 of the SSRI, 8.93 of the SNRI, and 12.54 of the heterocyclic antidepressant group. Mean ICERs were: SSRI to SNRI [-44,148 CSD/QALY]; SNRI to Heterocyclics [-45,716 CSD/QALY]; Heterocyclics to SSRI [-51,501 CSD/QALY]. Therapeutic response in increment free days: 28.69 days gained SSRI, 21.78 days SNRI, 30.59 days in heterocyclics. Incremental cost per additional depression free day gained was for: SSRI 346.38 CSD per day, SNRI 327.74 CSD, and heterocyclics 201.54 CSD.

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