

Report by the Comissió d'Avaluació Econòmica i Impacte Pressupostari, CAEIP (Economic Evaluation and Budget Impact Commission), of Catsalut, on second-generation atypical antipsychotic drugs for the treatment of schizophrenia marketed in Spain

The systematic review of the economic evaluations of the second-generation antipsychotic drugs marketed in Spain shows, according to the authors, that:

- From the social efficiency perspective, when choosing the most appropriate drug the correct approach does not seem to be that of choosing conventional antipsychotics versus second-generation antipsychotics, but rather an approach centred on which drug is most efficient, regardless of whether it is a first or second-generation antipsychotic.
- The shortage of economic evaluations conducted in Spain and the difficulty of drawing conclusions on the basis of the data of international studies, some of which are technically very complete and others of which are considered to be of poor scientific quality, make it difficult to obtain conclusions to guide prescription management decision making. Nevertheless, the balance between the lesser adverse neurological effects of second-generation antipsychotics, but the greater risk they entail with regard to metabolic problems, must especially be taken into account in broad groups of patients (diabetic patients, obese patients, etc.).
- It does not appear to be possible to conclude that any one type of second-generation antipsychotic drug is more efficient than the rest for the treatment of patients who are stable, who suffer relapses, with a lack of clinical responses and/or who suffer an acute episode of the disease.
- The treatment with clozapine in patients who are resistant to other drugs has proven to be efficient.
- There are no economic evaluations in which the effects of second-generation antipsychotics on patients recently diagnosed with schizophrenia are studied.

In view of the systematic review and the available evidence, the CAEIP considers:

- In the case of patients diagnosed with schizophrenia and in whom the clinical results of first-generation and second-generation antipsychotics appear to be comparable, the recommendation is to use first-generation antipsychotics.

Note: the CAEIP uses the conclusions of the systematic review to write this report, the contents of which is the responsibility of the authors.

Note on the review: the validity of the statements in this report is subject to the possible variations in the effectiveness and/or costs shown by the clinical evidence and the studies made available after the date of publication of this report. The CAEIP shall, at least every 2 years, review this report according to the emergence of newly available evidence.

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- In the case of second-generation antipsychotics, given the lack of solid evidence regarding the superiority of one specific type of second-generation antipsychotic over the rest, it is not possible to recommend the specific use of any of them, with the exception of clozapine in patients who are resistant to other treatments with antipsychotic drugs.
- The systematic review has been performed for antipsychotic drugs for the treatment of schizophrenia and therefore recommendations only apply to antipsychotic in this indication.
- These recommendations should not imply that other alternatives which could, in specific cases, lead to clinically proven health improvements, may not be selected.

Barcelona, 23 March 2009

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