1.6 NUTRITIONAL INTERVENTIONS FOR THE LONG-TERM MANAGEMENT OF ADULTS WITH BIPOLAR DISORDER

Reference to included study:

Cheema N, Frangou S, McCrone P. Cost-effectiveness of ethyleicosapentaenoic acid in the treatment of bipolar disorder. Therapeutic Advances in Psychopharmacology. 2013;3:73-81.

Study ID	Intervention	Study population	Costs: description and	Results: Cost-	Comments
Country	details	Study design	values	effectiveness	
Study type		Data sources	Outcomes: description and		
			values		
Cheema and	<u>Interventions:</u>	Population:	Costs: Direct medical: inpatient	Ethyl-EPA	Perspective: NHS and PSS
colleagues		Adults with	and outpatient care (psychiatric	dominant	Currency: UK£
(2013)	Ethyl-	bipolar I disorder in a	and non-psychiatric), emergency		Cost year: 2008/9
	eicosapentaenoic acid	stable (euthymic) state	clinic, accident and emergency,	Results robust to	<u>Time horizon:</u> 1 year
UK	adjunctive to mood	•	day centre, day hospital, depot	various parameters	Discounting: NA
	stabilisers (ethyl-	Study design:	clinic, physician, psychologist,	tested in sensitivity	Applicability: Directly applicable
Cost-utility	EPA)	Decision analytic	community psychiatric nurse,	analysis	Quality: Very serious limitations
analysis	,	modelling	community nurse, GP,	, and the second	Efficacy data for ethyl-EPA were based
	Placebo adjunctive to		occupational therapist, social		on a 12-week RCT of adults with
	mood stabilisers	Source of effectiveness	worker, sheltered workshop,		bipolar depression, NOT adults in a
		data: Double-blind	work rehabilitation, home help,		stable state; cost and effectiveness data
		placebo-controlled RCT	befriender, informal carer, ethyl-		from the RCT were extrapolated to
		(FRANGOU2006) and	EPA		stable adults with bipolar disorder
		further assumptions			experiencing acute episodes, over
		1	Primary outcome: QALYs		1 year; efficacy of ethyl-EPA in
		Source of resource use			reducing depressive symptoms over
		data: RCT and further	Costs and outcomes for each		12 weeks was assumed to correspond
		assumptions	intervention not reported		to efficacy in preventing acute manic
		•	1		and depressive episodes over 1 year
		Source of unit cost data:			· · · · · · · · · · · · · · · · · · ·
		Published national			
		sources			