

1.8 PHARMACOLOGICAL INTERVENTIONS FOR MANIA, HYPOMANIA AND MIXED EPISODES IN CHILDREN AND YOUNG PEOPLE WITH BIPOLAR DISORDER

Reference to included study:

Uttley L, Kearns B, Ren S, Stevenson M. Aripiprazole for the treatment and prevention of acute manic and mixed episodes in bipolar I disorder in children and adolescents: a NICE single technology appraisal. *Pharmacoeconomics*. 2013;31:981-90.

Study ID Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Uttley and colleagues (2013) UK Cost-utility analysis	<p><u>Interventions:</u></p> <p>Four drug sequences: <i>Strategy 1:</i> Risperidone, quetiapine, olanzapine, lithium <i>Strategy 2:</i> Risperidone, aripiprazole, quetiapine, lithium <i>Strategy 3:</i> Aripiprazole, risperidone, quetiapine, lithium <i>Strategy 4:</i> Risperidone, quetiapine, aripiprazole, lithium</p>	<p><u>Population:</u> Young people aged 15 years with bipolar I disorder experiencing an acute manic or mixed episode</p> <p><u>Study design:</u> Decision analytic modelling</p> <p><u>Source of effectiveness data:</u> Network meta-analysis of published and unpublished RCTs (four studies)</p> <p><u>Source of resource use data:</u> Expert opinion</p> <p><u>Source of unit cost data:</u> National sources</p>	<p><u>Costs: Direct medical:</u> inpatient and out-of-hospital care, medication, treatment of side effects</p> <p><u>Mean cost per person:</u> <i>Strategy 1:</i> £75,066 <i>Strategy 2:</i> £74,133 <i>Strategy 3:</i> £74,379 <i>Strategy 4:</i> £74,888</p> <p><u>Primary outcome:</u> QALY</p> <p><u>Mean QALYs per person:</u> <i>Strategy 1:</i> 2.51637 <i>Strategy 2:</i> 2.52466 <i>Strategy 3:</i> 2.52348 <i>Strategy 4:</i> 2.52297</p>	<p>Strategy 2 dominates all other options</p> <p>Results very sensitive to consideration of personalised medicine, reflected in small changes (1-2%) in costs and QALYs (Strategy 2 becomes dominated by all other strategies)</p>	<p><u>Perspective:</u> NHS and PSS <u>Currency:</u> UKE <u>Cost year:</u> 2011 <u>Time horizon:</u> 3 years <u>Discounting:</u> Not reported but likely 3.5% <u>Applicability:</u> Directly applicable <u>Quality:</u> Potentially serious limitations; efficacy data on aripiprazole taken from RCT with participants potentially different from typical UK paediatric population with bipolar I disorder (US population of low mean age; high prevalence of comorbid attention deficit hyperactivity disorder; suicidal children and adolescents excluded; percentage of hospitalisation unknown)</p>