

The Real World Costs of Asenapine in Manic Episodes in the Manacor Study

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Background: Asenapine is the most recent compound that has been FDA- and EMA-approved for treatment of mania. Its efficacy and safety have been assessed in placebo-controlled trials, but little is known about its performance in routine clinical conditions. The MANACOR study assessed costs associated with treatment of mania in several hospital settings across Catalonia, Spain. As part of the protocol, we compared cost-effectiveness of asenapine versus other treatment options.

Methods: A combined prospective and retrospective data collection and analysis was conducted from January 2011 to December 2013 following a clinical interview and assessment of manic and depressive symptoms (YMRS, HDRS-17), clinical state (CGI-BP-M), psychosocial functioning (FAST), sexual dysfunction (PRSexDQ) and health resource costs associated with treatment with asenapine versus other antipsychotics.

Results: 152 patients from different university hospitals were included. 53 patients received asenapine and 99 received other antipsychotics. Considering inpatients (N=117), those treated with asenapine presented a significantly less severe manic episode ($p=0.001$), less psychotic symptoms ($p=0.030$) and more comorbid personality disorder ($p=0.002$). Regarding outpatients, those treated with asenapine showed significantly less severe manic episode ($p=0.046$), more previous mixed episodes ($p=0.013$) and more sexual dysfunction at baseline ($p=0.036$). No significant differences were found in mean total costs per day.

Limitations: Non-randomized study design.

Conclusion: Clinicians tended to use asenapine in patients with less severe manic symptoms but more complex clinical profile, including more mixed episodes in the past, concomitant personality disorder, and sexual problems. Treatment with asenapine was not associated with higher costs when compared to other options.