showed that variables associated to having a MCS < = 42 points were: higher ZS and lower FSS of carer. **CONCLUSIONS:** The HRQoL of caregivers is slightly worse than that of the general population of the same age and gender. Physical health status is more damaged in those caregivers suffering greater burden and caring for older patients, and mental health status is more damaged in those suffering greater burden, feeling lower social support and caring for patients with worse mental health status. The burden experienced by family carers depends on perceived social support, age of patient and physical and mental health status of carer and patient. A significant percentage of carers have depression which is associated to greater burden and lower social support perceived.

**PMH18**

**TRANSLATION, GREEK ADAPTATION AND STANDARDIZATION OF THE VERONA SERVICE SATISFACTION SCALE (VSSS-54): AN INSTRUMENT FOR THE MEASUREMENT OF PATIENTS’ SATISFACTION WITH MENTAL HEALTH SERVICES**

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**OBJECTIVES:** To describe the process of the adaptation and standardization of the VSSS-54 (Verona Service Satisfaction Scale) in Greece. **METHODS:** The methodology followed was identical with this of the EPSILON study of schizophrenia. The Italian Version of the VSSS-54 was first translated into Greek, by two bilingual translators. The resulting translation was then back-translated into Italian by a professional translator. The back-translation was checked by the authors of the VSSS and compared with the original version. The content and the language of the final Greek translation were discussed in focus groups, carried out in the Department of Psychiatry of the University General Hospital of Ioannina. The analysis of results of the first group (patients-relatives) as well as the second group (professionals), allowed us to retrieve useful information related to the adaptation of the Italian questionnaire VSSS into the Greek language. The research was carried out in two outpatient psychiatric services in Athens and in Ioannina. A total of 150 patients were selected (87 women, 63 men), whose age ranged from 18 to 65 (M = 43.7, SD = 11.45). Among them 64 (43%) had diagnosis of schizophrenia or other psychosis, 74 (49%) affective disorder and 10 (6.6%) anxious disorders. The reliability analyses are based on classical test theory. Reliability measures used were Cronbach’s a, Cohen’s weighted k, and the intra-class correlation coefficient. **RESULTS:** The a coefficient of the VSSS total score was 0.917 (95% CI 0.878–0.948). Test-retest reliability was proven to be good. **CONCLUSIONS:** The psychometric properties of the Greek version of the VSSS are similar to those of the Italian and the other European versions of the instrument, outcome which proves that it is a valid and reliable instrument to use in the Greek context.

**PMH19**

**CHANGES IN NOVEL ANTIPSYCHOTIC USE IN ELDERLY INPATIENTS**

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**OBJECTIVES:** The use of novel antipsychotics (NAs) has steadily increased and they are now the dominant choice among antipsychotic agents. Antipsychotics are often prescribed in elderly patients who become agitated or develop psychotic symptoms. New indications, primarily mood disorders, have also contributed to growing use. We set out to determine overall prescribing frequency of NAs and changes in patterns of use for specific NAs in elderly patients admitted to a psychiatric hospital over 5 years. **METHODS:** This was a retrospective analysis of elderly (≥65 years) patients admitted to a psychiatric hospital from fiscal year (FY) 2000–2004. All NAs prescribed during each patient admission were identified from the pharmacy database. Patient demographics, length of stay, and diagnoses were collected for each patient admission. Descriptive statistics were performed as well as a multivariate logistic regression to determine factors that influenced NA prescribing. **RESULTS:** There were 2179 elderly patients admitted during the 5-year timeframe. The mean age was 78 years, 63% were female, and 83% were white. The average length of stay was 21 days and did not differ across FYS. The proportion of hospital admissions where NAs were prescribed in elderly patients increased significantly (p < 0.001) over the five-year period from 50% in FY 2000 to 63% in FY 2004. Prescribing increased the most for quetiapine: 13% in FY 2000 to 27% in FY 2004. Independent factors associated with NA prescribing were female sex (OR = 1.2, p = 0.05), Alzheimer’s Disease/dementia diagnosis (OR = 1.9, p < 0.001), psychotic disorder diagnosis (OR = 4.7, p < 0.001) and increasing FY (OR = 1.2, p < 0.001). Black race (OR = 0.8) and depression, diagnosis (OR = 0.5) were associated with a reduced odds of receiving a NA. **CONCLUSIONS:** NA prescribing in elderly inpatients has increased significantly in the last five years, with quetiapine use increasing the most. Diagnoses of Alzheimer’s Disease/dementia and psychotic disorders were independent predictors of NA use.