METHODS: Subjects were randomized in a double-blind manner to 200mg Panax ginseng (n = 15) or placebo (n = 15) daily for 8 weeks. The Short Form-36 version 2 (SF-36v2), a validated general health status questionnaire, was used to assess HRQOL at baseline, 4 and 8 weeks. HRQOL between the groups was compared using repeated measures analysis of covariance. A p-value of <0.05 was considered statistically significant.

RESULTS: There were no significant differences in baseline demographics and SF-36v2 scores between the groups. After 4 weeks of therapy, higher scores in social functioning (Panax ginseng: 54.9 ± 4.6 vs. placebo: 49.2 ± 6.5; p = 0.014), mental health (Panax ginseng: 52.2 ± 7.7 vs. placebo: 47.2 ± 7.3; p = 0.075) and the mental component summary (Panax ginseng: 51.3 ± 7.4 vs. placebo: 44.3 ± 8.3; p = 0.019) scales were observed in patients randomized to Panax ginseng; these differences did not persist to the 8-week timepoint. No other significant differences in HRQOL between the groups were found at the 4- and 8-week timepoints. The incidence of adverse effects was 33% in the Panax ginseng group compared to 17% in the placebo group (p = 0.40). Subjects given Panax ginseng (58%) were more likely to state that they received active therapy than subjects given placebo (17%; p < 0.05).

CONCLUSIONS: Panax ginseng improves aspects of mental health and social functioning after a 4 weeks of therapy although these differences attenuate with continued use.

PMH30

INFLUENCE OF CAREGIVING ON HEALTH STATUS OF DEMENTIA CAREGivers

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OBJECTIVES: To measure health related quality of life (HRQOL) of dementia caregivers and to examine relationship of caregiving characteristics with caregiver health status.

METHODS: A convenience sample of 71 caregivers was selected from local chapters of Alzheimer’s Association in New York metropolitan area. The caregiver health status was measured using Short Form 12, Version 2 (SF-12), general health survey. Hypotheses were formulated and tested to examine the influence of caregiving activities on the self-reported health status of caregivers. Norm-based physical and mental component summary scores (PCS and MCS) were computed to investigate associations between caregiving characteristics and caregiver health status.

RESULTS: Eighty two percent of the sample were women. Relatives of the care recipients provided bulk of caregiving (51%). Professional caregivers who received financial compensation reported higher, statistically significant health status scores (PCS = 51.3, p = 0.025; MCS = 51.2, p = 0.0025) compared to those who did not receive financial compensation (PCS 47.3, p = 0.0165; MCS = 42.4, p = 0.0005). Higher and significant scores were also reported by caregivers with formal training in caregiving than those who received no such training (p = 0.009). No significant differences were found on HRQOL scores for caregiving spouses and caregiving children. There was no association between the health status of caregivers and the length of time spent in caregiving.

CONCLUSIONS: The type of caregiver relationship to the care recipient appears to have no bearing on the HRQOL of caregivers. Financial compensation for caregiving is associated positively with better health outcomes for the caregivers. Caregiver health status is not influenced by the length of time spent in providing caregiving activities.

PMH31

CATEGORICAL RESPONSE DEFINES TREATMENT EFFECTIVENESS OF OLANZAPINE VERSUS RISPERIDONE IN THE IMPROVEMENT OF NEGATIVE SYMPTOMS AND QUALITY OF LIFE IN SCHIZOPHRENIA

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OBJECTIVES: To utilize responder rate to demonstrate the improvement of negative symptoms and quality of life (QoL) associated with olanzapine (OLZ) versus risperidone (RIS).

METHODS: Data were analyzed post-hoc from a large, prospective, randomized, 28-week, double-blind trial, conducted with 339 patients who met the DSM-IV criteria for schizophrenia, schizophreniform disorder, or schizoaffective disorder. Three methods of outcome measurement (mean score change, proportion of responders and time to response) were used to compare improvement in the Scale for Assessment of Negative Symptoms (SANS) and the Quality of Life Scale (QLS) scores across groups.

RESULTS: At the end of the 28-week treatment, significantly more OLZ- than RIS-treated patients reached the thresholds of 30%, 40% and 50% improvement in SANS and of 20%, 30% and 40% improvement in QLS. OLZ-patients also demonstrated a more rapid improvement in SANS and QLS than RIS-patients.

CONCLUSIONS: The greater effectiveness of OLZ versus RIS was demonstrated by the greater proportion of patients who had access to a higher level of clinically relevant response of negative symptoms and improvement of QoL. Treatment effectiveness may be a better indicator of the chance of achieving superior functional goals.