depression using the Montgomery-Åsberg Depression Rating Scale (MADRS). Baseline characteristics were compared to reveal potential confounders, and adjusted mean HRQL change from baseline were compared using analysis of covariance. RESULTS: A total of 288 RCT patients and 244 patients from the observational study were compared. At baseline, patients from the observational study were statistically significantly younger (44.0 ± 14.5 vs. 48.0 ± 14.0, p = 0.002) and more severely impaired (MADRS: 33.0 ± 7.4 vs. 28.9 ± 5.2, p < 0.001) than RCT patients. Baseline EuroQoL scores were significantly higher for RCT patients (0.50 ± 0.28 vs. 0.30 ± 0.25, p < 0.001), indicating a better HRQL, while QLDS scores were not significantly different (18.0 ± 4.4 vs. 17.9 ± 5.4, p = 0.69). Both adjusted mean HRQL change from baseline scores were significantly lower for RCT patients than for patients from the observational study: −3.8 ± 0.3 vs. −7.6 ± 0.3, p < 0.001 and 0.31 ± 0.11 vs. 0.38 ± 0.09, p < 0.05 for QLDS and EuroQoL, respectively. CONCLUSIONS: Improvement in HRQL scores during acute treatment of MDD seems to indicate that their results may be underestimated in RCTs.

PMH22
INCIDENCE, PREVALENCE AND TREATMENT PATTERNS OF PATIENTS WITH ADHD SYMPTOMS IN THE NETHERLANDS
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OBJECTIVES: Estimate incidence, prevalence and pattern of care in sickness fund insured patients with ADHD symptoms in The Netherlands. METHODS: Claims data on approximately 6 million sickness fund insured persons during 1999–2001. Patients on (chronic) methylphenidate (n@13,000) treatment were assumed having ADHD symptoms. Both incident and prevalent patients were identified and analysed. RESULTS: Overall, ADHD prevalence and incidence was 0.24% and 0.07% respectively. The overall male/female ADHD prevalence ratio (%) was 0.43:0.08. The highest prevalence and incidence figures were seen in the 10–14 year age category. In general, ADHD patients (41%) receiving pharmacotherapy. Psychoeducation/ counselling was prescribed for 156 (40%) and cognitive behaviour therapy for 33 (9%).

PMH23
ADHD TREATMENT AND CO-MORBIDITIES: BASELINE RESULTS FROM THE OBSERVATIONAL STUDY ADORE IN GERMANY
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OBJECTIVES: To present preliminary baseline data on the treatment of Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms and on observed co-morbid problems in German patients enrolled in the ADORE study (Attention Deficit Hyperactivity Observational Research in Europe). METHODS: ADORE is an ongoing 24 month, pan-European, prospective, observational study to describe the relationship between treatment regimen prescribed and quality of life in ADHD. Only patients not formally diagnosed with ADHD previously were included. RESULTS: A total of 392 patients with a mean age of 8.7 (SD 2.1) years with inattentive/impulsive/hyperactive symptoms were enrolled, of which 300 (77%) were male. ADHD symptoms were first observed at a mean age of 5.0 (SD 2.5) years, while treatment was first sought at a mean age of 7.1 (SD 2.3) years. A total of 384 subjects (98%) were formally diagnosed with ADHD at baseline for the first time—the vast majority according to DSM IV or ICD 10 criteria. The mean baseline score on the ADHD Rating Scale-IV was 33.0 (SD 9.0). The mean Clinical Global Impression-Severity score was 4.4 (SD 0.9). The most commonly reported comorbid psychiatric symptoms were related to: oppositional defiant (N = 271 (69%)) and conduct (N = 240 (61%)) disorders, anxiety (N = 108 (28%)) and learning disorders (N = 243 (62%)). Investigators prescribed pharmacotherapy in 78 cases (20%), some form of psychotherapy in 66 cases (17%), and a combination of pharmacotherapy and psychotherapy in 84 cases (21%). Short-acting methylphenidate was prescribed for 159 (95%) out of 162 patients (41%) receiving pharmacotherapy. Psychoeducation/counselling was prescribed for 156 (40%) and cognitive behaviour therapy for 44 (28%) of the patients/families.

CONCLUSIONS: Baseline data showed: 1) an average gap of two years between first symptoms and seeking treatment; 2) frequent comorbid problems; and 3) prescription of some form of treatment in approximately two thirds of patients.

PMH24
EFFECT OF ZIPRASIDONE INITIAL DOSING ON DISCONTINUATION IN SCHIZOPHRENIA
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OBJECTIVES: To examine the effects of initial ziprasidone dose on discontinuation rates, using PharMetrics integrated medical and pharmacy claims data. METHODS: Patients 218 years with a diagnosis of schizophrenia and a ziprasidone claim between March, 2001 and February, 2003, and continuously enrolled for ≥6 months before and ≥3 months after initiation of ziprasidone, were stratified by initial daily dose ≥40 to <80 mg [Low] vs. ≥80 to <120 mg [Medium] vs. 120–160 mg [High]). The 6-month risk of discontinuation was examined using Cox proportional hazards models controlling for gender, psychiatric comorbidities, and pre-ziprasidone utilization of antipsychotics (atypical, con-

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