switch (1.08; p = 0.01) and those with higher depression scores (MADRS) experienced shorter time to switch (0.97; p = 0.02). Those receiving service through university hospital experienced longer interval (3.19; p = 0.01). The computed hazard rate (−0.68) indicates the risk of switch is decreasing over time. **CONCLUSIONS:** Findings indicate that symptoms and type of service delivery site are significant in determining the switch from older to newer agents. The shorter interval for those with higher depression scores is expected and is probably reflective of clinical intervention aimed toward the amelioration of negative symptoms. Interestingly, the longer interval for those with higher side effect scores was contrary to expectation and may indicate that the motivating influence to change is more related to the presentation of primary disease state, rather than the reduction of secondary symptoms associated with the first generation medications. The longer interval for those receiving care in a university hospital setting is perplexing since it is usually expected that medication adjustment will occur during hospital stays. Further investigation of this phenomenon may be aided by the inclusion of physician level information, which is anticipated in upcoming analyses.

CHANGE IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING ASSOCIATED WITH ANTIDEPRESSANTS IN OLDER DEPRESSED PATIENTS

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OBJECTIVES: While most current antidepressant agents, such as SSRIs and dual action agents are reasonably effective in ameliorating depressive symptomatology in older patients, less is known about their impact on concurrent instrumental activities of daily living (IADL's). This study examines change in IADL's, such as the capacity to use the telephone, travel, shop, cook, do housework, handle money, or take medicine, from admission to three-month post-discharge follow-up in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 77), mirtazapine (n = 36), sertraline (n = 145), or venlaxafine (n = 56). **METHODS:** Data were obtained from the CQI+SM Outcomes Measurement System, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. IADL's were measured by selected items from the Duke OARS Multidimensional Functional Assessment Questionnaire (Lawton & Brody, 1969). A Medication Usage Questionnaire was used to track medications prescribed. One-way Analyses of Variance and if significant, Tukey's pairwise comparisons were used to compare medication groups. **RESULTS:** At admission, patients exhibited moderate to severe inability to independently carry out IADL's (Mean score of 14 to 15 out of 21). Medication groups were indistinguishable on change scores in overall IADL's from time of admission to follow-up. On average, patients showed no change in their ability to carry out IADL's during this time period, despite an improvement in level of depression, as measured by the collateral version of the Geriatric Depression Scale (Nitcher, Burke, Roccaforte, & Wengel, 1993). **CONCLUSIONS:** Antidepressant agents in this analysis were associated with modest improvement in IADL's as assessed by the Duke OARS Multidemsional Functional Assessment in Older Adults. New treatment modalities that improve IADL's along with depressive symptomatology in older patients would be beneficial. Further controlled studies are needed to better understand these findings.

CHANGE IN MALADAPTIVE BEHAVIORS ASSOCIATED WITH ANTIDEPRESSANTS IN OLDER DEPRESSED PATIENTS

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OBJECTIVES: Numerous antidepressant agents are available to treat geropsychiatric patients with depression. While most current agents are reasonably effective in ameliorating depressive symptomatology, less is known about the impact of these agents on concurrent maladaptive behaviors. This study examines change in sixteen such behaviors from admission to discharge to three-month post-discharge follow-up in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 292), mirtazapine (n = 288), sertraline (n = 744), or venlaxafine (n = 289). **METHODS:** Data were obtained from the CQI+SM Outcomes Measurement System, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. Maladaptive behaviors were measured by the Psychogeriatric Dependency Rating Scale (PGDRS) (Wilkinson & Graham-White, 1980) and a Medication Usage Questionnaire was used to track medications prescribed at admission, discharge, and follow-up. One-way Analyses of Variance and if significant, Tukey's pairwise comparisons were used to compare medication groups. **RESULTS:** At admission, patients exhibited mild to moderate evidence of maladaptive behaviors (Mean PGDRS overall score of 20 out of 48). Medication groups were indistinguishable on change scores in overall maladaptive behaviors from time of admission to discharge (average length of stay around 16 days), discharge to follow-up, or admission to follow-up. On average, patients showed a very modest improvement (1–2 points) on the PGDRS from admission to discharge, modest decline from discharge to follow-up (0–2 points),