(inappropriately) calibrated using UK social preferences weights.

METHODS: The Franks (2004) and Lawrence (2004) algorithms for computing EQ-5D values from SF-36 responses were applied to data collected in a UK national population survey (n = 16,000) in which respondents had also completed an EQ-5D questionnaire. The estimated and observed EQ-5D index scores were computed for 6 major diagnostic groups (respiratory, endocrine, circulatory, musculoskeletal, cancer, mental health). The published US scoring algorithm for EQ-5D index was also applied to these responses. The potential 1-year QALY gains for each group were estimated using UK population age/sex norms for EQ-5D, assuming complete remission of current ill-health condition. RESULTS: Although for some diagnostic groups mean absolute differences appeared relatively small, differences between estimated and observed EQ-5D index scores were replaced by Franks and Lawrence's scores. The rank order of these gains was not significantly altered when US EQ-5D weights were used in place of UK social preferences. CONCLUSION: Conversion models that directly estimate EQ-5D index scores are dangerously vulnerable to the value set used to estimate the regression model. Models calibrated using UK population preference weights should only be in extremis and with due care where domestic national values are unavailable.

MENTAL HEALTH—Clinical Outcomes Studies

PMH1

CRITERIA FOR IDENTIFYING PATIENTS WITH DEMENTIA AND PREVALENCE ESTIMATES OF DEMENTIA AMONG INDIANA MEDICAID RECIPIENTS

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OBJECTIVES: To estimate the prevalence of dementia in the Indiana Medicaid population and to evaluate how varying the dementia patient selection criteria used in previous studies affects prevalence estimates. METHODS: Indiana Medicaid claims data for the period July 1, 2001 through December 31, 2003 were analyzed. An expert panel survey also was conducted to assess specificity of ICD codes used in previous studies to define dementia. Prevalence estimates were calculated with varying levels of each of the selection criteria, i.e., ICD code set, interval of data examined, and number of occurrences of dementia-related claims. RESULTS: Prevalence varied greatly across age strata. The impact of each selection criteria on prevalence estimates was similar. Depending on selection criteria used, the prevalence of dementia for individuals 40 years old or older varied from 6% to 13%, while prevalence for individuals 60 years old or older varied from 11% to 22%. Using as criteria the occurrence of two or more dementia-related claims, the expert panel ICD set, and 30 months of data for defining dementia, the prevalence of dementia in the Indiana Medicaid population was 7.9% for individuals 40 years old or older, 11% for individuals 50 years old or older, and 14% for individuals 60 years old or older. CONCLUSIONS: Selection criteria used to identify patients with dementia from medical claims can affect estimates of prevalence by nearly two-fold. Prevalence of dementia among Indiana Medicaid beneficiaries age 50 years old or older and among beneficiaries age 60 years old or older was 2.5 to 3.5 times higher than the reported prevalence from a decade ago in Medicaid populations of other states, even when the same selection criteria were used. This analysis provides an ICD code set that can be used in claims-based work, to identify patients with dementia.

PMH2

META-ANALYSIS OF ANTIDEPRESSANT TREATMENT EFFECTS IN PATIENTS AFTER STROKE

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OBJECTIVE: To systematically evaluate and assess the effectiveness of antidepressants in treating depressed patients after stroke. METHODS: A systematic review with Meta analysis of double-blinded randomized clinical trials (RCTs) about the treatment of depression in the patients with stroke. Data were collected from the published RCTs, which indexed in the Medline from 1960 to 2005. Review was only limited in the English articles. Outcome measurements: 1) The proportion of treatment responders whose depression scores improved by >50% was compared. 2) The depression rating scores at the beginning, middle, and end of treatments. RESULTS: A total of 313 patients from 5 RCTs fulfilling the inclusion criteria were identified for this study. The percentages of responders in treatment and control group were 57.9% and 44.4%, respectively (Risk Difference, RD = 0.17, 95%CI from −0.04 to 0.38, Z = 1.61, P = 0.11). In term of depression scores, prior to any treatments, the overall depression scores in the patients in treatment groups were a little bit higher (more depressed) than the patients in the control groups, but the difference was not statistically significant (Weighted Mean Difference, WMD = 1.01, Z = 1.59, P = 0.11). After the treatments, patients in the treatment groups became statistically less depressed than the patients in the control groups in term of lower depression scores (WMD = −1.88, Z = 2.16, P = 0.03). In addition, we found that the overall WMD in term of depression scores between two groups was 0.60 (Z = 0.87, p = 0.39) at the beginning of treatment, and became −1.83 (Z = 2.12, P = 0.03) in the middle of treatment, then further decreased to −3.06 (Z = 2.92, p = 0.004) at the end of treatment. CONCLUSION: The results indicated that antidepressant treatments were effective in the patients after stroke in term of reducing the depression scores and treatment effects were time dependent. In addition, more efforts should be guaranteed to study the cerebrovascular effects of antidepressants in patients after stroke.

PMH3

AUSTRALIAN SCHIZOPHRENIC PATIENTS TREATED WITH RISPERIDONE LONG-ACTING INJECTION (RLAI): INTERIM RESULTS FROM THE E-STAR STUDY

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OBJECTIVE: To determine time to discontinuation in schizophrenic patients who commence RLAI. METHODS: e-STAR (electronic-Schizophrenia Treatment Adherence Registry) is an ongoing international observational study of schizophrenic patients who commence RLAI. Data collected retrospectively (12-months) and prospectively (2-years) included: patient demographics, medications, hospitalisations, Clinical Global Impression-Severity (CGI-S), Global Assessment of Functioning (GAF) and adverse events. A priori statistical analyses using Kaplan-Meier curves and proportional hazard regression models included time to discontinuation. RESULTS: Data from 591 patients from 15 hospitals were available for this analysis. The average age was 36.9 [12.5] years (mean [SD]), duration of illness was 11.0 [9.3] years, 71% were male. The baseline CGI-S was 4.5 [1.2] and GAF was 41.8 [14.8]. Ninety-one percent of