PMH17 PREVALENCE OF DEPRESSION IN A WEST AFRICAN COUNTRY: EVIDENCE FROM WORLD HEALTH SURVEY
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OBJECTIVES: As in many other developing countries of the world, mental health research in Ghana has received little attention. The epidemiology of the disease and the actual prevalence in the general population are virtually unknown. Few small scale studies have identified factors associated with depression in the country. The objectives of this study were to describe the prevalence of depression in a sample of Ghanaian adults and further identify factors associated with depression in the general population. Therefore, the purpose of the study is to examine the prevalence of self-reported depression among adults (age > 18) and analyze the association between demographic, socioeconomic, health conditions, and lifestyle practices and presence of depression in a West African country (Ghana) using 2002 World Health Survey.
METHODS: Cross-sectional design was used. Data were extracted from the World Health Survey for the year 2002. Based on an algorithm developed by Ayuso-Mateos and colleagues using World Health Survey, we combined depressive episode, brief episode and subsyndromal depression to measure presence of depression. Chi square statistics and logistic regressions were utilized to examine the relationship between self-reported depression and demographic, socioeconomic, health conditions, and lifestyle practices in Ghana. RESULTS: Overall, 11.9% adults reported depression. Logistic regression on presence of depression revealed that women were more likely to have depression compared to men (AOR = 1.46, 95% CI = 1.13, 1.89). Among other factors, those with chronic conditions (arthritis and heart disease) were more likely to have depression compared to those without these conditions. CONCLUSIONS: This study confirms the gender differences in prevalence of depression. The relationship between chronic conditions and depression highlights the need for medical and behavioral treatment integration in Ghana.

PMH18 LOGISTIC REGRESSION TO IDENTIFY THE FACTORS PREDICTING THE LIKELIHOOD OF LURASIDONE INITIATION IN A EMPLOYER DATABASE
IN THE UNITED STATES
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OBJECTIVE: To predict the depression diagnostic, comorbid, and utilization factors that may impact the likelihood of subjects initiating lurasidone among US employers. METHODS: Analyses of administrative claims data from the HCMS Database comprised of multiple large geographically dispersed US employers from 2/1/2011(lurasidone launch) through 9/30/2012. All continuously enrolled subjects with a schizophrenia or bipolar disorder diagnosis with a prescription claim of lurasidone were classified as lurasidone eligible for analysis with 40.4% employees, 31.2% spouses, and 28.4% dependents. The employees/spouses were 67% female, mean age 44.1 (SD=10.8) and 40.7% of the sample were employed in the healthcare industry. Depressed subjects were defined by the 1998 WHO Composite International Diagnostic Interview (CIDI) or a CIDI equivalent. Logistic regressions were performed using two separate logistic regression models. RESULTS: Of 127 lurasidone subjects and 827 controls, 54.3% of the lurasidone group and 48.4% of the control group had a diagnosis of depression. Stepwise logistic regression identified factors that were associated with increased likelihood of lurasidone initiation. Factors that were associated with increased likelihood of lurasidone initiation included female gender (OR=3.54, 95% CI=2.42, 5.18), comorbid mental disorders (ICD-9-CM; 290.XX-319.XX) listed as the non-primary diagnosis with a prescription claim of lurasidone (OR=3.6, P=0.0023), or aripiprazole (OR=2.1, P=0.0233); and younger ages (OR=0.97, P=0.01). CONCLUSIONS: Logistic regression found subjects with schizoaffective disorder (ICD-9=295.7x, 295.8x) and use of antidepressants were described as case subjects; those without a lurasidone prescription claim were controls. Factors predicting the likelihood of initiating lurasidone were evaluated using stepwise logistic regression and evaluated using Cox proportional hazards regression. RESULTS: A total of 232,813 cases with AMI were included in the analysis. Of these, 112,327 (48%) had at least one diagnosis of a mental comorbidity. According to the Cohx proportional hazards regression result, the presence of mental comorbidity significantly increases the probability of having in-hospital death (Hazard Ratio: 1.34, 95% CI: 1.23–1.46). CONCLUSIONS: Our results suggest that mental conditions could increase in-hospital mortality among individuals with AMI. Whether having mental comorbidities is per se a risk factor for in-hospital mortality post-AMI or is a proxy for other unmeasured factors needs further investigation. Regardless, our findings suggest that presence of mental comorbidities should be accounted for when treating patients.

PMH20 RISK OF ACUTE MYOCARDIAL INFARCTION AMONG PATIENTS WITH ACUTE MYOCARDIAL INFARCTION
WITH ACUTE MYOCARDIAL INFARCTION
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OBJECTIVES: To estimate the budget impact of the inclusion of quetiapine compared to aripiprazole or olanzapine on the top of standard bipolar disorder treatment scheme with atypical antipsychotics according to Russian health care system. METHODS: To estimate the budget impact analysis of quetiapine versus aripiprazole or olanzapine on the top of standard therapy in the treatment of bipolar disorder in Russian Federation. RESULTS: The results of budget impact analysis illustrate that quetiapine inclusion into the standard bipolar disorder therapy provided cost saving benefits compared with inclusion of aripiprazole or olanzapine in the bipolar disorder standard therapy scheme. Total health care costs of bipolar disorder therapy were approximately 596 539 RUB (9,913 EUR) per patient in quetiapine group, 1,023 089 RUB (25,577 EUR) per patient in aripiprazole group and 557,222 RUB (13,169 EUR) per patient in olanzapine group within one year. Treatment of bipolar disorder using standard therapy with quetiapine inclusion compared to one with aripiprazole or olanzapine leads to costs savings of 626,551 RUB (16,644 EUR) or 160,683 RUB (4,032 EUR) per patient in next year, respectively. CONCLUSIONS: The results of budget impact analysis illustrate that including quetiapine into the standard therapy of bipolar disorder in comparison with aripiprazole or olanzapine has potential to reduce Russian health care system total costs for bipolar disorder treatment.