PMH72 HEALTH-RELATED QUALITY OF LIFE OF PEOPLE WITH DOWN’S SYNDROME: INITIAL RESULTS FROM A NON-DRUG LONGITUDINAL MULTI-NATIONAL STUDY. Baseline data in 13 countries: La Torre R,ilonciko A, Ignjatovic A, Schettini P, Touraine R, Whitram S, Squassantia L, Lengyel D’Arzybu X, Khwaja G. 1Roche Products Ltd, Welwyn Garden City, UK, 2Barcelona, 3Tucson, AZ, USA, 4Durham, NC, USA, 5St Etienne, 6Cornwall, UK, 7Hoffmann-La Roche AG, Basel, UK, 8Hoffmann-La Roche AG, Basel, Switzerland OBJECTIVES: We examined Health-Related Quality of Life (HRQoL) of adolescents and adults with Down syndrome (DS) and test-retest reliability of the KIDSCREEN-27. METHODS: We conducted a multi-lingual, non-drug, longitudinal study in 8 countries. Sixty-one participants were included (30 males, 31 females). Assessments were performed at baseline and week 24. The KIDSCREEN-27 Parent-Form uses a 5-point Likert scale and comprises five domains: Physical Wellbeing (range 7-35), School Environment (range 4-20), Peers & Social Support (range 4-20), and Environment (range 7-35). Test-retest reliability may have been influenced by the long time-frame between the two assessments.

PMH73 SUBSTANCE USE AND EMPLOYMENT OUTCOMES AMONG PATIENTS INITIATING EXTENDED-RELEASE NALTREXONE (XR-NTX): REAL-WORLD DATA FROM THE XR-NTX OPIOID DEPENDENCE REGISTRY. Compton W.N.1, Summerfelt K.A., Ranka M., Silverman B.L. 1Dent Neurologic Institute, Amherst, NY, USA, 2Alkermes, Inc., Waltham, MA, USA OBJECTIVES: Opioid dependence not only impacts health outcomes and healthcare costs in the US, but also imposes a large burden on caregivers. Fisher’s Randomized Estimated lost workplace productivity accounts for the largest share (~$25.6 billion or 45.6%) of total societal costs.4 This study evaluated the impact of extended-release naltrexone (XR-NTX), available as a once-monthly injectable treatment option for opioid dependence, on self-reported productivity, health care use and employment status, in patients treated in a real-world, naturalistic study. METHODS: Analysis of an open-label, single-arm, US multicenter registry of adult opioid-dependent patients initiated on XR-NTX treatment following detoxification. Substance use and employment status in the previous 28 days were collected via the National Treatment Agency Treatment Outcomes Profile (TOP). Analyses were conducted on patients with data available from baseline to at least 6 months of XR-NTX treatment. Subject-paired hypothesis tests were conducted. RESULTS: A total of 112 (26.6%) of 403 enrolled registry patients had 6 months of on-treatment follow-up, with 99 (24.6%) completing Month 6 assessments. Abstinence rates for opioids were reduced 5.5% to 96.0%, p<0.001, and 56.7% to 78.8%, p<0.001, and stimulants (crack, cocaine and amphetamine) (82.8% to 96.0%, p=0.002) significantly decreased from baseline to Month 6. Baseline to Month 6 unemployment rates significantly decreased from 51.5% to 37.4% (p<0.005). Among 53 patients unemployed at baseline, the majority (55.3%) reported employment at Month 6, with 17.0% indicating working 1-16 days and 28.3% working >16 days in the prior 28 days. CONCLUSIONS: In this real-world registry, XR-NTX was associated with increased rates of opioid abstinence, as demonstrated in previous controlled studies. While limitations include the uncontrolled design and the sample subset with <1 month of XR-NTX treatment were examined. RESULTS: A total of 705 adult caregivers were included in the study. The average age was 14 years and 23% were male. The most commonly requested drug was Risperidone (40.68% of the requests). “Bipolar Disorder,” “ADHD,” and “Oppositional Defiant Disorder” were the three most common diagnoses (62.12%). Over half (52.48%) of the requests were for extended-release agents. The three most common adverse events and long term side effects. Asking prescribers about glucose and lipid monitoring deemed best practice. Costs and utilization patterns in the immediate phase after discontinuation were also compared. RESULTS: XR-NTX treated (vs. non-medicated) patients were higher than for a non-XR-NTX treated comparison group in the month following treatment discontinuation ($1,463 vs. $1,613). CONCLUSIONS: While the study is limited due to non-randomization and retrospective administrative data, these real-world clinical experience and healthcare cost savings are significant.

PMH74 CHANGE IN EMPLOYMENT AND WORK PERFORMANCE AMONG CAREGIVERS. Richardson T, Wasserman D, Tomaszewski K, Spilman J. KF Group, Inc., Honeyey Falls, NY, USA OBJECTIVES: The objective of this study was to identify factors associated with a change in work performance (Model #1) and change in employment status (Model #2) among informal caregivers. We hypothesized caregiver burden and caregiver mental health were key potentially modifiable characteristics of these two outcomes. Methods: A representative sample of 705 adult caregivers was completed an online survey regarding their role as an informal caregiver and its impact on their employment. Model 1 examined 544 of the 705 respondents due to missing data. We conducted bivariate analyses and used multivariate logistic regression to assess the association of caregiver mental health, caregiver relationship, and use of caregiving support services on a: change in work performance and a change in employment status. Sociodemographic variables were also examined. RESULTS: 62% (n=150) of caregivers reported being laid off or resigned from their position while 46% (n=322) reported caregiving some what or very much affected their performance at work. In our multivariate logistic regression model employment status and the presence of depressive symptoms were strongly associated with a change in employment status and work performance as a result of caregiving. Efforts aimed at identifying high levels of caregiver burden and depressive symptoms among caregivers may potentially have an impact on employment for some caregivers.

PMH75 MEDICARE COST AND UTILIZATION OUTCOMES IN OPIOID DEPENDENCE TREATMENT. Leslie D1, Milchak W2, Gastfriend DR1, Herschman PL3, Bixler EO4, Meyer RE5. 1Penn State University, Hershey, PA, USA, 2Treatment Research Institute, MEAN, USA, 3CIRC Health Group, Inc, Cupertino, CA, USA OBJECTIVES: Little is known about the real-world utilization and cost outcomes associated with different treatment modalities for opioid dependence. This study sought to analyze pre- and post-treatment cost and service utilization data from a multi-center, prospective study of opioid dependence treatment in three Pennsylvania residential rehabilitation programs. METHODS: De-identified retrospective electronic data on 7,687 patients treated in one of three residential treatment centers in Pennsylvania were linked with Medicare administrative data. Duration of Medicare supported treatment and relative Medicare costs and treatment patterns were compared across 4 different treatment modalities: 1) extended-release buprenorphine (buprenorphine); 2) medication assisted treatment (methadone); 3) partial agonist (methadone); 4) drug-free treatment. Costs and utilization patterns in the immediate phase after discontinuation were also compared. RESULTS: XR-NTX treated (vs. non-medicated) patients were higher than likely [odds ratio (OR) 0.47; 95% CI 0.22-0.95, p<0.05] to leave against medical advice (AMA), three times more likely to complete rehab (OR 3.26, 95% CI 1.70-6.23, p<0.01) and twice as likely to initiate follow-up treatment within 7-10 days (OR 1.92, 95% CI 1.33-2.77, p<0.01). Among the 4,311 patients for whom Medicare data were available, costs among XR-NTX treated patients were lower than for a non-XR-NTX treated comparison group in the month following treatment discontinuation ($1,463 vs. $1,613). CONCLUSIONS: While the study is limited due to non-randomization and retrospective administrative data, these real-world clinical experience and healthcare cost savings are significant. Patients receiving XR-NTX were less likely to leave residential treatment AMA, more likely to initiate follow-up treatment, and had lower Medicare costs in the month following treatment discontinuation.

PMH76 A-KIDS: FINDINGS 2 YEARS POST-IMPLEMENTATION OF A WEB-BASED REGISTRY FOR ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS. Wegner SE, Ronin K2. 1AinetCare, Morrisville, NC, USA, 2North Carolina Community Care Network, Raleigh, NC, USA OBJECTIVES: The most commonly requested drug was Risperidone (60.8% of the requests). “Bipolar Disorder,” “ADHD,” and “Oppositional Defiant Disorder” were the three most common diagnoses (33.7%). “Aggression towards others,” “Irritability” and “Tantrums/temper” were the most common target symptoms (62.12%). Over half (52.48%) of the medications were first prescribed by an outpatient psychiatrist. Glucose monitoring increased from 52% to 64% and lipid monitoring from 27% to 46% for children on antipsychotics. CONCLUSIONS: Most prescribers of antipsychotics in children were enthusiastic about participating in the prescribing registry, expressing concern about prescribing in an ill-conditioned environment with high risk of serious adverse events and long term side effects. Asking prescribers about glucose and lipid values was supported as being important when implementing significantly with implementation of the registry. The registry has the potential for increasing awareness about the effects and usefulness of these medicines by enhancing claims data with clinical data.

PMH77 THE RELATIONSHIP BETWEEN STATE PRESCRIPTION DRUG MONITORING PROGRAM CHARACTERISTICS AND CONTROLLED SUBSTANCE DISPENSING TO BENEFICIARIES. Goodin A1. University of Kentucky, Lexington, KY, USA OBJECTIVES: Prescription Drug Monitoring Programs (PDMPs) have been enacted by several states to combat the abuse and diversion of controlled substances (CS).