drug use based on therapeutic category, genitourinary products were found to have the highest potential for inappropriate prescribing.

**PIH25**

**VARIATIONS IN ANTIPSYCHOTIC THERAPY AND SHORT-TERM MORTALITY ACROSS LONG-TERM CARE HOMES**

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**OBJECTIVE:** Recent studies have demonstrated increased short-term mortality among older adults with dementia who are prescribed antipsychotic drug therapy. Despite these findings, use of antipsychotics remains common in long-term care (LTC) homes. This study explores the real-world implications of variations in antipsychotic dispensing across LTC homes by assessing whether homes with higher rates of dispensing had higher rates of mortality among their residents. **METHODS:** Retrospective cohort study of 47,308 older adults with no history of psychoses who were newly admitted to 503 Ontario LTC homes between April 1, 2000, and March 31, 2004. Facilities were classified into quintiles according to their mean antipsychotic dispensing rates. All-cause mortality was examined across quintiles at 30 and 120 days after admission. **RESULTS:** The rate of antipsychotic dispensing ranged from 0 to 4.4% across LTC homes. The absolute baseline difference in 30-day (120-day) mortality between facilities dispensing highest versus lowest rates of antipsychotics was 1.4% (4.1%). Mortality was greater in the highest rate homes (adjusted hazard ratio 1.29, confidence interval 1.11 to 1.51 at 30 days; adjusted hazard ratio 1.28, confidence interval 1.17 to 1.39 at 120 days) compared to the lowest rate homes. **CONCLUSION:** Residents newly admitted to LTC homes with higher antipsychotic dispensing rates had increased risk of short-term mortality.

**WITHDRAWN**

**PIH26**

**PIH27**

**PIH28**

**PIH29**

**Abstracts**