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sion diagnosis, while SF-12 PCS and K6 were not associated ($p > 0.05$). **CONCLUSIONS:** Routinely collected patient reported health status may be useful to providers and payers as an aid in diagnosing depression in CMD patients.

PMH55

DIFFICULT TO SWALLOW: PATIENT PREFERENCES REGARDING ALTERNATIVE VALPROATE PHARMACEUTICAL FORMULATIONS

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OBJECTIVES: Characteristics such as tablet size and ease-of-swallowing can affect patients' treatment preference, and could in turn affect patient medication compliance. The objectives of this research were to determine the degree to which swallowing Valproate (VP) tablets is an issue, and the predictors of patient preference. **METHODS:** We conducted a quantitative telephone survey of adults (n = 400, ≥18 years old) who currently take (n = 236) or previously took (n = 164) VP tablets within the past 6 months (125 mg, 250 mg, or 500 mg). After online recruitment and screening, eligible participants completed a structured interview about medication use, perceived tablet characteristics, and preferences. Multivariate regression analyses were conducted to determine predictors of treatment preference. **RESULTS:** Respondents took an average 2.5 (SD = 1.23) VP tablets/day primarily to treat bipolar disorder (65.0%, n = 260), migraine (12.5%, n = 50), or epilepsy (11.7%, n = 47). More than half of the patients indicated that VP tablets were 'uncomfortable to swallow' (68.5%, n = 274) and were 'very interested' (65.8%, n = 263) in medications that were easier to swallow. When choosing conceptually between taking their VP tablet once/day or an equally safe and effective but significantly smaller soft gel capsule twice/day, the majority (82.8%, n = 331) preferred the soft gel capsule. In the multivariate regression analysis, perceiving soft gel capsules to be easier to swallow (OR = 73.54; 95% CI = 15.01–360.40) and taking VP more frequently (OR = 2.02; 95% CI = 1.13–3.61) were significant predictors of soft gel capsule treatment preference. **CONCLUSIONS:** In this survey-based study, users of VP would prefer a formulation that is easier to swallow. A higher patient preference may improve medication compliance. When choosing between medications with similar efficacy and safety, physicians can consider patient preferences for specific tablet characteristics to optimize conditions for medication compliance. Further research is warranted to examine compliance with medications that are easier to swallow.

PMH56

MEDICATION SATISFACTION IN SUBJECTS WITH SCHIZOPHRENIA TREATED WITH PALIPERIDONE ER AFTER SUBOPTIMAL RESPONSE TO ORAL RISPERIDONE

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OBJECTIVES: Medication satisfaction in subjects with schizophrenia may be related to efficacy and long-term adherence. This study evaluated medication satisfaction after treatment with paliperidone ER in subjects with a current suboptimal response to oral risperidone. **METHODS:** A 6-week, prospective, international, randomized, blinded-initiation study. Inclusion criteria: schizophrenia per DSM-IV, treated with oral risperidone (4 or 6 mg/day) at least 4 weeks prior to entry, PANSS score ≥4 on ≥3 items (tension, unusual thought content, delusions, hallucinatory behavior, excitement, grandiosity or suspiciousness/persecution) and dissatisfaction with current medication (Treatment Satisfaction Questionnaire for Medication ≤3). Subjects randomized (1:1, blinded) to paliperidone ER 6 mg/day (optional increase to 12 mg/day) either immediately (6 weeks total) or delayed (continued risperidone for 2 weeks followed by paliperidone ER for 4 weeks). Primary end point for the overall group: change in Medication Satisfaction Questionnaire (MSQ) (1 = extremely dissatisfied to 7 = extremely satisfied) at week 6 end point. Additional end points: total PANSS and adverse events (AEs). Study ID: CR014347. **RESULTS:** 201 subjects were randomized to immediate (n = 100) or delayed (n = 101) initiation of paliperidone ER. For the overall group, mean (SD) MSQ score improved significantly from 2.7 (0.8) at baseline to 5.1 (1.2) at end point ($P < 0.001$). 82.7% of subjects were satisfied with their medication at end point vs 3.7% at baseline. Mean (SD) PANSS total score improved from baseline to end point (¯C12.9 [13.1]; $P < 0.001$). At week 2, a higher percentage of subjects receiving paliperidone ER (immediate-initiation group) were satisfied with their medication compared with those still receiving risperidone (delayed-initiation group) (67.7% vs 45.3%; $P = 0.002$). Most common AEs for overall group: insomnia (9.1%), constipation (7.6%), headache (7.6%) and somnolence (6.6%). **CONCLUSIONS:** Schizophrenia subjects suboptimally responsive to risperidone reported improved medication satisfaction after 4 or 6 weeks of paliperidone ER.

PMH57

JOB SATISFACTION AMONG HOSPITAL PHARMACISTS IN TAIWAN

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OBJECTIVES: Pharmacist's dissatisfaction with the work caused by inadequate job demands, working environments and administrative requirements might lead to poor performance, personnel's burnout and turnover rate. However, the issues have been scantly acknowledged. This study aimed to investigate the job satisfaction among hospital pharmacists in Taiwan. **METHODS:** Semi-structured interviews were conducted with nine hospital pharmacists to explore the main concerns regarding job satisfaction of the hospital pharmacists. Subsquently content analysis was performed to produce a questionnaire with 24 items covering dispensing workload, salary, benefit packages, education, and training. After the reliability and validity of the questionnaire were tested, the revised questionnaire was distributed to all pharmacists in a medical center in Taipei. **RESULTS:** In total, 66.36% of 110 pharmacists responded to the survey. Satisfaction scores ranged from 5 (extremely satisfied) to 1 (extremely dissatisfied). The participants in this study were most satisfied with the working relationships with colleagues, the leadership of the head of pharmacy department, and the competency for providing patient consultations. The participants were most dissatisfied with the heavy workload, night shifts, and the promotion system. The total mean satisfaction score was 3.17 +/– 0.74, slightly higher than the mean value, without significant difference among varied groups of age, gender, salary, education levels and working years. However, longer working years seemed to significantly relate to higher satisfaction level in salary. ($F = 3.17$, $P < 0.01$). **CONCLUSIONS:** It is recommended that decision makers need to consider the salary and shift systems to improve job satisfaction of the pharmacists. Further survey is planned to distribute this questionnaire to a larger groups of pharmacists working in different levels of medical settings.

MENTAL HEALTH – Health Care Use & Policy Studies

PMH58

OUTCOMES ASSESSMENT OF AN ANTIPSYCHOTIC DRUG ALGORITHM: EFFECTS OF THE MISSISSIPPI STATE HOSPITAL ALGORITHM PROJECT

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OBJECTIVES: To evaluate use of an optional antipsychotic drug algorithm for treating inpatients with schizophrenia or schizoaffective disorder at a state psychiatric hospital. **METHODS:** Clinical outcomes were compared in patients whose treatment followed a specific antipsychotic drug algorithm versus those whose did not. First step oral antipsychotic options in the algorithm were risperidone and ziprasidone. Documentation of a clinical rationale for use of a non-preferred drug was acceptable for deviating from preferred choices. Antipsychotic polytherapy was the least preferred treatment. Steps for using injectable and non-preferred drugs were also specified. Primary and secondary outcomes were length of hospitalization and patient achievement of "much improved" or "very much improved", defined by CGI-S score, respectively. Prescribers reviewed patient record documentation to compare patients who were adherent vs non-adherent to the algorithm. **RESULTS:** The total cohort was 401 patients (263 algorithm adherent and 138 non-adherent). Three algorithm adherent patients were dropped due to a CGI-S score of 7 therefore, 260 were used in the analysis. Sixty-seven percent were male. The mean age was 39. The median number of past hospitalizations was 2. The modal rating of severity on the Clinical Global Impression—Severity was 5, markedly ill. There were no significant differences between groups on gender, number of past hospitalizations and severity of illness. No significant between group differences were observed for mean length of stay (adherent 49 days, non-adherent 45 days), $p = 0.12$, least squares means (adjusted for CGI-S, gender and exacerbations) or time to improvement, $p = 0.31$, log-rank test. **CONCLUSIONS:** Use of an optional algorithm for inpatients, designed to improve cost efficiency without denying access to non-preferred medications, did not prolong length of stay or delay time to desired improvement.

PMH59

THE IMPACT OF THE FDA ANTIDEPRESSANT BLACK BOX WARNING ON THE CONTINUITY OF ANTIDEPRESSANT TREATMENT IN CHILDREN WITH DEPRESSION

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OBJECTIVES: To assess the impact of the FDA antidepressant Black Box warning on treatment continuity of antidepressants in children with depression. **METHODS:** The study was a retrospective cohort analysis using 2003–2004 Texas Medicaid claims data obtained from Center for Medicare and Medicaid Services. Study cohort included patients who were 1) continuously enrolled for Texas Medicaid from January 2003 to December 2004; 2) at age of 6 to 18; 3) receiving at least two outpatient diagnoses with depressive disorders (ICD9-CM codes: 296.xx, 293.xx, 298.xx, 300.xx, 301.xx, 309.xx, 311.xx) and 4) using Selective Serotonin Re-uptake Inhibitors (SSRIs) prescriptions. Initiation of SSRI therapy was defined as first prescription fill during January 1, 2003-January 30, 2003 for the pre-policy cohort and January 1, 2004 – January 30, 2004 for the policy cohort. Both cohorts were followed till the end of the year to observe treatment discontinuation. The discontinuation of SSRI treatment was defined as a gap of 30 days or more between prescriptions. Cox proportional hazard model was applied to examine the risk of treatment discontinuity due to FDA public advisory on antidepressants in March 2004. **RESULTS:** A total of 7184 children who met all inclusive criteria were identified, out of which 3367 were in pre-policy cohort and 3817 were in policy cohort. Mean age of cohort was 13.75 (SD = 3.81). The average during pre-policy and policy period were 61.83 days and 55.65 days respectively. After FDA issued the public advisory on antidepressant in March 2004, the risk of antidepressant discontinuation did not change (HR = 1.148, 95% CI = 0.907–1.453, p-value = 0.2945) compared to the pre-policy period after controlling patient demographics. **CONCLUSIONS:** The FDA public advisory on antidepressants was not associated with increased risk of SSRI antidepressant treatment discontinuation. Further study is warranted to assess the long term effects of the Black box warning on the use of antidepressants.