study was designed to determine QoL-based utilities specific to RGH. METHODS: Discrete choice conjoint analysis (CA) and time trade off (TTO) exercises were conducted using QoL states generated from six items from the RGH Quality of Life Questionnaire (RGHQoL). RGH patients completed tasks via interview. RESULTS: One hundred ninety-two interviews were conducted (79 male, 113 female; age range 19–69 years, mean age 38.4). For CA, all attributes were statistically significantly influential in determining preferences. The application of the random effects probit model produced coefficient values that can be used as preference weights. As the TTO exercise, coefficient values (preference weights) were derived by application of the random effects tobit regression model. These coefficient values can be used to derive relative and absolute utility values respectively. As the TTO technique possesses cardinal properties, QALY scores can also be calculated. CONCLUSIONS: It is feasible to generate both relative and absolute utility values from responses to the RGHQoL questionnaire, allowing utility to be based on true QoL. The ability to derive disease-specific QoL-based utilities in this way means that the same instrument can be used to generate both QoL and utility data from the same clinical trial.

NEUROLOGICAL & PAIN
DISEASES/DISORDERS—Clinical Outcomes/Healthcare Policy

GALANTAMINE REDUCES CAREGIVER TIME: AN ANALYSIS OF A NATIONAL SAMPLE OF ALZHEIMER'S PATIENTS LIVING IN THE COMMUNITY
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OBJECTIVE: Patients with Alzheimer's disease (AD) have progressive cognitive, functional, and behavioral decline, resulting in increased reliance on caregivers for assistance with activities of daily living. Galantamine, a novel treatment for AD with a dual mode of action (acetylcholinesterase inhibition and allosteric nicotinic receptor modulation), has demonstrated benefits on cognition, global function, activities of daily living, and behavioral symptoms in patients with mild-to-moderate AD. The objective of this study was to determine differences in caregiving time between caregivers of AD patients receiving galantamine and those receiving no treatment. METHODS: The analysis was based on data from the AD Caregiver Project survey. Data were collected using a self-administered questionnaire distributed in December 2001 to a large national sample of unpaid caregivers. Caregiver time was defined as the number of hours spent by the primary caregiver during a typical week. Only patients living in the community were included in the analysis. Using linear regression, caregiving times for galantamine-treated and untreated patients were compared. Covariates included patient and caregiver demographics, including employment status and income level, and patient disease severity, functional status, and living situation. RESULTS: Galantamine patients (N = 97) differed from untreated patients (N = 803) with regard to gender (61% vs 35% males), age (74.1 vs 79.6 years), and living situation (1% vs 6% living alone). Caregivers of galantamine patients were older (66.3 vs 59.2 years) and more likely to be a spouse (77% vs 33%). After controlling for differences between the groups, caregivers of galantamine patients provided 18 fewer hours of care per week than caregivers of untreated patients (95% CI: 3.3–32.5, p = 0.016). CONCLUSION: Compared with untreated patients, patients treated with galantamine appear to require significantly less caregiving time.

IMPACT OF RIVASTIGMINE ON TIME TO FIRST ANTIPSYCHOTIC DRUG USE IN PATIENTS WITH ALZHEIMER'S DISEASE
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OBJECTIVE: To investigate the effect of rivastigmine treatment on the time to first antipsychotic drug use among patients with Alzheimer's disease (AD), compared to patients not treated with a cholinesterase inhibitor (ChEI). METHODS: This study used MarketScan® research databases from January 1, 1999 through December 31, 2001. Patient inclusion criteria included: (a) diagnosis of AD, (b) ≥65 years old at diagnosis, and (c) continuous insurance coverage. Patients who previously used any antipsychotics were excluded. Subjects were classified into a ChEI group with the first prescription date as the index date or a non-ChEI group. Patients on rivastigmine were further identified from the ChEI group. Chi-square test, t-test, and log-rank test were used to test differences in study variables between groups. Cox proportional hazard models were used to estimate predicted risk of the first antipsychotic drug use. RESULTS: A total of 2391 patients were included in the study (996 ChEI and 1395 non-ChEI). ChEI users were younger compared to non-ChEI users (79 vs. 81 years, P < 0.0001). However, there were no significant differences between antipsychotic users and non-users, by age or gender. Over the entire observation period, Kaplan-Meier analysis indicated that users of ChEIs were 4% (relative risk (RR) = 0.96; 95% CI:0.77–1.18) less likely and patients taking rivastigmine specifically (N = 214) were 19% (RR = 0.81; 95% CI:0.54–1.21) less likely to take antipsychotics as compared to patients not taking ChEIs. After controlling for demographic covariates, use of other psychotropics and anticonvulsants, rivastigmine patients were 34% (RR = 0.66; 95% CI:0.36–1.22) less likely to take antipsy-
chotics. During the first 150 days from the initiation of therapy, rivastigmine patients were 81% (RR = 0.19; 95% CI: 0.05–0.63) less likely to use antipsychotic drugs compared to non-ChEI users. CONCLUSIONS: AD patients who take rivastigmine are less likely to use antipsychotics compared to those not taking ChEIs. These findings imply that rivastigmine use may delay the progression of the development of behavioral symptoms of AD.

**COMPARISON OF USING NDC OR ICD CODES TO SELECT PAIN PATIENTS USING DATABASE ANALYSES**

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**OBJECTIVES:** Traditional database methodology suggest patient selection be done through ICD codes when inter-