of children aged 5–17 years old was obtained from the Medical Expenditure Panel Survey (MEPS) for the year 2008. MEPS obtained information from parents about the health and healthcare utilization of children. Logistic regression along with descriptive statistics was performed to explain racial and ethnic disparities among parent reported ADHD. Also, test for normality of residuals, homoscedasticity, goodness of fit and model specification were performed. All analysis was performed using STATA 11. Chi-square test between boys and girls were more likely to report ADHD than girls. A total of 6858 children 5–17 years, parents reported ADHD for 633 (9.23%) children. Out of 6858 children 51% were female, 34% were whites and 43% had any public insurance. Hispanic (OR = 0.45 p = 0.000) and Black (OR = 0.77 p = 0.025) parents were less likely to report ADHD than Whites. Parents were more likely to report ADHD for boys (OR = 0.608) in children with age more than 10 years (OR = 1.85 p = 0.000), with private (OR = 1.37 p = 0.013) and public insurance (OR = 1.80 p = 0.012) and from metropolitan statistical area (OR = 1.20 p = 0.116). CONCLUSIONS: There are racial disparities among parent reported ADHD. Findings indicate there is an unmet need in depressive patients. 2411. Patient-reported HRQOL was assessed by the EQ-5D and EQ-5D Visual Analogue Scale (VAS) tool (score range: 0-100). Higher score indicates better health, and the EQ-SD Index (score range: 0-1, higher score indicates better health) at every visit during the study. RESULTS: Overall, 2,896 patients were included in the analysis (1,989 BD-I, 907 BD-II). FAST total scores (mean ± SD) for BD-I and BD-II patients, respectively, were 50.1 ± 17.2 and 48.8 ± 16.5. QoL fluctuated with disease phase; in BD-I patients the EQ-SD VAS scores (mean ± SD) were 71.9 ± 18.3 in hypomania, 70.4 ± 18.7 in euthymia, 69.6 ± 22.8 inmania, 56.5 ± 18.5 in mixed episodes, and 53.5 ± 22.0 in depression. In BD-II patients, EQ-SD VAS scores were 72.1 ± 18.7 in hypomania, 70.0 ± 17.8 in euthymia and 54.2 ± 20.2 in depression. EQ-SD Index scores (mean ± SD) reflected a similar trend (BD-I: hypomania 0.70 ± 0.28, mania 0.67 ± 0.29, mixed episodes 0.53 ± 0.28, depression 0.49 ± 0.29, euthymia 0.41 ± 0.27, BD-II: hypomania 0.60 ± 0.27, depression 0.46 ± 0.27, euthymia 0.41 ± 0.26). CONCLUSIONS: Patients with BD-I and BD-II experienced a high level of functional impairment in hospital and non-hospital settings. QoL was similar in both BD-I and BD-II, and was lowest in patients experiencing depressive and mixed episodes, and highest in hypomanic episodes and euthymia

PMH57 CROSS-COUNTRY COMPARISONS OF ADULTS WITH MAJOR DEPRESSIVE DISORDER
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OBJECTIVES: Major Depressive Disorder (MDD) has been cited as one of the leading causes of disabilities worldwide. This analysis seeks to explore the prevalence of MDD across select geographies and to compare the profile of sufferers. METHODS: Data were taken from the US, Brazil, and Japan 2011 National Health and Wellness Survey, a cross-sectional internet-based survey representative of the adult population. Patient groups were stratified using the Patient Health Questionnaire (PHQ9). Health-related quality of life (HRQOL) was assessed with the SF-12 Health Survey (SF-12v2), and activity impairment was measured with the Work Productivity and Activity Impairment questionnaire (WPAI). Comparisons between patient groups were made with chi-square tests for categorical variables and ANOVA for continuous variables. RESULTS: Prevalence of MDD differs significantly across geographies, with Brazil having the highest percentage (9.8%, 13.5%) followed by US (7.1%, 16.2 M) and Japan (4.7%, 5 M). In US and Brazil, MDD sufferers were more likely to be women than non-sufferers and were significantly younger (p<0.05). Sufferers in Brazil, and Japan were more likely to report anxiety, sleeping difficulty and anxiety than non-sufferers (p<0.05). In each geography, MDD sufferers had a significantly lower mental QoL compared to the non-sufferer population, but the association was strongest in Japan (28.5 vs. 31.9 in the US vs. 35.4 in Brazil). MDD sufferers in Japan and Brazil were more likely to report depression, obses-

PMH58 MEASURING POSITIVE AND NEGATIVE SYMPTOMS AND COGNITIVE IMPAIRMENT ON HEALTH OUTCOMES AND HEALTH CARE RESOURCE UTILIZATION IN EUROPEAN PATIENTS WITH SCHIZOPHRENIA
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OBJECTIVES: The aim of this study was to assess the impact of positive and negative symptoms and cognitive impairment (CI) on depressed QoL, productivity loss and health care resource utilization (HCRU) in European patients with schizophrenia. METHODS: An analysis of patient and physician-reported data from the cross-sectional Adelphi Schizophrenia Disease-Specific-Programme was conducted. Sample included patients 18 years or older who were diagnosed with schizophrenia in the past year were selected (n = 2411). Patient-reported HRQOL was assessed by the Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form (Q-LES-Q-SF), EQ-SD and EQ-SD Visual Analogue Scale (VAS) and work productivity via the Work Productivity Activity and Impairment (WPAI). HCRU included number of outpatient, emergency and inpatient visits and length of hospital stay (LOS). Analyses of outcomes and utilization by level and severity of physician-rated positive, negative and cognitive symptoms employed multivariate methods (linear, logistic, negative binomial, tobit and ordered probit regressions) with a backward selection process. Age, gender, ethnicity, home circumstances, employment, number of comorbidities, anxiety, depression, non-drug therapy, substance abuse, obesity and medication compliance served as covariates. RESULTS: Most patients were older, male, Caucasian and treated alone or with SGAs. Positive symptoms (delusions, disordered thoughts) and negative symptoms (blunted affect, social withdrawal) were reported in 40–50% of the patients. Average severity scores for positive and negative symptoms were >40 (max. 100, higher scores are more severe) in 68.4% of patients diagnosed with schizophrenia. Multivariate analysis showed that the presence and severity of negative symptoms decreased Q-LES-Q-SF and EQ-SD VAS scores. CI severity significantly predicted HRQOL measures, productivity loss in terms of decreased ability to do regular activities, outpatient, inpatient visits, LOS and non-drug therapy. CONCLUSIONS: CI was significantly associated with patient functioning and medical and non-pharmacological interventions targeted toward CI may result in better functioning and lower HCRU.

PMH59 BURDEN OF DISEASE IN PATIENTS WITH DIAGNOSED DEPRESSION IN BRAZIL: FINDINGS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)
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OBJECTIVES: About 121 million people worldwide suffer from depression, and it is the fourth leading cause of disability, according to the World Health Organization. Cross-cultural studies have revealed that depressive disorders constitute a public health problem in most societies. This study is aimed to assess co-morbidity, quality of life (QOL), work/productivity loss, and medical resource utilization in patients diagnosed with depression in Brazil. METHODS: A total of 12,000 Individuals (age 18-65) self-reported data were collected from 2011 National Health and Wellness Survey (NHWS) in Brazil. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short Form-12 (SF-12). Loss of productivity and productivity impairment were measured using the validated biopsychosocial Activity Impairment instrument. Medical resource utilization was measured by healthcare provider, emergency room visits and hospitalization in the past 6 months. RESULTS: Of the 12,000 respondents, 1,379 (10.8%) had been diagnosed with depression (67%). Highest proportion of depression diagnosed patients was found between those 18-34 years old (40%). Those diagnosed with depression reported more co-morbidities (anxiety 77%, headache 74.8%, sleep difficulties 59.1%, insomnia 56.5%, pain 47.2%, migraine 39.6%), lower mean scores of PCS (66.1 vs. 50.1) and MCS (53.8 vs. 48.3), more emergency room visits (42.4% vs. 19.2%), and more patients being hospitalized for any medical condition (19.7% vs. 8.6%) over the past 6 months compared to not diagnosed with depression group. Furthermore, patients diagnosed with depression reported greater overall work impairment (36.9% vs. 17.3%) and impairment in daily activity (64.5% vs. 18.3%) compared to patients not diagnosed with depression. All comparisons were statistically significant at p < 0.05. CONCLUSIONS: Results from the Brazil NHWS indicate patients diagnosed with depression suffer from impairment in QOL, work/productivity loss, greater usage of healthcare resources and more co-morbidities. These findings indicate there is an unmet medical need in depressive patients in Brazil.
return the study sample. The SF-36 instrument was used to measure HRQOL and compared with the provincial norm. The second wave was a random sample of 252 respondents from the 861 first-wave respondents, who were interviewed with an identical instrument 3 years after the earthquake. ANOVA t-tests were used to compare SF-36 scores among residents by earthquake impact levels; against a provincial norm, and between 8 months and 3 years. RESULTS: The SF-36 subscale scores at impact levels of earthquake except for RF. Compared with the Sichuan provincial norm, all subscale SF-36 scores of the first-wave respondents were lower at month 8 (all p-values < 0.001). Seven subscale scores of RF, BP, GH, VT, SF, RE, and MH at 3 years were statistically lower than the provincial norm (all p-values < 0.05). Among the second-wave respondents, all the SF-36 subscale scores improved in comparison to those taken 8 months after the earthquake except for RF and SF. CONCLUSIONS: The HRQOL declined compared with the norm, especially the psychological aspects. Furthermore, the HRQOL 3 years after the earthquake were persistently lower than the norm level, despite its recovery from 8-month level.

PMH61
EFFECTS OF Lisdexamfetamine Dimesylate Augmentation on Functional Outcomes in Adults with Partially or Fully Remitted MDD

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OBJECTIVES: In adults with executive dysfunction and mild major depressive disorder (MDD), lisdexamfetamine dimesylate (LDX) augmentation significantly improved executive dysfunction (primary endpoint) on the Behavior Rating Inventory of Executive Function-Adult Version (BRIEF-A). Because cognitive impairment can affect functioning, including the ability to work, we describe LDX effects on functional outcomes from the aforementioned study. METHODS: This double-blind, placebo-controlled study enrolled participants (18–55 y) with mild MDD (Montgomery-Ångberg Depression Rating Scale total score ≤18) and executive dysfunction (BRIEF-A Global Executive Composite T-score ≥60) on stable SSRI monotherapy for ≥8 weeks. After 2 weeks of screening, participants were randomized to 9 weeks of double-blind LDX (week 1: 20 mg/d; weeks 2–6: maintain or increase LDX in 10-mg increments) versus placebo, followed by 8 weeks of single-blind augmentation, followed by 2 weeks of single-blind placebo. Prespecified secondary functional endpoints included the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) and Endicott Work Productivity Scale (EWPS). Analyses included change in scores from baseline. RESULTS: Of 143 randomized participants (placebo, 72; LDX, 71), 119 completed double-blind treatment (placebo, 63; LDX, 56). For the Q-LES-Q, least squares (LS) mean (95% CI) treatment differences at endpoint significantly favored LDX in 5 of 10 domains: “physical health activities” (9.9 [8.3, 11.6]; p = 0.0002), “feelings” (6.8 [4.0, 9.6]; p = 0.0048), “work” (9.1 [2.0, 16.1]; p = 0.0123), “household duties” (8.8 [2.2, 15.4]; p = 0.0094), and “general activities” (6.2 [1.0, 11.4]; p = 0.0191); no differentiation was observed in the other domains. For the EWPS, the LS mean (95% CI) treatment difference at endpoint was not statistically significant (4.4 [-1.2, 10.0]; p = 0.1731). CONCLUSIONS: These findings suggest LDX augmentation modestly improves functional outcomes in adults with partially or fully remitted MDD.

MENTAL HEALTH – Health Care Use & Policy Studies

PMH62
PREDOMINANT NEGATIVE SYMPTOMS IN SCHIZOPHRENIA

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OBJECTIVES: Schizophrenic patients often remain symptomatic with predominant negative symptoms (PNS) despite receiving antipsychotic therapy. Negative symptoms might include social withdrawal, poverty of speech, apathy, inability to experience pleasure, limited emotional expression, or deficits in attention control. Several definitions of PNS exist. The purpose of this study is to describe PNS population according to several definitions. METHODS: Definitions of patients with PNS were searched in literature, and applied to patients from the EuroSC cohort (N=288 in France, N=618 in Germany and N=302 in UK). Five assessment including Positive and Negative Symptoms Scale (PANSS) were performed over 2 years. The extent of overlap between definitions was assessed at baseline, and pathways of patients with PNS were explored over 2 years. Bivariate analyses were conducted to compare patients with PNS to others in terms of quality of life (QoL).

RESULTS: Six definitions were found, all based on PANSS subscores. Results differed according to countries, with an average of 41% of patients with PNS in France, 24% in UK and 13% in Germany. For all definitions, about 60% of patients with PNS at baseline still had PNS after 6 months, and about 40% still had PNS after 2 years. Patients were found to have a lower QoL (EQ-5D: 0.70 vs. 0.74 on average), more severe side-effects (SAS: 4.2 vs. 3.2 on average), lower functioning (GAF: 40 vs. 54 on average) and to be more depressed (CDSS: 3.7 vs 2.6 on average). CONCLUSIONS: Our study suggests that patients with PNS form a stable population overtime with higher clinical burden. The lack of specific treatment pattern raises the issue of the need for specific disease management strategy of patients with PNS. Further analyses on clinical and economical burden of these patients are required.