condition in terms of disease burden, since it affects young people affecting productivity with a high rate of disability. Hospitalisations are needed in almost 75% of patients and more than 3 times during disease evolution (mean 12 years). Further knowledge about potentially preventable factors associated with severity and disease cost and burden would be of extreme value.

**PMHS4**

**INDICATION SPECTRUM OF SNRI APPLIED FOR THE TREATMENT OF DEPRESSION—A PHARMACOEPIDEMIOLOGICAL ANALYSIS OF CLAIMS DATA OF A GERMAN SICKNESS FUND**

Gothe H1, Hagenmeyer EG1, Höer A1, Runge C2,Volmer T2, Häussler B1

1IGES Institut GmbH, Berlin, Germany, 2Wyeth Pharma GmbH, Münster, Germany

**OBJECTIVES:** In the treatment of depression several antidepressants are applied, mainly TZA, SSRI and SNRI. These substances have a different spectrum of activity and side effects, particularly newer substances are often approved for specific indications. Taking SNRI as an example, it is of interest in how far the indication spectrum is therapeutically utilized by physicians in everyday practice. **METHODS:** A retrospective cohort study using claims data of a sickness fund, analysed beneficiaries who received at least one SNRI prescription during the observation period from January 1, 2004 until December 31, 2004. ICD-10 Codes from the field of depression, anxiety and panic patients, as well as affective disorders were clustered into diagnosis groups which represented potential fields of indication for SNRI therapy. The distribution of diagnoses groups over the indication spectrum was broken down into health care sectors and represented and analyzed with the help of Venn diagrams.

**RESULTS:** From 1,478,978 beneficiaries n = 2,481 (0.17%) had at least one prescription of Venlafaxin as the only available SNRI in 2004. A total of 75.7% of them had a depression diagnoses, 39.9% received SSRI for relapse prevention. From n = 2,252 beneficiaries with a depression diagnosis and SNRI prescriptions, A total of 22.8% have been treated due to indications (depression in combination with anxiety) for which only Venlafaxin has been approved. 39.7% have been treated due to an indication spectrum was broken down into health care sectors and represented and analyzed with the help of Venn diagrams. 39.7% have been treated due to indications (depression in combination with anxiety) for which only Venlafaxin has been approved. 39.7% have been treated due to indications (depression in combination with anxiety) for which only Venlafaxin has been approved.

**CONCLUSIONS:** Increasing the dose of escitalopram from 10 to 20mg was associated with fewer further changes in treatment and with lower costs than switching or adding another antidepressant. For patients who do not respond well to their initial dose, dose increase should be considered before any other strategy.

**PMHS5**

**A COMPARISON OF PERSISTENCE AND HEALTH CARE COSTS RELATED TO DIFFERENT TREATMENT STRATEGIES AFTER INITIAL ESCITALOPRAM 10MG IN MAJOR DEPRESSIVE DISORDER**

Sanglier T1, Mildea D2, Saragoussi D2, Toumi M1

1Université Lyon I, Villeurbanne, France, 2Lundbeck SAS, Paris, France

**OBJECTIVES:** When patients do not respond to their initial treatment, the physician can increase the initial dose, switch to another treatment or add another treatment. This analysis aims at comparing the different strategies after initiation of escitalopram 10mg in patients treated for Major Depressive Disorder (MDD). **METHODS:** Adult MDD patients initiated on escitalopram 10mg, who either increased to 20mg (dose-increased patients) or switched to (switchers) or were added another antidepressant (combination patients), were identified in the Pharmetrics US claims Database (2003–2006). Patients with early dose increase (before 14 days) were excluded as it was considered as a scheduled dose titration. Patients’ characteristics at treatment initiation and treatment outcomes three months after treatment initiation were compared: treatment persistence or change, health care resource use and associated costs. Multivariate regression analyses were performed to adjust for patient characteristics and baseline resource use. **RESULTS:** A total of 8811 patients started with escitalopram 10 mg of which 51% increased to 20 mg, 29% switched and 20% had a combination. Mean time to treatment change was 42 days for dose increase, 36 days for switch (p < 0.001) and 30 days for combination (p < 0.001). Three months after treatment initiation, dose-increased patients had higher 3-month persistence compared with switchers or combination patients, even when considering a time-event interaction. Switchers and combination patients had a higher rate of subsequent/second switch and/or combination (17.7% and 71.1% respectively), compared with dose-increased patients (9.6%). Costs of both switchers and combination patients were higher than those of dose-increased patients (respectively: +US$124, adjusted RR = 1.1, 95%CI = [1.0–1.2]); and +US$1060, adjusted RR = 1.3, 95%CI = [1.2–1.5]). **CONCLUSIONS:** Increasing the dose of escitalopram from 10 to 20mg was associated with fewer further changes in treatment and with lower costs than switching or adding another antidepressant. For patients who do not respond well to their initial dose, dose increase should be considered before any other strategy.
visiting psychiatrists. The issues of over-medication and polypsychopharmacy deserve further attention.

SECOND GENERATION ANTIPSYCHOTICS AND HOSPITALIZATION IN BIPOLAR DISORDER: A CLAIMS DATA ANALYSIS

Pikalov A1, Whitehead R1, Werner C2, Kim E3
1Otsuka America Pharmaceuticals Inc, Rockville, MD, USA, 2Otsuka Pharma GmbH, Frankfurt, Hessen, Germany, 3Bristol-Myers Squibb, Plainsboro, NJ, USA

OBJECTIVES: Up to 75% of patients with bipolar disorder report at least one lifetime hospitalization; patients treated with second generation antipsychotics (SGAs) and mood stabilizers (MS) are hospitalized more frequently than those treated with MS monotherapy. It is not clear whether different SGAs differentially reduce the risk of hospitalization in this at-risk population, therefore the purpose of this study is to characterize hospitalization rates in patients treated with adjunctive SGA-MS combination therapy. METHODS: A retrospective propensity score-matched cohort study was conducted in the LabRx integrated claims database from January 2003 through December 2006. Patients 18–65 with bipolar disorder and 180 days of pre-index enrollment without SGA therapy and 90 days post-index enrollment were eligible for inclusion. MS therapy was initiated within 30 days prior to or following index SGA prescription. Multivariate logistic regression was used to estimate the risk of hospitalization in patients treated with aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone during the 90 day follow-up period. RESULTS: Of 7134 patients meeting inclusion criteria, 920 patients on aripiprazole were matched to 920 on olanzapine, quetiapine, or risperidone, while 518 aripiprazole patients were matched to 518 on ziprasidone. Hospitalization rates in the first 90 days following index prescription was 9.3% (range 7.1–12.8%). Compared to aripiprazole, patients on adjunctive SGAs demonstrated statistically significantly greater risks of hospitalization (olanzapine OR 1.8, 95%CI 1.3, 2.7; quetiapine OR 1.5, 95%CI 1.1, 2.2; risperidone OR 1.8, 95%CI 1.3, 2.6; ziprasidone OR 1.7, 95%CI 1.1, 2.7). CONCLUSIONS: Hospitalization in the first 90 days following initiation of combination mood stabilizer-SGA therapy is relatively common and influenced by choice of SGA. This difference may be due to dosing and titration under real world conditions.

MODELLING THE ANTIDEPRESSANTS MARKET BEHAVIOUR AFTER PATENT EXPIRIES

Peclivanoglou P, Boersma C, Visser ST, Postma MJ
University of Groningen, Groningen, The Netherlands

OBJECTIVES: Controlling pharmaceutical expenditures is of particular interest to governments, as pharmaceuticals present one of the main components of health care expenditures. Patent expiries of drugs are important, as dispensing (cheaper) generic drugs potentially results in lower pharmaceutical expenditures. Therefore, modelling generic substitution patterns is highly relevant as this can provide useful cost-cutting decision support. The aim of the study was to model the duration until patients switch from branded to generic drugs, in relation to various influencing variables. METHODS: Data were obtained from Dutch pharmacy dispensing records from IADB.nl. We focused on antidepressant prescription data. To identify a pattern on the underlying diffusion process, the analysis was applied to four antidepressants whose patent recently expired (fluoxetine, paroxetine, citalopram, sertraline). Duration analysis techniques were used to estimate the probability of patients to switch to a generic drug over time, and to estimate the effect of different covariates (e.g. patient, pharmacist and general practitioner characteristics) on this switching probability. Since interval censored data were used, discrete duration methods were applied which resulted in the estimation of a binary regression model. RESULTS: A higher probability for patients to switch from a branded to a generic drug within the first five months after patent expiry was identified. Switching probabilities were mainly affected by the general practitioners’ and pharmacists’ inclination to provide generic drugs, the age, the experience of the patient on the specific drug and the amount of different generic drugs introduced in the market. CONCLUSIONS: Although differences in pharmacy dispensing patterns for different antidepressants studied, we generally found common patterns in generic substitution. Next to the inclination of health care professionals, patient characteristics, time and the amount of available generic alternatives affect generic substitution significantly. However,