linkage between the pharmaceutical database and the SANIARP database, using anonymized patient code. Based on the date of the first prescription (index date) the following prescribing patterns have been defined: continuers (subjects with a gap <30 days between two prescriptions on-going); intermittent (subjects with a gap> 30 days but that receive another prescription at index date); switchers (discontinuation of index drug and prescription of a new antipsychotic); add-on (addition of a new antipsychotic); as-needed (addition of a new antipsychotic for a limited period). **RESULTS:** We identified 2,768 patients (44.5% females) with at least one prescription of atypical antipsychotics and with a diagnosis coded in the study period. Schizophrenia is the most frequent indication (31.1%) the most prescribed drug is olanzapine (29.1%), followed by risperidone (17.7%), quetiapine (13.4%), aripiprazole (12.5%), clozapine (10.3%) and asenapine (3.1%). About 70% of schizophrenic patients is treated with the same drug, 7.9% switch and 23.6% is in polytherapy. **CONCLUSIONS:** The use of SANIARP, web- platform able to allow the systematic monitoring of prescribing patterns of drugs, is of primary importance for better health planning.

PMH65

MAINTENANCE DAILY DOSE OF VENLAFAXINE AND DULOXETINE IN THE MONOTHERAPY OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER RESISTANT TO SELECTIVE-SEROTONIN-REUPTAKE-INHIBITORS IN ROUTINE CLINICAL PRACTICE IN SPAIN

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OBJECTIVES: Major Depressive Disorders (MDD) guidelines recommend using antidepressants with dual mechanism-of-action (venlafaxine, duloxetine) when resistant to a prior course of Selective-Serotonin-Reuptake-Inhibitors (SSRI). Dose to use should be close to the DDD recommended by WHO. Routine clinical practice may be frequently far from guidelines. The aim was to ascertain the average maintenance daily dose (DD) of venlafaxine and duloxetine in the monotherapy of patients with MDD who showed resistance to a previous SSRI in routine medical practice in Spain. **METHODS:** Retrospective analysis extracting consecutively electronic medical records (EMR) of the BSA, a provider which health plan coverage includes near 120,000 inhabitants in Badalona (Spain). EMR of male/female patients, >18 years, included in the chronic prescription follow up program, with a MDD ICD-9-CM code (296.2x/296.3x), and who were resistant to a previous SSRI course, were extracted for analysis. Resistant was defined as persistence of symptoms (score >17 in the Hamilton-Depression scale and/or reduction lower than 30% of the baseline score). Maintenance DD was considered the dose repeated (refills) at least two time consecutively during the study period (years 2012-2013). **RESULTS:** Three-sixty-eight EMR [81% women, 60.3 (15.2) years] were extracted; 160 of duloxetine and 208 of venlafaxine. Average maintenance DD were 65mg/day and 117 mg/day for duloxetine and venlafaxine, respectively. Demographics, number of comorbidities or previous SSRI were not related with average dose. 86% of duloxetine EMR were prescribed the WHO DDD for this drug (60mg), while only 42% of venlafaxine received its WHO DDD (100mg), p<0.001. Number of DDD per day were significantly higher with venlafaxine; 1.17 (1.10-1.23) vs. 1.09 (1.05-1.12), p=0.049. **CONCLUSIONS:** Routine medical practice average maintenance DD of venlafaxine and duloxetine in SSRI resistant subjects with MDD are different in terms of both their recommended doses in labelling or guidelines and in number of DDD per day.

PMH66

THE HEALTH ECONOMIC IMPACT OF RESOURCE USE IN DEMENTIA: THE ERLANGER DEMENTIA REGISTRY (EDR)

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OBJECTIVES: Dementia patients are in need of more extensive personal care compared to other long-term care users. This results in a high economic impact of dementia on patients, families and health care systems. Due to the increasing prevalence of dementia worldwide, combined with limited health care expenditures, a better understanding of resource use in dementia care is needed. Therefore the aim of our study is the assessment of resource use in dementia in the most common setting: home-based care (informal caregivers). **METHODS:** The Erlanger Dementia Registry structure was set up in 2013. Both dementia patients and informal caregivers are interviewed separately with internationally approved valid instruments. Follow-up takes place after 6, 12 months and afterwards annually. Resource use in dementia is assessed via the 'Resource Utilization in Dementia (RUD) instrument'. **RESULTS:** A total number of 50 informal caregivers (mean age=63, 61% female, 23% employed, 72% live together with the patient) were interviewed after the initial dementia diagnosis at baseline, and 22 study participants took part at the 1st follow-up. Informal caregivers were mainly spouses (72%) and children (22%). Main support was provided for instrumental activities of daily living (t0:77%; t6:86%), followed by activities of daily living (t0:37%; t6:52%) and supervision (t0:26%; t6:33%). Average hours for support 6 months after diagnosis were: IADL=4.3h/day (min=1.0, max=16.0), ADL=5,2h/day (min=2.0, max=16.0), and supervision=12.9h/day (min=1.0, max=24.0). The average monthly costs for informal caregivers 6 months after diagnosis (medication; additional disease-related costs) are 76 €. **CONCLUSIONS:** Our results highlight the significant impact of informal costs (time provided for care) in dementia care, occurring early in the disease course. For dementia patients cared for at home, informal costs put an additional economic burden on families. For future health policy planning in dementia, the perspective and inclusion of informal costs is essential. The research is funded by the European Commission, ICT FP7, project ID 287509.

PMH67

ECONOMIC BURDEN OF MAJOR DEPRESSIVE DISORDER (MDD) IN FIVE EUROPEAN COUNTRIES: DESCRIPTION OF RESOURCE USE BY HEALTH STATE

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OBJECTIVES: Estimating resource use [RU] in real life is an important part of health economic evaluations. RU data should reflect how patients are actually treated. In MDD, RU data are mostly obtained from expert opinion. Variability in RU may lead to uncertainty in health economic evaluations, but few published studies report these data in the detail needed. The present analysis reports RU data by depression health state from an observational study. **METHODS:** PERFORM (Prospective Epidemiological Research on Functioning Outcomes Related to Major depressive disorder) is a 2-year prospective observational study conducted in 5 Western-European countries. Two- and six-month RU were estimated by health state: remitters, non-remitters, patients in relapse or not. RU included visits to different health care professionals, hospitalization and sick leave. Results are reported for the whole study population and are also available by country (including the UK, for which EQ5-D-derived utilities are also available) and for subgroups (e. g., patients who switched antidepressants at baseline). **RESULTS:** Of the 819 analysable patients at 2 months, 29% were in remission. Among patients with at least one visit, the frequency of visits to general practitioners, psychiatrists and psychotherapists was consistently lower for remitters *versus* non-remitters (1.8 *vs.* 2.4, 2.2 *vs.* 2.4 and 2.6 *vs.* 3.1 respectively). Fourteen patients had at least one hospitalisation. Sick leave was less frequent (14% *vs.* 27%) and shorter (34 vs. 41 days) for remitters *versus* non-remitters respectively. At 6 months, 19.3% of patients relapsed. RU were higher with more visits to psychiatrists, psychotherapists (4.0 *vs.* 2.7, 7.8 *vs.* 5.5) for relapsed *versus* non-relapsed patients. **CONCLUSIONS:** This first analysis provides European RU data in MDD. More information is expected at completion of the two-year follow-up and this study offers the possibility to describe RU by health states, countries and subgroups and assess their transferability to other countries.

PMH69

THE IMPACT OF ECONOMIC CRISIS ON SUICIDE RATES IN GREECE

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BACKGROUND AND OBJECTIVES: Economic crisis in Greece has several social implications, as unemployment and poverty have largely increased during the past years. Since the onset of the economic crisis, suicides have marked a significant increase. Therefore, aim of this study is to investigate the relationship between suicides and the economic crisis and certain macroeconomic indices. **METHODS:** Annual suicide rates were obtained from the Hellenic Statistical Authority. Multiple linear regression analysis with Newey-West standard errors was carried out in order to examine the relationship between gender and age specific suicide rates and unemployment, GDP per capita and economic crisis (binary variable). Additionally, several statistical tests were conducted in order to examine the properties and the robustness of the model. **RESULTS:** Unemployment appears as the major factor affecting suicides of men and women above the age of 15. However, gender and age-related differences are being observed. Unemployment is positively associated with the suicides of men aged 15-24, 35-44, 55-64 years. Female suicides are also affected by unemployment, excluding the age groups of 35-44 and 45-54 years old. Interestingly, suicides of women aged between 45-54 and 55-64 were negatively associated with economic crisis. In the total population, unemployment has impact on suicides for 15-24, 35-44, 55-64 age groups, while economic crisis affects suicide rate in the age group of 25-34. In addition, GDP per capita is negatively associated with suicide rates for young men (aged under 24). The same effect is also observed for the young population in general. **CONCLUSIONS:** The current economic turmoil in Greece affects suicides deaths. According to this analysis, unemployment is the main factor that determines age-specific rates and essentially point to the direction where measures should be taken in order to control suicides' incidence and lessen the effect of economic crisis on health.

PMH70

POPULATION HEALTH: MENTAL HEALTH OF US VETERANS BY BENEFITS ENROLLMENT STATUS

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OBJECTIVES: Population-based approaches to improving health are critical to controlling rising health care costs. US Veterans represent an identifiable population of significant interest due to their unique occupational exposures. The objectives of this study is to characterize the mental health of a representative US sample specifically comparing: non-Veterans, Veterans receiving VA benefits and Veterans not receiving VA benefits. **METHODS:** A representative (U.S.) sample of 2,000 individuals completed an online survey assessing their mental health (PHQ-2), Veteran status and receipt of Veteran Administration health care benefits. We conducted bivariate analyses among the entire population and multivariate logistic regression among 352 Veterans to assess the relationship between ones mental health (PHQ-2 score >=3) and Veteran benefit enrollment status controlling for ones self-reported physical health, history of combat, awareness of Veteran Crisis Line and sociodemographic factors. **RESULTS:** Overall 28% of Veterans scored positive for depressive symptom based on a score of 3 or greater on the PHQ-2 compared to 11% of non-Veterans. However, breaking Veterans into those enrolled and those not enrolled revealed that 38% of enrolled Veterans were positive compared to just 17% of non-enrolled Veterans. After removing insignificant and/or collinear variables from the logistic regression model, the final set of independent variables included Vets enrolled in VA benefits OR=3.91 (1.93- 8.44), poor/fair physical health OR=4.32 (1.98-9.68), age OR=0.93 (0.91-0.95) and awareness of Veteran crisis line 3.12 (1.69- 5.97). **CONCLUSIONS:** Younger veterans in poorer physical health whom are receiving VA benefits and are aware of the Veteran Crisis line are more likely to have depressive symptoms. Population based approaches to