

rehabilitation in 1997. Treatment episodes required a 30 day depression and alcoholism diagnosis-free period. Use of medications and therapy was examined in the year after the index diagnosis. Healthcare costs, utilization, and suicide diagnosis were examined in patients with depression and alcoholism and patients with depression alone in the two years after the diagnosis. **RESULTS:** The 1-year prevalence rate of depression, alcoholism, and depression with alcoholism in 2000 was: 40 per 1000, 2 per 1000, and 1 per 1000. The percent of persons with depression and alcoholism receiving psychotherapy, alcoholism rehabilitation, alcoholism detoxification, alcoholism medications, or antidepressant medications was 58%, 2%, 3%, 24%, and 79%, respectively. Persons with depression and alcoholism had much higher outpatient, inpatient, and pharmaceutical mental health and substance abuse and total costs than persons with depression alone. Persons with depression and alcoholism had much higher rates of suicide (11% versus 0.5) and emergency room admissions than persons with depression alone. **CONCLUSION:** Providers need to better identify persons with comorbid alcoholism and depression and more effective treatment needs to be developed and implemented.

PMH4**ANALYSIS OF HEALTHCARE UTILIZATION PATTERNS AND ADHERENCE IN PATIENTS RECEIVING ANTIPSYCHOTIC MEDICATIONS**

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OBJECTIVE: To examine healthcare utilization for patients receiving atypical and typical antipsychotic medications. **METHODS:** This was a retrospective, observational cohort analysis of a pharmacy and medical claims database from a southeastern US health plan. The pharmacy claims of subjects between the ages of 6 and 65 years were retrospectively identified from the health plan database. Inclusion criteria included the initiation of a single antipsychotic agent between July 1, 1999 and September 30, 2000; no antipsychotic medication usage 180 days prior to the index prescription date; and continuous health plan enrollment for a 6-month period before and 12-month period after the index prescription date. Negative binomial regression was utilized to compare: 1) office-based outpatient utilization; 2) hospital-based outpatient utilization; 3) inpatient admission; and 4) emergency room utilization. **RESULTS:** A total of 469 patients met initial study criteria. Atypical and typical antipsychotics were prescribed to 384 and 85 patients, respectively. Mean length of therapy (days) for the atypical cohort was significantly longer (136 vs. 80; $p < 0.001$). The atypical cohort was significantly more adherent to therapy than the typical cohort (mean medication pos-

session ratio (MPR) = 0.53 vs. 0.24; $p < 0.001$). After adjusting for differences in demographics, baseline utilization, MPR, and length of therapy, (atypical N = 305, typical N = 72), the atypical cohort experienced significantly fewer office visits (2635 vs. 4249 per 1000 patients per month [P1000PPM]; $p = 0.005$), significantly fewer inpatient admissions (197 vs. 511 P1000PPM; $p = 0.032$), and significantly fewer emergency room visits (124 vs. 354 P1000PPM; $p = 0.002$). Differences in hospital outpatient visits were not statistically significant (307 vs. 634 P1000PPM; $p > 0.05$). **CONCLUSIONS:** Atypical antipsychotic users were more adherent and remained on therapy longer. In addition, patients using atypical antipsychotic agents were shown to have lower rates of healthcare resource utilization. This study confirms thoughts that there is a relationship between adherence to medication and use of healthcare resources.

PMH5**THE IMPACT OF MIRTAZAPINE COMPARED TO NON-TCA ANTIDEPRESSANTS ON WEIGHT CHANGE IN NURSING FACILITY RESIDENTS**

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OBJECTIVES: Depression and weight loss are common problems in older nursing facility (NF) residents. Mirtazapine is among the interventions clinicians use to prevent weight loss in depressed, frail elderly because it has been reported to be associated with weight gain. Nevertheless, limited data in weight outcomes of depressed NF residents are available. Our objective was to examine changes in weight associated with the use of mirtazapine compared to other non-TCA antidepressant therapies in the NF population. **METHODS:** A retrospective chart review was conducted for 189 NF residents with new single-antidepressant treatment regimens with at least 6 months of post-treatment weight data. OLS regression was performed to assess weight change and percentage weight change at three months and six months. Mirtazapine-treated subjects served as the controlled group ($n = 27$). Other factors affecting weight were included as explanatory variables, such as gender, age, co-morbidities, baseline weight and relative therapeutic dose. **RESULTS:** We found no statistical significant differences in weight change at three months and at six months between mirtazapine and all non-TCA antidepressants except fluoxetine which was associated with a gain of four pounds relative to mirtazapine at three months ($p = 0.0482$). A hypertension diagnosis was associated with significant weight gains at 3 months (2.2lbs., $p = 0.0439$ or +1.7%, $p = 0.0361$) and at 6 months (3.99lbs., $p = 0.0051$ or +3.1%, $p = 0.0048$). A diagnosis of diabetes was associated with weight loss at 6 month (-3.6lbs., $p = 0.0370$; -3.1%, $p = 0.0187$). Baseline weight was associated with increased weight loss in women at 6 months (-0.089lb (per pound baseline), $p = 0.0388$). **CONCLU-**