the medical records of the enrolled patients, prescriptions were analyzed. Relevant patient information such as gender, age, and data concerning psychotropic pre-
scribed patterns such as type of medication, route of administration, dose and frequency etc. were collected and evaluated for prescription patterns and associated pharmaceutical care. RESULTS: Among the 60 bipolar patients enrolled during the study period from January 2011 to April 2011, majority of the patients (78.3%) were prescribed with antidepressants, with clonazepam (25%) and sertraline (23.3%) be-
ing the two most common drugs followed by sedatives (73.3%), with clonazepam (38.3%) being the most common drug. A total of 68.3% of patients were prescribed with Lithium as the most common mood stabilizer. Among the patients (43.3%) prescribed with antidepressants, the combination of fluvoxamine and amitriptyline was most common (23.3%) followed by fluoxetine alone (11.6%). Only 9 patients (15%) were prescribed with divalproex sodium, an anticonvulsant. CONCLUSIONS: This study showed that antipsychotics and sedatives were the two most commonly prescribed drugs. The patients with lithium being the most widely prescribed mood stabilizer. The quality of pharmaceutical care is highly variable among pa-
tients with bipolar disorders, even in a specialty treatment setting.

PMH78 RETROSPECTIVE PRESCRIPTION ANALYSIS OF DEMENTIA IN A SOUTH INDIAN PSYCHIATRIC HOSPITAL
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OBJECTIVES: The aim of the study is to investigate the use of medications pre-
scribed to dementia patients in a secondary care hospital METHODS: A retrospec-
tive chart review method was performed in patients with diagnosis of dementia for the duration of six months. The relevant information related to the study objec-
tives inclusive of gender, age, diagnosis, duration of initial depression and different trajectories of change. Depressed”). Post hoc analyses showed that these three classes were significantly different in terms of gender, self-reported health, whether health limits their work and activities, and activities of daily living.

CONCLUSIONS: Examining highly vari-
able data can yield insights about subsets of respondents who show different levels of initial depression and different trajectories of change.

PMH83 ESTIMATING UTILITIES IN SCHIZOPHRENIC AND BIPOLAR PATIENTS FROM DISEASE-SPECIFIC OR GENERIC INSTRUMENTS ASSESSING PATIENTS’ HEALTH STATES: WHERE ARE THE DIFFERENCES?
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OBJECTIVES: To compare the utility values estimated from a disease-specific in-
strument with those obtained from the EQ-5D and SF6D in a sample of patients suffering from a psychotic disorder. METHODS: Data on patients diagnosed with schizophrenia or bipolar disorders was gathered in a multicentre, cross-sectional study. Patients completed both generic and specific measures: the Tool, question-
aire, EQ-5D -VAS and TTO, SF6D and the Clinical Global Impression -CGI-Si. As it has been recently published, a multi-attribute utility function (MAUF) for the Span-
ish version of the Tool, questionnaire was estimated. Differences in utility scores regarding CGI-Si were tested with ANOVA and Kruskal-Wallis test. The Spearman correlation coefficient (rho), intraclass correlation coefficient and Wilcoxon rank test were calculated. Finally, the Bland-Altman method was followed for concor-
dance assessment. RESULTS: In total, 37 patients with schizophrenia and 33 with bipolar disorder were assessed. Mean age (SD) was 41.88 (11.08), 62.9% were male and CGI-Si: was: borderline-mildly (50%), moderately (35.7%) and markedly-exter-
temly ill (13.3%). Significant differences according to CGI-Si were found in all utility measures (p<0.05). Although all associations were high (rho range: 0.657-
0.996), differences between the Tool scores and generic scales (SF6D and EQ5D, p<0.05) were not high (rho range: 0.003-0.52). Excellent interobserver agreement was found (p=0.01). General measures tended to overestimate at least 80% of health states in comparison to the Tool values. Finally, a low concordance was detected, even between generic measures. CONCLUSIONS: Although all measures of health values are highly associated, a low concordance has been evidenced. Utility values obtained from the Tool questionnaire could be used to complement the informa-
tion from the EQ-5D or SF6D. Finally, the specific measure could be even considered