patients with ICD-9CM codes for schizophrenia (295.xx). Records were assessed for a period of 18 months (6-month pre-index period with no antipsychotics plus 12-month post-index period). A medication possession ratio (MPR) of = 80% or a proportion of days covered (PDC) of = 80% was considered adherent. RESULTS: A total of 1,470 patients met inclusion criteria. In the 18 months after the index date, 31% (n = 463) had an MPR = 80%, 30% (n = 405/1383) in the oral cohort and 43% (57/132) in the injectable cohort were adherent. Logistic regression analyses adjusting for demographic covariates (age, gender, race) showed that patients in the injectable cohort were about 77% more likely to be adherent based on MPR (OR = 1.77, 95% CI = 1.22-2.57, p < 0.001) compared to the oral cohort. Of the demographic covariates, race (Blacks = less adherent, p < 0.001) was the only significant covariate. Similarly, increased adherence in the injectable cohort (OR = 1.81, 95% CI = 1.24-2.63, p < 0.05) was also found using the PDC approach (weeks = lower adherence, p < 0.05) and gender (women = less adherent, p < 0.05) were significant. CONCLUSIONS: Overall, less than one-third of all patients were adherent (MPR > 80%) one year after their index date. Patients taking long-acting injectable risperidone had higher rates of adherence compared to patients taking oral risperidone alone. In addition, this finding was confirmed by PDC, which has been shown to be a more conservative calculation of adherence in patients with schizophrenia.

PMH46 THE EFFECT OF ANTIPSYCHOTIC ADHERENCE ON ADHERENCE TO DIABETES, HYPERLIPIDEMIA, AND HYPERTENSION MEDICATIONS AND ASSOCIATED HEALTH SERVICE UTILIZATION

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OBJECTIVES: To examine the association of antipsychotic adherence with adherence to medications for diabetes, hyperlipidemia, and hypertension and with healthcare utilization. METHODS: Medstat Medicaid claims data were used to generate estimates of adherence of patients with schizophrenia newly initiating a second generation antipsychotic and using medications for diabetes, hypertension, and hyperlipidemia. Quarterly (Q) adherence measurements were calculated for each patient to capture initiation (Q1), continuation (Q2-Q4), and maintenance (Q5-Q8) periods via the proportion of days covered (PDC) > 80%. Generalized estimating equations examined the association of initiation period antipsychotic adherence with comorbid medication adherence and health service utilization during the continuation phase. Similarly, continuation phase antipsychotic adherence was used to predict parallel maintenance phase outcomes. RESULTS: Patients adherent to antipsychotic treatment during initiation (Q1) were more adherent to medications for diabetes [Odds Ratio (OR) = 1.77, 95% CI (1.05, 3.29)], hypertension [1.36, (0.91, 2.04)], and hyperlipidemia [2.24, (1.02, 4.90)] during the continuation phase. Similarly, continuation phase antipsychotic adherence was associated with higher adherence to medications for diabetes [4.99, (2.85, 8.71)], hypertension [7.51, (5.07, 11.12)], and hyperlipidemia [5.68, (2.71, 11.92)] during the maintenance phase. Higher antipsychotic adherence during the continuation phase also was associated with more frequent outpatient visits [Incident Rate Ratio (IRR) = 1.31 (1.21, 1.45), 1.57 (1.85, 1.92), 1.63 (1.94, 2.07)] and less frequent inpatient admission [OR = 0.73 (0.43, 1.26), 0.70 (0.49, 1.00), 0.87 (0.49, 1.54)] and less frequent emergency department use [OR = 0.68 (0.42, 1.10), 0.58 (0.47, 0.78), 0.76 (0.47, 1.25)] during the maintenance phase among patients with diabetes, hypertension, and hyperlipidemia. Antipsychotic adherence in the continuation phase was associated with better adherence to medications for chronic comorbid health conditions as well as a trend toward lower inpatient and emergency department use over a 2 year period. These findings suggest potential benefits to antipsychotic adherence beyond mental health management.

PMH47 THE RELATIONSHIP BETWEEN BUPRENORPHINE-MEDICATION ASSISTED TREATMENT ADHERENCE AND HEALTH CARE COSTS AND SERVICE UTILIZATION: AN ANALYSIS OF AETNA’S OPIOID DEPENDENT MEMBERS

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OBJECTIVES: Buprenorphine-medication assisted treatment (B-MAT) is an effective treatment for OD, but is hypothesized to have the greatest impact on those patients who are compliant. This analysis was conducted to compare economic ordering effects. A better understanding of patient beliefs may help improve clinicians’ counseling techniques, and help them to encourage greater adherence to medication and therapy.

PMH48 CAN THE ILLNESS PERCEPTION QUESTIONNAIRE BE USED TO ASSESS MENTAL HEALTH PRACTITIONERS’ PERSPECTIVES ON PATIENTS WITH SCHIZOPHRENIA?

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OBJECTIVES: The Illness Perception Questionnaire (IPQ) was designed as a measure of illness perception and has been adapted on many occasions for use in distinct domains. More recently modified versions of the IPQ have been used to determine the illness perceptions of people with schizophrenia and their carer’s. The current investigation examined the utility of a modified version of the IPQ to assess changes in mental health practitioners’ illness perceptions about schizophrenia after completing postgraduate training in psychosocial interventions. METHODS: A total of 245 mental health practitioners completed a modified version of the IPQ assessing their perspectives on schizophrenia using a multi-choice format. The structure of the questionnaire was evaluated using confirmatory factor analysis and the internal consistencies of sub-scales within the instrument were examined. RESULTS: Model fit indices revealed a poor fit to the data across all of the models evaluated (χ2/df = 0.51-0.80, RMSEA = 0.12-0.20). Internal consistency analysis revealed a number of sub-scales (0.53-0.78) in the instrument to also have poor psychometric qualities. CONCLUSIONS: The suitability of the modified version of the IPQ for evaluating the impact psychosocial intervention training on changes in illness perceptions of schizophrenia in mental health practitioners is not supported based on psychometric criteria. The need to develop a valid and reliable measure to assess the illness perceptions of health professionals have of patients in their care remains a priority.

H14 A TIME-TRADE-OFF STUDY OF HEALTH-RELATED QUALITY OF LIFE: ADVANTAGE OF LONG-ACTING INJECTABLE ANTIPSYCHOTIC TREATMENT FOR SCHIZOPHRENIA

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OBJECTIVES: This study was undertaken to estimate utility values for alternative treatment intervals for long acting antipsychotic intramuscular injections for the treatment of schizophrenia. METHODS: Vignettes were developed using the published literature and an iterative consultation process with expert clinicians and patients with schizophrenia. A time-trade-off (TTO) approach was developed. The first was a vignette of a relapsed/untrated schizophrenia. The other three vignettes presented a standardised picture of well managed schizophrenia with variations in the intervals between injections: once every 2 weeks, 4-weeks and 3 months. The time trade off (TTO) approach was used to obtain utility values for the vignettes. As a social perspective was sought, a representative sample of individuals from across the community (Sydney, Australia) was recruited. Ninety-eight people completed the TTO interview. The vignettes were presented in random order to prevent possible ordering effects. RESULTS: A clear pattern of increasing utility was observed with