agreement in ambulatory care setting is suboptimal as less than 1% of the visits were diagnosed with dementia/AD and only half of them had CEA therapy. Additionally our findings demonstrate that physicians specialized in psychiatry and neurology predominantly provide ambulatory care services for dementia patients.

COSTS OF DEMENTIA AMONG COMMUNITY DWELLING PATIENTS
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OBJECTIVES: Analysis was conducted to estimate annual direct medical costs for community dwelling persons with dementia and to determine the proportion of costs in various categories paid by various payers. METHODS: Retrospective analysis was conducted of the 2001 Medical Expenditure Panel Survey. The survey provided data from a sample of 33,556 respondents and is representative of the civilian non-institutionalized population of the United States. Dementia patients were identified using ICD-9-CM codes. For each patient with dementia, one patient without dementia was randomly selected matched on age, gender, race, and number of medical conditions. Medical care costs for each service component were calculated and compared. The proportion of medical care costs paid by each payer was calculated for dementia patients. Sample estimates were projected to the population and standard errors were calculated using the Taylor expansion method. RESULTS: In 2001, the mean total health care expenditure per patient with dementia was $12,310, while the mean total expenditure for a matched patient without dementia was $7300. Among dementia patients, the highest proportion of costs were for inpatient hospital stays at $4,709 (SE = $727), followed by home health care at $7,073 ($450). Patients with dementia had a significantly higher mean number of home health provider days at 74.6 days (10.5), compared to patients without dementia, 3.8 days (1.0). The major sources of payments for health care expenditures of dementia patients were Medicare (38.3%) and out-of-pocket payments (32.6%). Approximately 62% of prescription drug expenditures among dementia patients were paid out-of-pocket. Incremental costs per patient with dementia were $5,010, or a total cost of $8.3 billion attributable to dementia in community dwelling patients. CONCLUSIONS: Community dwelling dementia patients cost approximately 1.7 times more than similar patients without dementia. A high proportion of total expenditures, especially prescription drug expenditures among dementia patients were paid out-of-pocket.

PREDICTORS OF HEALTH RELATED QUALITY OF LIFE AMONG DEMENTIA CAREGIVERS: A LONGITUDINAL EXAMINATION
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OBJECTIVES: Poorer health related quality of life (HRQOL) has been observed among dementia caregivers relative to the general population. However, the temporal stability of and factors associated with caregiver HRQOL have been little studied. METHODS: Dementia caregivers were randomized to one of two treatment arms: a multi-component, psychosocial intervention aimed at increasing social support (n = 69) or to a usual care, control group (n = 65). Caregiver HRQOL was assessed over a two-year period using a Visual Analogue Scale (VAS), the Health Utilities Index Mark III (HUI), and the SF-36 (physical health [PCS] and mental health [MCS] summary scores). Patient-specific and caregiver-specific data were collected every four-months during the first year and every six-months thereafter. A step-wise, mixed-model approach was employed to assess the association of treatment-, patient-, and caregiver-specific variables to caregiver HRQOL. RESULTS: None of the patient demographic variables was associated with caregiver HRQOL. Caregiver gender, health status and depression along with patient dementia severity were all inversely associated with the VAS, but patient nursing home placement was positively associated. Caregiver age, health status and depression were inversely associated with the HUI. Dementia severity and caregiver depression were inversely associated with the MCS. Caregiver age and health status were inversely associated with the PCS. Time since enrollment was positively associated with caregiver MCS but inversely associated with caregiver PCS; time was not significantly associated with the VAS or HUI. CONCLUSIONS: A number of patient-, caregiver-, and time-related variables were differentially associated with the disparate measures of HRQOL. Caregiver depression and health status are consistently associated with poorer HRQOL regardless of instrument used to measure it. The VAS and HUI appear to be more stable measures of HRQOL than the summary scores from the SF-36. However, small sample size and methodological limitations temper these findings.

ASSESSING VENLAFAXINE, SERTRALINE, OR PLACEBO TREATMENT ON IMPROVEMENT IN GENERAL LIFE FUNCTIONING AMONG DEPRESSED PATIENTS
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OBJECTIVE: This analysis was designed to compare improvements in health-related quality of life (HRQoL) measured by the General Life Functioning scale (GLF) in patients with major depressive disorder (MDD) treated with venlafaxine extended release (XR), sertraline, or placebo. METHODS: Data were pooled from two identical multicenter, randomized, double-blind, placebo-controlled studies of flexible-dose venlafaxine XR (37.5–300mg/day) and sertraline (50–200mg/day) in 10-week treatment of DSM-IV MDD (N = 1352). Average per-item score (ranging from one being “best” and six being “worst”) of overall GLF and its three subscales (well-being, coping, and closeness) were used to assess functioning. Improvement was measured by reduction from baseline score at the end of the study, and was analyzed using ANCOVA controlling for study center and baseline values. In addition, the overall trend of weekly scores during treatment was evaluated using repeated measures mixed model. RESULTS: At baseline, GLF per-item score had a median of four. At the end of study, venlafaxine XR was associated with significant (P < 0.0001) improvement (as measured by per-item score reduction from baseline) compared with placebo on GLF total score (1.0 vs. 0.6) and all three subscales: well-being (1.2 vs. 0.7), coping (1.0 vs. 0.6), and closeness (0.8 vs. 0.4). The weekly trends of total and subscale scores were also significantly better for venlafaxine XR compared with placebo (all P < 0.0025). Sertraline/placebo differences on all measures were also statistically significant but numerically smaller. CONCLUSION: Venlafaxine XR and sertraline treatment were associated with significant improvement on HRQoL measured by GLF in depressed patients.