(i) and 4-page (ii) formats; staff preferred 4-page (ii) and 2-page (i) formats. Using this, we selected version (ii), 4-page format, the common preference of both groups. Survey developers should incorporate end-users to provide insight into format preferences and cognitive processing.

**PMH50**

### THE ROLE OF ANTIPARKINSONIAN AGENTS IN SELF-REPORTED COGNITIVE IMPAIRMENT AND AKATHISIA DURING THE LONG-TERM TREATMENT OF SCHIZOPHRENIA

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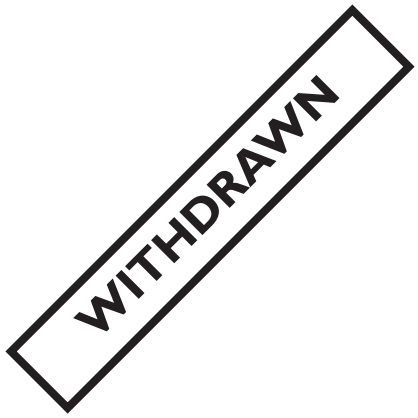
**OBJECTIVES:** In the treatment of schizophrenia, antiparkinsonian agents (APKs) are customarily used to counteract drug-induced reversible movement disorders such as extrapyramidal symptoms in order to facilitate adherence to antipsychotic regimens. Unfortunately, in addition to beneficial effects, APKs were shown to cause other adverse effects such as cognitive impairment. This study prospectively examined the role of APKs in self-reported medication-related cognitive impairment and akathisia (subjective or objective restlessness) among patients treated over a 3-year period in usual care with olanzapine or risperidone. **METHODS:** Using data from a 3-year observational study of schizophrenia, we included olanzapine (N = 372) and risperidone (N = 229) treated patients who continued on index medication for at least 1-year post enrollment. Medication use was based on medical records. Self-reported medication-related cognitive impairment and akathisia were assessed with validated instruments. Analysis included mixed models adjusted for covariates. **RESULTS:** Utilization rates of APKs were almost twice as high among risperidone than olanzapine-treated patients ($p = 0.001$). When not receiving APKs, akathisia was significantly worse for risperidone than olanzapine-treated patients, and rates of akathisia were comparable when receiving APKs. However, when receiving APKs, risperidone-treated patients reported significant increases in cognitive impairment compared to olanzapine-treated patients ($p = 0.0198$). **CONCLUSIONS:** In this naturalistic 3-year study, freedom from adjunctive antiparkinsonian agents was associated with worse akathsia for risperidone than olanzapine-treated patients. Moreover, use of antiparkinsonian agents was linked to worsening of self-reported cognitive impairment for risperidone but not for olanzapine-treated patients. Further studies are needed to examine this phenomenon.

**PMH51**




**PMH52**

### IMPROVEMENT IN QUALITY-OF-LIFE WITH RISPERIDONE AUGMENTATION IN TREATMENT-RESISTANT DEPRESSION

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**OBJECTIVE:** To evaluate the effect of adjunctive risperidone treatment on quality of life in patients with treatment-resistant depression (TRD). **METHODS:** Data from the open-label treatment phase (4–6 weeks) of an international study designed to evaluate the efficacy, safety, and maintenance effect of risperidone augmentation to SSRI-treatment in TRD. Quality of life was evaluated using the short form of Quality-of-Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q). Change in Q-LES-Q from baseline was analyzed by paired t-test. Correlation analyses between MADRS and Q-LES-Q change scores were performed using Pearson method. **RESULTS:** This analysis included 386 subjects, mean age 47.1. Baseline and endpoint mean (SD) Q-LES-Q scores were 42.8 (14.6) and 56.0 (18.6), indicating an improvement of 13.2 with risperidone augmentation ($P < 0.0001$). Significant improvements were observed as early as day 7 ($P < 0.0001$). Q-LES-Q item 15, medication satisfaction, was rated as good or very good by 61% of subjects. Correlation between Q-LES-Q and MADRS total change scores at endpoint was –0.6. **CONCLUSIONS:** These findings suggest that augmentation with risperidone rapidly and significantly improves quality of life in TRD patients. Consistent with previous work, the correlation between Q-LES-Q and MADRS indicate a meaningful relationship between quality of life improvement and symptom relief.

**PMH53**

### HOSPITALIZATION RATES DURING COMBINATION THERAPY WITH ATYPICAL ANTIPSYCHOTICS IN BIPOLAR DISORDER

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**OBJECTIVE:** Investigate the effect of atypical antipsychotics (quetiapine, risperidone, and olanzapine) in combination with a mood stabilizer on hospitalization rates for bipolar disorder. **METHOD:** From the MEDSTAT MarketScan© medical claims database (1998–2001), 977 individuals were identified who had