due to early or late starters in the database. Main outcome: proportion of patients adhered to antidepressant medication therapy recommended by the AHCPR.

RESULTS: A total of 5105 patients were included in the study. The average days of therapy was 140 days, persistence over time was 75%, 70%, 65%, 63%, 54%, and 50% at month 2, 3, 4, 5, 6, and 7 respectively. These results indicated 70% of patients adhered to their antidepressant drug regimen during the acute phase of therapy and 50% complied with therapy during the continuation phase. The possession ratio analysis demonstrated that patients only obtained 54% of the expected number of doses at 6 months. This was supported by the median gap (11.78 days) analysis that patients typically had prescriptions refilled at less than half the expected frequency. Adherence outcomes were similar in patients who received selective serotonin reuptake inhibitors during acute phase, 68% vs. 70% (p = 0.18) and during continuation phase, 50% vs. 52% (p = 0.23).

CONCLUSIONS: Our study showed that many patients ceased medication use at an earlier than expected rate, especially during the first 3 months of therapy.

**EVALUATION OF MEDICAL DIAGNOSES FOR TEXAS MEDICAID PATIENTS PRESCRIBED ATYPICAL ANTIPSYCHOTIC MEDICATIONS**

**Harrington PM**¹, Rascati KL², Johnsrud M²

¹The University of Texas College of Pharmacy, Austin, TX, USA; ²The Center for Pharmacoeconomic Studies—The University of Texas, Austin, TX, USA

**OBJECTIVE:** Evaluate the diagnoses recorded for patients prescribed atypical antipsychotic (AAP) agents by demographic and medication variables. **METHODS:** Information for adult Texas Medicaid patients who commenced AAP therapy between 1999 and 2001 was extracted from prescription and medical claims. Patients were stratified according to the following hierarchy of mutually exclusive diagnostic categories—schizophrenia, bipolar disorder, other psychotic/delusional disorders, and other diagnoses. **RESULTS:** Data were available for 11,209 patients (6,482 < 65 and 4,727 ≥ 65 years old). Distributions of diagnoses varied according to age. Overall, 19% of patients had a diagnosis for schizophrenia (28% for < 65 years, 5% for ≥ 65 years), 28% for bipolar disorder (31% < 65, 22% for ≥ 65 years), and 22% for other psychotic/delusional disorders (11% < 65, 37% ≥ 65). For patients < 65 there were significant differences in coded diagnoses by gender and race; for those over 65, differences were only seen for race categories. For patients with a diagnosis of schizophrenia, a higher percent were initiated on olanzapine (33% < 65, 6% ≥ 65). For patients with a diagnosis of bipolar disorder, a higher percent were initiated on quetiapine (41% < 65, 28% ≥ 65). For patients with a diagnosis of other psychotic/delusional disorders, a higher percent of patients were initiated on risperidone (13% < 65, 38% ≥ 65).

For all medications and diagnoses, mean daily doses for patients < 65 were about double the mean doses for those ≥ 65. For both age groups, the mean daily dose for each medication was 40 to 80 percent higher for patients with a diagnosis of schizophrenia compared to patients with other diagnoses. **CONCLUSIONS:** Results indicate that AAP medications were prescribed for a diverse range of indications. The dose of AAP prescribed varied significantly according to treatment indication and patient age.

**2-YEAR OUTCOMES OF RISPERDAL® CONSTA™—THE FIRST ATYPICAL LONG ACTING INJECTABLE ANTIPSYCHOTIC: RESULTS FROM THE CANADIAN NATIONAL OUTCOMES MEASUREMENT STUDY IN SCHIZOPHRENIA**

Trasas K¹, Talling D², Balshaw R², Love L², Robinson K¹

¹Janssen-Ortho Inc, Toronto, ON, Canada; ²Syreon Corporation, Vancouver, BC, Canada

Atypical antipsychotics (AAPs) are the cornerstone of therapy for schizophrenia based on their effective management of positive and negative symptoms. Clinical success is limited by partial compliance resulting in relapses. While conventional depot antipsychotics guarantee the delivery of medication the lack of a long-acting AAP has limited treatment options. **OBJECTIVE:** The purpose of this analysis was to examine outcomes for patients treated with the first long-acting AAP in Canada. **METHODS:** CNOMSS is an ongoing prospective, longitudinal, population-based epidemiological study involving 457 patients at 32 community and academic sites across Canada. Demographic and clinical data are collected for patients treated with antipsychotic medications under the conditions of routine clinical practice. This exploratory analysis included 21 patients treated with Risperdal Consta who completed at least 1 year of follow-up. **RESULTS:** While the majority (57.1%) of patients were considered “Mild” according to the Clinical Global Impression Rating Scale (CGI), significant improvement was seen over 2 years of observation (p = 0.033). Similarly, while most (47.6%) patients entered at baseline as “Much Improved” since their last visit prior to entry (CGI Improvement Rating Scale), they demonstrated improvement compared to baseline in both the first (p = 0.002) and second year (p = 0.007) of treatment. The Brief Psychiatric Rating Scale (BPRS) also demonstrated improvement over the first (p < 0.001) and second (p = 0.056) years of observation. While observational data is often exposed to selection bias, it is also a rich source of long-term outcomes for new therapies. Here we examine a small sample of patients treated with Risperdal Consta that demonstrate continued long-term improvement with this novel agent. **CONCLUSION:** The addition of a long-acting AAP to the psychiatrist’s armamentarium has the potential to substantially improve outcomes in persons with schizophrenia in Canada.