to other antidepressants in terms of PANSS total score and CGI-S score and a similar effect as compared to placebo on all metabolic outcomes. The probability to have a lower impact than aripiprazole on weight increase and fasting glucose level was respectively 75.5% and 65.9%. Probabilities to have a lower impact on cholesterol level and triglycerides compared to olanzapine, quetiapine or riperidone varied from 65.9% to 100%. Conclusions: ADT can be a solid basis for further discussions, future evaluations and interventions about ADHD in the whole year and only 1% has more than 732 pdd. 81% of the adults (22% female). One per cent of all patients with ADHD medication is in the age group (22% female). One per cent of all patients with ADHD medication is in the age group

with newly diagnosed depressive disorder. The patients were followed up for one year after the index date (the first date of diagnosis). Antidepressive drugs used to treat depressive disorder included first- and/or second-generation antidepressant, benzodiazepine, sulpiride, and antipsychotics. The treatment duration and time to treatment by gender and age were evaluated by Cox regression model. Results: A total of 5,543 patients (mean age: 36.4 years old) had received ADT. The result showed that patients were more likely to be treated longer period. In addition, an trend to be treated at least one year was more likely in patients with new-onset depressive disorder period of time from the index date compared to that in women. CONCLUSIONS: This study suggested the trend of treatment disparity between men and women as well as age group. This can be regarded as a potential investigation for treatment duration and time to prescription. Further study is needed for generalizability.

PMH13

THE BURDEN OF TREATMENT CHANGE IN MAJOR DEPRESSIVE DISORDER: COMPARISON OF SWITCH VERSUS NON-SWITCH PATIENTS IN THE PERFORM STUDY

Boullenger JP, Haro JM, Lamny FX, Brignon M, Caillou H, Ripoche B, Saragosse D1

1CHU de Montpellier, Montpellier, France, 2Parc Sanitari Sant Joan de Déu, CIBERSAM, Universitat de Barcelona, Barcelona, Spain, 3Lundbeck S.A.S., Issy-les-Moulineaux, France

OBJECTIVES: PERFORM (Prospective Epidemiological Research on Functioning Outcomes Related to Major depressive disorder) is a 2-year prospective observational cohort study conducted in Europe (France, Germany, Spain, Sweden and UK). Objective: to compare differences in treatment patterns (TP) and factors associated with functional impairment. Here we compare characteristics and outcomes of patients switching antidepressant treatment (ADT) with those remaining on same ADT over 1 year. Methods: 1000 patients were recruited from primary or secondary care. Inclusion criteria were: DSM-IV-TR diagnosis of MDD, age 18-65 years, initiation or first switch to an ADT, in monotherapy. In addition to socio-demographics and disease history, data collection included clinician assessments (MADRS, CGI-S and GSE scales) and patient-rated scales evaluating depression (PHQ-9), functioning (SDS), work productivity (WPAI-SHP) and quality of life (QoL - EQ-SD). Results: Of 947 analysable patients at inclusion, 213 (22%) patients were switching (76% for lack of efficacy), versus 711 (77%) initiating ADT. Switchers were slightly older (mean age 46 versus 43 years) and more often female (77% vs. 72% women). Switching patients had more severe symptom profiles: more had previous depressive episodes (34% vs. 24%) and previous suicide attempts (16% vs. 12%). Severity of current episode was greater for switchers (46% vs. 36% with a CGI-S score above “markedly ill”, 48% versus 38% with a PHQ-9 score above the severe depression threshold). MADRS scores were similar: 18.1 versus 17.6. QoL was poorer for switchers (EQ-SD: 0.490 vs. 0.567), as was overall patient functioning (47% vs. 36% with an SDS total score in the highest quartile), while no difference was found for absenteeism (35% vs. 34%) and presenteeism (49% vs. 50%) (WPAI-SHP). Conclusions: Patients switching ADT had more severe symptom profiles, lower quality of life and higher functional impairment, compared to non-switching patients.

PMH14

PATIENT-REPORTED COGNITIVE DYSFUNCTION NEGATIVELY IMPACTS FUNCTIONING IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER – PRELIMINARY FINDINGS FROM THE PERFORM STUDY

Haro JM, Boullenger JP, Fiston F, Knapp M, Caillou H, Chalem Y, Miles A, Francois C1

3Lundbeck S.A.S., Issy-les-Moulineaux, France, 4Parc Sanitari Sant Joan de Déu, CIBERSAM, Universitat de Barcelona, Barcelona, Spain, 5CHU de Montpellier, Montpellier, France, 6Stockholm School of Economics, Stockholm, Sweden, 7London School of Economics and Political Science, London, UK, 8Perfor

OBJECTIVES: PERFORM (Prospective Epidemiological Research on Functioning Outcomes Related to Major depressive disorder) is a 2-year prospective observational cohort study conducted in Europe to describe the functioning of patients with major depressive disorder (MDD) and factors associated with functional impairment. Here we report the impact of patient-reported cognitive dysfunction (PRCD) on quality of life (QoL), work and overall functioning at baseline, on a preliminary 1000-patient dataset. Outpatients were recruited from primary or secondary care. Inclusion criteria were: DSM-IV-TR diagnosis of MDD, age 18-65 years, initiation or first switch to an ADT, in monotherapy. In addition to socio-demographics and disease history, data collection included clinician assessments (MADRS and CGI-S scales) and patient-rated scales evaluating depression (PHQ-9), functioning (SDS), work productivity (WPAI-SHP) and quality of life (QoL - EQ-SD). Results: Of 947 analysable patients at inclusion, 213 (22%) patients were switching (76% for lack of efficacy), versus 711 (77%) initiating ADT. Switchers were slightly older (mean age 46 versus 43 years) and more often female (77% vs. 72% women). Switching patients had more severe symptom profiles: more had previous depressive episodes (34% vs. 24%) and previous suicide attempts (16% vs. 12%). Severity of current episode was greater for switchers (46% vs. 36% with a CGI-S score above “markedly ill”, 48% versus 38% with a PHQ-9 score above the severe depression threshold). MADRS scores were similar: 18.1 versus 17.6. QoL was poorer for switchers (EQ-SD: 0.490 vs. 0.567), as was overall patient functioning (47% vs. 36% with an SDS total score in the highest quartile), while no difference was found for absenteeism (35% vs. 34%) and presenteeism (49% vs. 50%) (WPAI-SHP). Conclusions: Patients switching ADT had more severe symptom profiles, lower quality of life and higher functional impairment, compared to non-switching patients.

PMH11

DRUG TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) IN AUSTRIA

Hinteregger M, Fusi J, Reichardt B1

1Main Association of Austrian Social Security Institutions, Vienna, Austria, 2Tichmex Fund Burgenland, Eisenstadt, Austria, 3Sickness Fund Burgenland, Eisenstadt, Burgenland, Austria

OBJECTIVES: The therapy of Attention Deficit/Hyperactivity Disorder (ADHD) with methylphenidate or atomoxetine, only related to children and adolescents, is now spread to the adult population. Little is known about adult patients in Austria. The aim of this study was to evaluate the medication patterns of ADHD in 2012 in Austria, stratified by age and sex. Methods: The data analysis refers to the accounting data of the 13 major Austrian health insurance funds, covering more than 4 million members and 9.2 million personal members. Provided that availability of the individual patient parameters age and sex, all dispensed medication of methylphenidate or atomoxetine is included in the descriptive analysis. The prevalence of ADHD medication is evaluated regarding each sex and furthermore the prescribed daily dose in relation to the defined daily dose is pointed out. Results: A total of 9120 patients with ADHD medication in 2012 are included in the analysis (22% female). One per cent of all patients with ADHD medication is in the age cohort of under 6 years, 47% are between 6 and 17, 22% are between 18 and 17, and 30% are adults (18+). The relation between the defined daily dose (DDD) to the prescribed daily dose (pDD) shows that 86% of children and adolescents have less than 366 pDD in the whole year and only 1% has more than 732 pDD. 81% of the adults have less than 366 pDD and 6% have more than 732 pDD. Conclusions: While the variety of prescribed daily dose per patient is homogeneous during childhood and adolescence, this parameter spreads widely in adults. This could be an indicator of oversize or misuse. As the results reflect the prescription reality they can be used as a solid basis for further discussions, future evaluations and interventions about ADHD medication in Austria.

PMH12

TREATMENT DISPARITY AMONG PATIENTS DIAGNOSED WITH DEPRESSIVE DISORDER: COMPARISON OF TOTAL AND PARTIAL CLAIMS DATABASE IN JAPAN

Onishi Y1, Furukawa TA1, Hirotsu S2, Sakuragi K1

1Kyoto University, Kyoto, Japan, 2Okayama University, Okayama, Japan

OBJECTIVES: Treatment disparity by gender and age among patients with depressive disorder in Japan has not been examined. This population has been investigated by previous studies. We newly examined treatment disparity by gender and age among patients newly diagnosed with depressive disorder based on the claims database of health insurance societies between 2008 and 2011 in Japan. METHOD: Retrospective cohort database (N=600,000) was followed up for four years to identify patients (18 ≤ age ≤ 65) with newly diagnosed depressive disorder. The patients were followed up for one year after the index date (the first date of diagnosis). Antidepressive drugs used to treat depressive disorder included first- and/or second-generation antidepressant, benzodiazepine, sulpiride, and antipsychotics. The treatment duration and time to treatment by gender and age were evaluated by Cox regression model. Results: A total of 5,543 patients (mean age: 36.4 years old) had received ADT. The result showed that patients were more likely to be treated longer period. In addition, a trend to be treated at least one year was more likely in patients with new-onset depressive disorder period of time from the index date compared to that in women. CONCLUSIONS: This study suggested the trend of treatment disparity between men and women as well as age group. This can be regarded as a potential investigation for treatment duration and time to prescription. Further study is needed for generalizability.