Survey database. The study population included individuals above 18 years of age, suffering from depression (ICD-9-CM: 296.22, 296.32, 296.33, 296.52, 296.53, 296.6, 296.83, 296.89, 296.9). The study was based at tertiary care hospitals to find the clinical evaluations with particular identification and quality of life in schizophrenia patients. Patients visiting the psychiatry clinic were screened for psychological problems using a standardized 60-naire and patients with history of psychiatry problems over a period of years. METHODS: It was a possible observational study for 6 months in a hospital. The study enrolled 150 in-patients and out-patients with Schizophrenia. Patients were included in the study who met addition criteria after drug withdrawal (irreversible permission. Patient history, principal symptoms, physical examination and computed tomography scan information were taken as the pretreatment evaluation. Antipsychotic drugs (Chlorpromazine and Haloperidol) were used in the study. The quality of life was analyzed. RESULTS: A study was conducted to search the clinical profile, patient behavioural symptoms of drugs used among schizophrenia patients. A major number of patients who visited the hospital were diagnosed with different psychotic disorders. Among patients who were diagnosed with schizophrenia, 52% were males and 48% were females. Major factors were found to be family history (43%), alcohol (15%), thyroid disorders (7%), family problems (7%), and post menopausal problems (1%). Symptoms shown by the patients were abnormal behaviour (75%), smiling to self (15%), talking to self (29%), hallucinations (39%), aggressive (25%), sleeplessness (42%). Most common people affected were between 20-25 age groups (23%). CONCLUSIONS: It was concluded that patients were recovered through the treatment using Chlorpromazine and Haloperidol. Electro convulsive therapy through supportive treatment was used to improve the quality of life of the patients.

PMH51
PSYCHOMETRIC EVALUATION OF DISEASE SPECIFIC HEALTH RELATED QUALITY OF LIFE INSTRUMENTS IN EATING DISORDERS
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OBJECTIVES: Psychometric properties of the eating disorder specific HRQL instruments in patients with Eating disorders were evaluated. The Copay intervention group was significantly more likely to start a new medication (85.1% vs. 80.5%, p = 0.003) and more likely to fill a generic medication (69.5% vs. 60.7%, p = 0.004) than the control group. Healthcare utilization was similar pre-post intervention. Multivariable adjusted analysis revealed a 4.5% increase in MPR after the intervention, 0.116-0.337 (vortioxetine) and 0.004)

PMH53
METAREVIEW OF FINDINGS IN EXISTING LITERATURE REVIEWS COVERING BEHAVIORAL HEALTH-PHYSICAL HEALTH INTEGRATION STUDIES
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OBJECTIVES: This metareview identifies the common elements associated with published behavioral health-physical health (BH-PH) collaboration/integration strategies for managing comorbid conditions. METHODS: PubMed, Cochrane Library, and the Academy (AHRQ) were searched using keywords “review” or “meta- analysis” and any combination of: “collaboration,” “integrated,” “behavioral,” “mental,” “primary care,” “general practice,” “depression,” “schizophrenia,” “bulimia,” “panic,” “anxiety,” “alcohol,” and “substance abuse.” RESULTS: The search identified 110 systematic reviews and/or meta-analyses covering BH-PH collaboration/integration strategies, referencing almost 3,000 studies. Most studies addressed integration of BH services into primary care (PC), primarily major depression (less frequently anxiety, somatization, alcohol and addiction disorders) in adults and/or elderly. Some described integration of BH services into outpatient and community settings. Most looked like didactic rather than clinical integration in BH settings. Provider integration strategies usually included a psychiatrist or clinical psychologist available for PC consultation, but also therapists, BH-trained social workers, and clinical psychologists. The BH-PH care delivery model achieved clinically meaningful improvements in depression- and anxiety-related primary and secondary outcomes. Recent individual studies have also reported improvements in medical/clinical outcomes (e.g., less frequency of hospitalization) and physical functioning. The extent of integration was not significantly associated with depression or anxiety outcomes. No best practices (e.g., colocation) have been definitively validated as significant predictors for promoting positive health outcomes; rather, successful strategies implement multifaceted, system-level interventions, including brief psychological.