Abstracts

PREVALENCE OF DEPRESSION IN EUROPE: A COMPARISON OF FIVE COUNTRIES

M. Northoff a, G. Guehrer b
aTNS Healthcare, New York, NY, USA; bTNS Healthcare, Munich, Bavaria, Germany

OBJECTIVES: To assess the prevalence of depression among five large European nations. METHODS: TNS Healthcare's European Healthcare Panel of individuals in France, Germany, Italy, UK and the Netherlands were surveyed in 2007 to assess disease burden at national level. The self-reported epidemiological data is representative of population gender and age (18–24, 25–34, 35–44, 45–54, 55–64, 65–69 yrs) strata in respective countries, ensured by sampling and intensive panel management. The survey collected information on select health conditions (incl. depression; in the past 12 months), quality of life and health care utilization. RESULTS: In the TNS European Healthcare Panel, 8,665, 25,265, 19,887, 59,850 and 47,340 individuals completed survey in the Netherlands, Germany, Italy, France and UK respectively. Prevalence of Depression varied widely between these 5 nations, as follows: Netherlands: 9.4%, Germany: 14.4%; UK: 14.8%; France: 17.8%; UK: 18.3%. Within each country, burden of Depression varied by age and gender; distribution among male (18–24, 23–34, 35–44, 45–54, 55–64, 65+ yrs % pts) was: the Netherlands: 5.1%, 6.0%, 7.0%, 7.6%, 7.3%, 7.1%; Germany: 10.9%, 9.9%, 11.2%, 13.7%, 10.6%, 3.7%; Italy: 9.9%, 7.4%, 9.5%, 10.9%, 11.3%, 9.4%; France: 13.7%, 12.8%, 14.4%, 14.6%, 10.9%, 6.2%; UK: 11.8%, 12.2%, 15.8%, 18.7%, 14.0%, 7.0%; distribution among female (18–24, 25–34, 35–44, 45–54, 55–64, 65+ yrs % pts) was: the Netherlands: 5.7%, 14.4%, 13.8%, 13.3%, 10.9%, 13.8%; Germany: 18.9%, 17.9%, 19.8%, 24.2%, 16.0%, 8.17%, 17.7%, 21.1%, 24.7%, 21.3%, 12.2%; France: 25.4%, 23.4%, 23.0%, 23.7%, 19.5%, 15.5%; UK: 24.9%, 24.8%, 26.6%, 26.2%, 19.1%, 12.8%. General Practitioners were the primary point of diagnosis and source of treatment, even though this statistic varied between the countries. CONCLUSIONS: Prevalence of depression appears to be substantial in the studied European nations and peaked in the 35–55 age-group. Females had substantially higher disease burden, amounting to as much as twice as their male counterparts in certain age groups.

PATIENT ASSESSED QUALITY OF LIFE VERSUS CLINICIAN ASSESSMENT: A POST-HOC ANALYSIS OF A TRIAL OF ARIPIPRAZOLE IN ADOLESCENT PATIENTS WITH CHIATHZOPHRENIA

Wniewiecki Sb, Whittaker Rb, Ali Mb, Jin Nb, King Ob, Nyillas Ma, Caron WHb, Iwamoto Tb, Mathew Sb, Pikalov b, Jing Tc
aUniversity of Pittsburgh, Pittsburgh, PA, USA; bOtsuka America Pharmaceutical, Inc, Rockville, MD, USA; cOtsuka Pharmaceutical Development and Commercialization, Inc, Rockville, MD, USA; dBristol-Myers Squibb, Plainsboro, NJ, USA; eOtsuka Pharmaceutical Development and Commercialization, Inc, Princeton, NJ, USA

OBJECTIVES: The pediatric Quality of Life Enrichment and Satisfaction Questionnaire (PQ-LES-Q) is made up of 14 items that assess quality of life (QoL) aspects (Total) and a 1-item overall assessment (Overall). This post hoc analysis assessed whether patient’s QoL assessment and objective clinical assessment (YMRS, CGI-BP, CGI-P) differed. METHODS: A total 296 children (age 10–17) with bipolar disorder participated in a 4-week double-blind trial of aripiprazole (10 or 30 mg/day, fixed doses) vs. placebo (PBO). Completers entered a 26 week extension. Primary outcome was mean change on YMRS Total Score. Secondary measures included mean changes on CGI-BP Overall, PQ-LES-Q Total (T) and the Overall item (O). RESULTS: YMRS Total and CGI-BP Overall improved vs. PBO with both doses of aripiprazole at week 4 and week 30 (p < 0.05 and p < 0.01 respectively, LOCF). Both aripiprazole arms improved on CGI-QT (T and O); however they did not reach statistical significance. Observed Cases analysis (OC) demonstrated a correlation at week 4 and week 30 between % change in PQ-LES-Q (T) and % change in YMRS (r = −0.18 and −0.29, respectively; p < 0.00). When 4 week YMRS Total improvement was put into categories (>20%; 20–30%; 30–50%; >50% reduction), % change in mean PQ-LES-Q(T) was 17.3, 12.5, & 10.4 per category (trend analysis p = 0.007; regression p = 0.01; OC). At 30 weeks % change in mean PQ-LES-Q(T) was 3.3, NA, -2.6, 16.6 (p = 0.02; Linear regression p = 0.02, OC). When CGI-BP Overall was put into 4 categories (−∞; −1; −2; ≤−3 point change) at 4 weeks, % change in mean PQ-LES-Q(O) was 0.02, 0.13, 0.27, 0.43 per category (trend analysis p < 0.05; OC) and at 30 weeks, % change in mean PQ-LES-Q(O) was −1, 0.63, 0.64 (p < 0.02; OC). CONCLUSIONS: In this trial of pediatric patients with BP there was positive correlation between patient-assessed QoL measures and clinician-based assessment.

GROWTH AND DIFFUSION OF ANTIPSYCHOTIC MEDICINES FOR LABELED AND OFF-LABELLED USES, 1994–2007

Alexander GC, Gallagher SA, Muscala A, Moloney R, Stafford R
aUniversity of Chicago, Chicago, IL, USA; bStanford University, Stanford, CA, USA

OBJECTIVES: Antipsychotic drugs are widely used and costly. Little is known about how this has varied based on clinical applications and levels of evidence. METHODS: We used the IMS Health National Disease and Therapeutic Index to describe typical and atypical antipsychotic use from 1994 through 2007. We linked this nationally representative cross-sectional data from outpatient physician practices to levels of evidence and FDA approval status from the FDA and Drug Administration. RESULTS: Preliminary results suggest aggregate annual antipsychotic use increased 262% from 8 million physician visits (1994) to 21 million (2006), then declined to 19 million (2007). The market share of typical antipsychotics decreased from 86% to 8% over this time period. Large increases in antipsychotic use occurred among individuals 18-64 (234%) and 18 years of age (355%); Increases were more modest among those 65 years of age or older (131%). Antipsychotic use for schizoaffective