increasing time between injections. Untreated schizophrenia was rated as very poor health-related quality of life with a mean (median) utility of 0.27 (0.20). The treated health states were rated at much higher utilities and were statistically significantly different (p<0.001) from each other: (1) 2-weekly: mean (median) utility = 0.63 (0.54); (2) 4-weekly: mean (median) utility = 0.65 (0.70); (3) 3-monthly mean (median) utility = 0.70 (0.75). CONCLUSIONS: This study has provided robust data indicating that approximately a 0.05 utility difference exists between treatment options, with the highest utility assigned to 3-monthly injections.

**PMHS1**

**BASELINE RESULTS FROM BEAT THE BLUES**

**OBJECTIVES:** Depression exerts significant morbidity in homebound elders. While antidepressant medication is effective, long-term adherence is difficult, with non-pharmacological support programs. Beat the Blues (BTB) is a non-pharmacological intervention designed to teach community dwelling depressed African Americans elders coping skills. BTB was tested in an 8-month randomized two-group experimental design (control vs. wait list control). This analysis examines relationships between health utility and baseline characteristics of participants. **METHODS:** Patients were enrolled in 2009 and 2010 and eligible if they had depressive symptoms (i.e., PHQ-9 score >5), were African American, >55 years, English speaking, and cognitively intact (MMSE >24). Data included demographics, co-morbidities, functionality (ADL, IADL, and mobility), and health utility which were converted to the three scores using US scoring algorithm. Regression analyses were conducted to assess the relationship between health utility and relevant variables with focus on the relative impact of depression score, with and without adjusting for the study variables. **RESULTS:** The sample (n=68), the average age was 68, 53% were female (77%), unmarried (92%), non-working (89%), had an average of 6.5 health conditions (range 1-15), and taking at least one medication for depression, anxiety, sleep, or pain. The mean EQ-5D utility index score was 0.56 (SD 0.2); mean PHQ-9 score was 12.6 (moderate depression); SD 4.9. EQ-5D index scores were significantly related to PHQ9 score, gender, diabetes, asthma, stroke, multiple sclerosis, memory problems (p<0.05) and highly related to functionality (IADL, mobility), foot problems, number of comorbidities (p<0.005). After adjusting for patients’ age, education, and gender, EQ-5D utility score was significantly decreased as patients had mobility difficulty, high PHQ9 score, or more comorbidities. **CONCLUSIONS:** BTB serves as a unique sample for examination of contributors to health utility in depressed homebound African Americans elders. Mobility, depression severity, and number of comorbidities were significant predictors of health utility in this population.

**PMHS2**

**PATIENT AND PHYSICIAN PREFERENCES AND SATISFACTION WITH ORAL AND LONG-ACTING INJECTABLE LONG-TERM ANTIPSYCHOTIC TREATMENT FOR PSYCHOTIC DISORDERS**

**OBJECTIVES:** To assess family functioning from patients’ and partners’ perspectives to better understand the impact of depression on family functioning; To develop and test patient and partner versions of a new self-reported measure, the Depression and Family Functioning Scale (DFFS), for use in clinical trials. **METHODS:** First, 32 in-depth interviews were conducted with adults with moderate-to-severe MDD and their respective partners to 1) gather qualitative data describing the impact of depression on family functioning, and 2) identify constructs relevant to measuring this impact. Next, based on the interview results and a targeted literature review conducted to supplement the qualitative data, items were drafted to address each aspect of family functioning likely to be affected by depression. Questionnaire items were then tested and refined through two iterative sets of cognitive interviews with a total of 15 MDD patients and 15 partners of MDD patients to allow for enhancements to the measure. A comprehensive as well as optimization of the recall period and response scales used in the final DFFS. **RESULTS:** Depression negatively affects family functioning, most notably through poorer communication, increased conflicts, decreased family interaction, and decreased intimacy. Family functioning constructs most commonly referenced in the literature review included communication, satisfaction, and cohesion. Draft DFFS items generally tested well and only minor modifications were made to the items after the second set of interviews to further facilitate comprehension and accurate responses. Both patients and partners found the final 15 DFFS items important and relevant. **CONCLUSIONS:** Depression negatively affects family functioning in multiple ways. The DFFS is a brief scale designed to evaluate depression’s impact on family functioning in patients with MDD and their partners. The DFFS has the potential to provide unique and important information facilitating more comprehensive evaluation of new treatments in clinical trial settings.

**PMHS4**

**CAREGIVER BURDEN IN SCHIZOPHRENIA - A SYSTEMATIC REVIEW**

**OBJECTIVES:** Caregivers of people with schizophrenia experience economic and humanistic burden which not only affects their quality of life (QoL) and functioning, but also compromises the continuity of care to the patients. The goal is to provide a comprehensive review of studies that have assessed the caregiver burden and identify instruments that measure caregiver burden in schizophrenia. **METHODS:** A systematic literature review was conducted from January 2000 - December 2010 using a number of medical databases. Studies assessing caregiver burden were identified after applying the inclusion/exclusion criteria. In addition, the review also identified instruments along with potential for psychometric evaluation. Clinical and review studies were excluded from the systematic review. **RESULTS:** The review yielded 22 studies that focused on psychoeducational interventions designed for caregivers, predictors, mediators and consequences of caregiver burden, and cultural/ethnic differences in caregiving. The most important predictors of caregiver burden were contact time with the patient, cohabitation with the patient, and coping styles of the caregiver. The consequences of caregiver burden were mostly psychosocial in nature. The review also yielded 13 instruments (generically, 12 caregiver specific, 1 caregiver partner specific). The most common domains included in impact on daily life/household tasks, social life, psychological well-being, economic burden, time constraints imposed and relationship with healthcare professionals. A review of the psychometric properties of these instruments indicated good reliability (Cronbach’s α varies between 0.69 and 0.94). However, responsiveness of the instruments was not discussed. **CONCLUSIONS:** Caregivers play a crucial role in the management of schizophrenia and with the increasing recognition of caregiver burden, it is important for healthcare professionals to consider the health and well-being of caregivers. Understanding the nature and extent of caregiver burden will facilitate the development of appropriate interventions that can help improve caregivers’ quality of life (QoL) and functioning.

**PMHS5**

**THE BURDEN OF DIAGNOSED DEPRESSION AND SLEEP DIFFICULTIES ON QUALITY OF LIFE, WORK PRODUCTIVITY, AND RESOURCE USE**

**OBJECTIVE:** To compare quality of life, work productivity loss, and resource use among patients diagnosed with depression and not depressed with sleep difficulties (MDI) vs. not depressed with no sleep difficulties (NMDI). **METHODS:** Data were analyzed from Kantar Health’s 2010 US National Health and Wellness Survey, a nationwide survey of adults (≥18 years old). Outcome variables were components of the SF-12v2 HRQoL instrument: mental and physical component summary scores (MCS and PCS) and SF68 health utilities (US National Health and Wellness Survey), productivity status and productivity loss (employed individuals only), and activity impairment. **RESULTS:** Patients who were patients with sleep difficulties (MDI) and a targeted literature review conducted to supplement these results, 26 items were developed and test patient and partner versions of a new self-reported measure, the Depression and Family Functioning Scale (DFFS), for use in clinical trials. **OBJECTIVES:** To assess family functioning from patients’ and partners’ perspectives to better understand the impact of depression on family functioning; To develop and test patient and partner versions of a new self-reported measure, the Depression and Family Functioning Scale (DFFS), for use in clinical trials. **METHODS:** First, 32 in-depth interviews were conducted with adults with moderate-to-severe MDD and their respective partners to 1) gather qualitative data describing the impact of depression on family functioning, and 2) identify constructs relevant to measuring this impact. Next, based on the interview results and a targeted literature review conducted to supplement the qualitative data, items were drafted to address each aspect of family functioning likely to be affected by depression. Questionnaire items were then tested and refined through two iterative sets of cognitive interviews with a total of 15 MDD patients and 15 partners of MDD patients to allow for enhancements to the measure. A comprehensive as well as optimization of the recall period and response scales used in the final DFFS. **RESULTS:** Depression negatively affects family functioning, most notably through poorer communication, increased conflicts, decreased family interaction, and decreased intimacy. Family functioning constructs most commonly referenced in the literature review included communication, satisfaction, and cohesion. Draft DFFS items generally tested well and only minor modifications were made to the items after the second set of interviews to further facilitate comprehension and accurate responses. Both patients and partners found the final 15 DFFS items important and relevant. **CONCLUSIONS:** Depression negatively affects family functioning in multiple ways. The DFFS is a brief scale designed to evaluate depression’s impact on family functioning in patients with MDD and their partners. The DFFS has the potential to provide unique and important information facilitating more comprehensive evaluation of new treatments in clinical trial settings.