rates, remission rates and discontinuation rates due to adverse events were extract ed and compared in a Bayesian meta-analysis. RESULTS: Three aripiprazole, 2 quetiap ine and five olanzapine trials were identified together reporting on 2979 patients. Aripiprazole augmentation showed numerically higher efficacy rates compared to quetiapine and olanzapine. Response odds ratios (95% CIs) compared to quetiapine and olanzapine were 1.34 (0.82–2.06) and 1.52 (1.00–2.19) respectively. Remission odds ratios compared to quetiapine and olanzapine were 1.31 (0.78–2.07) and 1.26 (0.77–1.92) respectively. Aripiprazole augmentation showed numerically lower discontinuation rates compared to quetiapine and olanzapine (OR = 0.99 (0.24–2.62) and 0.77 (0.23–1.89)). CONCLUSIONS: Amidst augmentation treatments with typical antipsychotics in MDD, aripiprazole shows a tendency towards higher efficacy rates and lower discontinuation rates due to adverse events compared to quetiapine and olanzapine. More direct head-to-head trials were needed to assess the comparative efficacy and safety of adjunctive antipsychotics in MDD.

OUTCOME TRAJECTORIES IN THE LONG-TERM TREATMENT OF SCHIZOPHRENIA

PMH17

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OBJECTIVES: This study aimed to determine distinct subgroups of schizophrenia patients based on their illness severity at baseline and characterize those who were most improved and those who were worsened. METHODS: We used data from a large 3-year prospective, multi-site, observational non-interventional study of individuals treated for schizophrenia in the United States (US-SCAP). A hierarchical cluster analysis was used to group the patients, using baseline clinical, functional, and resource utilization measures. Improvement of outcome was determined based on the distance from the defined “worst baseline cluster” for each post-baseline measure. A trajectory analysis was used to group patients by improvement of outcome over the 3-year study. RESULTS: Almost all participants (99% or 87,900) with ≥3-year data were found in a single outcomes trajectory, characterized by minimal changes from baseline cluster over the 3-year study period. Approximately one-fourth of individuals moved to a better outcome cluster while about 17% moved to a worse outcome cluster at each year. Only 4% of patients moved from the worst/next to worst cluster to the best/next to best cluster and 16.6% moved from the best/next to best cluster to the worst/next to worst cluster. Most improved patients were more likely than all other patients to have case management, to live in a supervised housing arrangement, and get assistance with securing social services and benefits. DISCUSSION: The long-term outcome trajectory for almost all schizophrenia patients in this 3-year naturalistic observational study was stable, devoid of change from the baseline cluster. Only a very small subgroup of patients experienced marked improvements, and they were more likely to be engaged in psychosocial rehabilitation. Although current findings may affirm the value of psychosocial rehabilitation, results highlight the need to improve the relatively stagnant long-term illness trajectory of almost all chronically ill patients with schizophrenia.

TREATMENT PATTERNS IN ATTENTION-DEFICIT/HYPERACTIVITY DISORDER: ANALYSES WITH THE RAMQ DATABASE

PMH18

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OBJECTIVES: Approved treatments for attention-deficit/hyperactivity disorder (ADHD) are short-acting (SA) and long-acting (LA) stimulants and a LA nonstimulant medication. The objective of this study was to elucidate different drug treatment patterns to treat ADHD in Canada. METHODS: A retrospective prescription claims analyses of a random sample of 15,838 ADHD patients from the Quebec provincial health-care database (RAMQ) database was conducted. Any patient with ≥1 physician claim with an ADHD diagnosis and a claim for a treatment approved for ADHD from July 2004 to June 2009 was considered. RESULTS: The mean age of the study sample was 14.0 years (SD = 8.1). 72.6% of the sample were males. There were a total of 416,646 ADHD prescriptions during the 5-year study period. As a proportion of total prescriptions, use of SA medications declined from 72.83% in 2004 to 26.38% in 2009, while use of stimulant and nonstimulant LA medications increased from 27.17% to 73.62% over the same period. Approximately half of the patients used both SA and LA medications either concomitantly or subsequently while approximately 30% used only SA and 19% used only LA. Among those patients who used both types of formulations, switching from SA to LA was the most frequent (27.9%) treatment pattern. A greater proportion of patients (6.4%) on LA methylphenidates required augmentation with SA medications when compared with those on LA amphetamines (1.9%; p < 0.001). CONCLUSIONS: Results of this RAMQ database analysis illustrate that over time, patients shifted from the use of SA stimulants to formulations that provide all-day coverage. Switching from SA to LA medications and augmentation of LA medications with SA medication are common treatment patterns observed in the management of ADHD and can contribute to the efficient use of health care resources. Supported by funding from Shire Development Inc.