PMH43
IMPACT OF NEGATIVE SYMPTOMS ON FUNCTIONING OF PATIENTS WITH SCHIZOPHRENIA IN FIVE EUROPEAN COUNTRIES
Leeuwenkamp O1, Perry R2, Morlock R1, Jones E4, Taylor T4
1Organon International, Molenaarstraat, Oss, The Netherlands, 2Adelphi Group Products, Bollington, Cheshire, UK, 3Pfizer Inc, New York, NY, USA, 4Pfizer, Ann Arbor, MI, USA

OBJECTIVES: To provide information on functional outcomes for patients with schizophrenia manifesting negative symptoms across five European countries. METHODS: Physicians in France, Germany, Italy, Spain, and the UK who prescribed antipsychotics for at least 15 patients with schizophrenia within the preceding 3 months were invited to complete a questionnaire concerning their patients’ clinical status and functional performance. RESULTS: Data were obtained from 704 physicians treating a total of 6569 patients from France (n = 1492), Germany (n = 1439), Italy (n = 1002), Spain (n = 1310), and the UK (n = 1326). Physicians rated patient symptoms on a 5-point scale as either predominated by or with a high level of positive symptoms (38%), predominated by or with a high level of negative symptoms (32%), or not dominated by either type of symptom (22%). Physicians did not rate 8% of patients using this scale. Patients with a predominance of negative symptoms were rated as having significantly greater functional impairment than those with predominant positive symptoms as measured by physician ratings on the Global Assessment of Functioning scale (P < 0.01) and on 5-point global numerical ratings of overall function, cognitive function, and patients’ overall ability to meet their own needs (P < 0.01). In addition, 57% of patients in whom negative symptoms predominated required a caregiver, compared with 49%–50% of patients in other symptom categories. CONCLUSIONS: In this large, multinational, cross-sectional physician survey, patients with schizophrenia in whom negative symptoms predominated had levels of functional impairment at least as great as, if not greater than, those for patients in whom positive symptoms predominated. These results suggest that additional attention should be given to effectively treating the persistent negative symptoms present in many patients with schizophrenia.

PMH44
TRAJECTORIES OF PATIENT AND CLINICIAN REPORTED ANTIPSYCHOTIC COMPLIANCE IN THE SOHO STUDY AND THEIR CAUSES AND CONSEQUENCES
Croudace TJ1, Shi L2, Novick D1, Montgomery W4, Brown J1
1University of Cambridge, Cambridge, UK, 2Tulane University, New Orleans, LA, USA, 3Eli Lilly and Company Limited, Windlesham, Surrey, UK, 4Eli Lilly and Company, Sydney, NSW, Australia

OBJECTIVES: To identify groups of patients with schizophrenia with different compliance trajectories over three years and explore causes, correlates and consequences. METHODS: SOHO is an observational study of health outcomes in 10,000 patients with schizophrenia, from 10 countries, who initiated or changed their antipsychotic medication. Prospective data was available from seven measurement occasions over three years and comprising patient and clinician reported antipsychotic compliance, HRQL and side effects reported by patients, and clinician CGI ratings. Latent class (group-based) mixture modeling, following the methods developed by Nagin (1999) and Muthen (2004), was applied to identify the prevalence, and graphically characterize the profile, of compliance trajectories over time. Model fit was evaluated using Lo-Mendell-Rubin Likelihood ratio tests, bootstrap p-values comparing n + 1 versus n latent classes, and values of information criteria. Missing data were included under a MAR assumption using maximum likelihood estimation. RESULTS: Models with up to five classes were estimated and four classes interpreted. The modal class identified more than three quarters of the SOHO sample as largely compliant throughout the study; three further latent classes identified almost equal sized groups who increased or decreased their compliance over time, or who never complied. Cross tabulation of these latent compliance classes with classifications resulting from modeling of longitudinal clinical symptom and HRQL data revealed strong and statistically significant associations thereby illustrating co-evolution or linkage between parallel clinical, compliance and health outcome processes. CONCLUSIONS: Statistical summaries of longitudinal patterns offer important insights into the dynamics of compliance, and can be used to relate patterns of compliance with patterns of remission or relapse on clinical symptom scales, or change in HRQL. Mixture modelling of longitudinal data can be used to extend the propensity score approach to longitudinal measurements of clinical processes, which should characterize selection effects with higher precision and greater clinical validity.

PMH45
CROSS-SECTIONAL EVALUATION OF HEALTH STATE UTILITY IN SWEDISH OUTPATIENTS SUFFERING FROM MAJOR DEPRESSIVE DISORDER
Eriksson T
Department of Psychiatry, Linköping, Sweden

OBJECTIVES: Utility scores are needed for computing Quality-Adjusted Life Years (QALYs), commonly used as outcomes in economic evaluations. Understanding patient preferences for depression outcomes is important for economic evaluations of new antidepressants, as well as for understanding patient behaviour and compliance to antidepressant regimens. METHODS: A cross-sectional survey was carried out in order to evaluate EuroQol scores in three profiles of Swedish outpatients suffering from Major Depressive Disorder (MDD): patients experiencing a new episode of MDD ("Non-treated" group), patients successfully treated for eight weeks ("Responders" group) and patients treated with an antidepressant for eight weeks and currently in relapse ("Relapsing" group). Patients were asked to fill in the EuroQol while the physicians were asked to fill a standardised form. After applying the original social tariff proposed by the EuroQol Group, patients’ sociodemographics were compared to reveal potential confounders between stratification groups, and adjusted mean EuroQol scores were estimated and compared using analysis of covariance. RESULTS: Nine psychiatrists and five general practitioners recruited a total of 205 patients ("Non-treated": 61; "Responders": 91; "Relapsing": 53). No statistically significant differences between groups were found in terms of gender (Chi-square test: p = 0.156) or age (ANOVA: p = 0.093). The overall EuroQol score was 0.584 ± 0.304 (mean ± standard deviation), ranging between −0.239 and 0.919. The "Responders" patients got significantly higher EuroQol scores (mean ± standard error) than the "Non-treated" or the "Relapsing" patients (0.702 ± 0.033 vs. 0.482 ± 0.038 vs. 0.467 ± 0.043, respectively; p < 0.001 for both comparisons), with differences clearly greater than the minimal clinically important difference of 0.05. The "Non-treated" patients were not statistically significantly different from the "Relapsing" patients (p = 0.961). CONCLUSIONS: Relapse in MDD appears to be a very debilitating situation in terms of patient preferences, since relapsing patients reported EuroQol scores slightly lower than those reported by non-treated patients.