PMH41

RISPERIDONE LONG ACTING INJECTION (RLAI) IN THE TREATMENT OF EARLY VERSUS LATE DIAGNOSIS PATIENTS WITH SCHIZOPHRENIA: INTERIM RESULTS FROM OBSERVATIONAL STUDIES CONDUCTED IN SPAIN, AUSTRALIA AND BELGIUM

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OBJECTIVES: To compare 12-month psychiatric-related hospitalization pre and post-RLAI therapy and clinical outcomes in early (<5-years) versus late (°Ý5-years) diagnosis outpatients with schizophrenia from e-STAR in Spain (SP), Australia (AU), and Belgium (BE). **METHODS:** E-STAR is a secure, web-based, international, long-term observational study of patients with schizophrenia who commence RLAI treatment. Data are collected both retrospectively and prospectively and include hospitalisations and clinical outcomes that were evaluated using the Clinical Global Impression Severity Scale (CGI-S) and Global Assessment of Functioning Scale (GAF). **RESULTS:** Overall, 714 patients (SP = 393, AU = 249, BE = 72) were included. Twenty-two percent were classified as early diagnosis. Average time since diagnosis was 2 and 15.9 years in the early and late diagnosis group, respectively. Patients in the early diagnosis group were significantly younger than those in the late diagnosis group (32.2 vs. 41.7, $p < 0.001$). Both groups experienced a significant decrease in the number of hospitalizations per patient in the 12-month post versus the 12-month pre-RLAI period (early = 0.77 to 0.36, $p < 0.001$; late = 0.54 to 0.43, $p = 0.004$). Reduction in hospitalization rates per patient from the pre and post-RLAI period was significantly greater in the early diagnosis group (early = –0.4, late = –0.11, $p = 0.006$). The average length of stay (in days) decreased for both groups but it was only statistically significant in the early diagnosis group (early = 21.2 to 12.4, $p = 0.041$; late = 15.6 to 13.6, $p = 0.40$). Both groups experienced significant improvements in GAF and CGI-S scores. However, the early diagnosis group experienced greater improvements in GAF and significantly greater improvements in CGI (GAF: early = +14.1, late = +12.5, $p = 0.30$; CGI: early = –1.04, late = –0.76, $p = 0.017$). **CONCLUSION:** This interim analysis suggests that treatment with RLAI result in better outcomes in patients with schizophrenia who have been diagnosed for less than five-years than those diagnosed for five or more years.

PMH42

IMPACT OF ALTERNATIVE CENSORING SPECIFICATIONS ON TIME-TO-EVENT ANALYSES COMPARING ALTERNATIVE MEDICATIONS

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OBJECTIVES: Cox proportional hazards models comparing patient outcomes achieved across alternative drug therapies may be sensitivity to alternative specifications for censoring of the data prior to an event. Three criteria are used in drug studies: duration of therapy; time to a change in therapy; and end of available data. **METHODS:** California Medicaid data for 1994–2003 were used to identify 165,013 episodes of antipsychotic drug therapy initiated during CY2000–2002 by patients with schizophrenia. Cox models were estimated separately for acute or a psychiatric hospital admissions controlling for patient demographics, diagnostic profile, prescription drug profile and prior health care use. Four types of treatment episodes were defined based on discontinuation of therapy: patients restarting or switching drugs after a break in therapy >15 days and patients switching or augmenting a pre-existing antipsychotic regimen with no break in treatment. Clozapine or ziprasidone episodes were excluded due to small sample size. Patients initiating treatment using a typical antipsychotic (TAP) were combined into a single comparison group. **RESULTS:** Patients using atypical antipsychotics achieved longer duration of therapy than TAP patients for all episode types, creating a longer period of risk exposure for an event in Cox models that censor data based on duration of therapy. The Cox models for all episode types combined did find that the hazard ratios for all three atypical antipsychotics were reduced relative to TAP when duration of therapy was dropped as a censoring criterion. However, changes in the estimated hazard ratios were small and the results from separate analyses by episode type were not always consistent with the aggregate model results. Patients switching therapies were consistently found to be at higher risk for hospitalization than patients restarting a drug used in their previous treatment attempt. **CONCLUSION:** Cox hazard ratios are sensitive to censoring specifications based on duration of therapy.

MENTAL HEALTH—Patient-Reported Outcomes

PMH43

SWITCHING OF ANTIPSYCHOTICS AMONG STABLE AND UNSTABLE SCHIZOPHRENIA PATIENTS

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OBJECTIVES: To assess switching of atypical and typical antipsychotics among stable and unstable patients and the relationship between switching and hospitalization. **METHODS:** We used data from the first year of a large (N = 2327), 3-year non-interventional observational study of schizophrenia patients in the U.S, conducted between 7/1997 and 9/2003. Participants with at least one prescription for any antipsychotic were included in this analysis. Participants were defined as "stable" if they had PANSS total scores below 70 at enrollment and no psychiatric hospitalization, psychiatric emergency services, suicide attempt, or arrest in the 1–6 months prior to enrollment. All other participants were deemed "unstable." Systematic medical record abstraction provided antipsychotic prescription information. The stable and unstable patient groups were compared on antipsychotic switching rates (switch from the antipsychotic used at enrollment) and on antipsychotic augmentation. Group comparisons were performed using t-tests for continuous variables and Chi-square tests for categorical variables. **RESULTS:** Of 2158 participants, 59.6% were deemed unstable and 40.4% were considered stable. Unstable patients were more likely to experience switching and augmentation of antipsychotics. Typical antipsychotics were more likely to be used as augmentors (58.7%, $p < 0.001$), whereas atypical antipsychotics, especially olanzapine, were more likely the medications to be switched to (61.9%, $p < 0.001$). A significantly higher proportion of switchers (44.6%) than non-switchers (17.9%, $p < 0.001$) were hospitalized for psychiatric purposes during the 1-year observation period. Among switchers who were hospitalized at any time during the 1-year period, 52.4% switched medication during hospitalization, 29.8% switched prior to hospitalization, and 17.8% switched post hospitalization. **CONCLUSION:** Switching of antipsychotics appears to be significantly associated with unstable, more severe illness profile and with psychiatric hospitalizations. Atypical antipsychotics are more likely the medications to be switched to. Finding an effective treatment option