to the outcome in CCBT, and both credibility and expectancy tend towards significance in the TAU group. Credibility and expectancy do not contribute to the outcomes of the combined treatment. **CONCLUSIONS:** Patients' initial belief about the success of their depression treatment can influence the outcome. Taking the patient's pre-treatment expectancy and credibility into account may contribute to a more effective treatment.

MENTAL HEALTH—Health Care Use & Policy Studies

PMH51

DECLINE IN DEPRESSION TREATMENT PERSISTS AFTER FDA ANTIDEPRESSANT WARNINGS

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OBJECTIVES: To measure the persistence over time of intended and unintended effects on community based depression treatment in the U.S. associated with the FDA warnings on antidepressants and suicidality. In October 2003 the U.S. FDA issued a Public Health Advisory about the risk of suicidality for pediatric patients on SSRI antidepressants; a boxed warning and medication guide were implemented in February 2005, and later extended to young adults aged 19–24. Unintended declines in diagnosis and non-SSRI substitute treatment have been shown immediately following the advisory both for pediatric patients, and for adult patients not targeted by the warnings. Whether those changes persisted is unknown. **METHODS:** Pediatric, young adult, and adult cohorts with newly diagnosed episodes of depression were created using a national, integrated managed care claims (commercially available from PHARMetrics®, a Unit of IMS, Inc.) from July 1999-June 2006 (n = 55,218 youth; 44,141 young adults; 394,524 adults patients with new episodes). Time series analyses compared post-FDA advisory trends to expected trends based on pre-advisory patterns. **RESULTS:** Young adult and adult populations mirrored changes in pediatric depression care after the FDA advisory. Reductions in national rates of depression treatment were substantial, returning national diagnosing rates to 1999 levels for pediatric patients and to 2003 levels for adults. Primary care providers continued significant reductions in new diagnoses of depression (50% lower for pediatric, 40% lower for young adult, 30% lower for adult). Substitute care by psychiatrists or psychologists, psychotherapy, and anxiolytic and atypical antipsychotic medication use did not significantly change from pre-advisory trends. **CONCLUSIONS:** Declines in depression diagnosis continued after the advisory. Substitute care did not compensate. Spillover to adults continued. Results suggest that the unintended effects were substantial, diffuse, and non-transitory in a large national population. Policy actions are required to counter the unintended consequences of reduced depression treatment.

PMH52

PILOT SURVEY OF ADVERSE EVENT MANAGEMENT ASSOCIATED WITH ANTIPSYCHOTIC USE: THE NEGLECTED DIMENSION IN RESOURCE USE IMPLICATIONS (A UK PERSPECTIVE)

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OBJECTIVES: A pilot survey was conducted to determine which NHS services and resources may possibly be impacted in the management of adverse events (ADEs) related to antipsychotic use. **METHODS:** Ten UK mental health specialists were interviewed. The six-question survey advised participants to assume that patients' psychotic symptoms were controlled or that it was too early in therapy to determine efficacy. The ADEs considered were limited to those identified by NICE as most troublesome, i.e. sedation, extrapyramidal symptoms (EPS), weight gain and sexual dysfunction. **RESULTS:** The most common routine tests performed were: full blood count, glucose, cholesterol and weight. Action was prompted for sedation and sexual dysfunction only if the patient raised a concern. For weight gain and EPS, clinician and patient concerns were given equal consideration. Actions taken in order of preference were: sedation—decrease dose, change timing, switch treatment; EPS—decrease dose, add anticholinergic, switch treatment; weight gain—switch treatment, decrease dose; sexual dysfunction—decrease dose, switch treatment, add sildenafil. Referrals were mentioned in all responses but were most commonly associated with weight gain and sexual dysfunction. Most common tests requested as a result of an ADE assessment were: glucose, weight, cholesterol and prolactin. Switching treatment was the most common action in response to positive tests results for any ADE. **CONCLUSIONS:** This pilot survey highlights that ADEs could play a substantial role in treatment costs given the potential use of resources linked to their observation, diagnosis and management. As such, in order to comprehensively calculate the cost-effectiveness of any antipsychotic treatment, acquisition costs as well as costs associated with potential adverse event management should be considered. To confirm the findings of this survey, further in-depth research is warranted.

PMH53

PREDICTIVE FACTORS OF RECURRENCE AND BIPOLAR DISORDER MANAGEMENT IN SPAIN: A PROSPECTIVE COHORT STUDY BASELINE ASSESSMENT

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OBJECTIVES: To fully describe patients' characteristics, management patterns, predictive recurrence factors and economic impact of health care attention of bipolar patients population in Spain. The description of the sample of an ongoing cohort study is being presented. **METHODS:** Prospective observational cohort study with a follow-up of 12 months including consecutive outpatients diagnosed of Bipolar Disorder I or II (DSM-IV-TR), stabilized for at least 2 months, who had at least a mood disorder episode (depression, mania, hypomania or mixed) in the last year. **RESULTS:** A total of 571 patients were included, 60.1% women. Mean age was 47.4 years (SD 13.1). Only 37.5% were active workers, up to 5.4% were having temporal disability leave and 16.2% were permanent disabled for working. Regarding study disease, 75% were bipolar I and mean time since diagnosis was 12.3 years (SD 10.5), although time since first mood episode compatible with bipolar diagnose was 16.3 years (SD 11.2). Mean mood episode number since disease onset was 10.6 (SD 9.3). Up to 74.1% of patients had been hospitalised during the disease evolution, mean times were 3.6 (SD 3.3). 21.3% of patients have had a suicide attempt. Regarding the baseline evaluation, 29.9% of patients were not free of mood symptoms even being stabilized for at least two months, presenting more than two mania symptoms (10.6%) and more than 2 depression symptoms (18.2%). **CONCLUSIONS:** Even in the stabilization phase of the disease there is an important symptoms load. Although depressive symptoms are more frequent than manic symptoms, both subsyndromal symptoms are present in euthimic bipolar patients. Bipolar disorder is a relevant chronic

condition in terms of disease burden, since it affects young people affecting productivity with a high rate of disability. Hospitalisations are needed in almost 75% of patients and more than 3 times during disease evolution (mean 12 years). Further knowledge about potentially preventable factors associated with severity and disease cost and burden would be of extreme value.

PMH54

INDICATION SPECTRUM OF SNRI APPLIED FOR THE TREATMENT OF DEPRESSION—A PHARMACOEPIDEMIOLOGICAL ANALYSIS OF CLAIMS DATA OF A GERMAN SICKNESS FUND

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OBJECTIVES: In the treatment of depression several antidepressants are applied, mainly TZA, SSRI and SNRI. These substances have a different spectrum of activity and side effects, particularly newer substances are often approved for specific indications. Taking SNRI as an example, it is of interest in how far the indication spectrum is therapeutically utilized by physicians in everyday practice. **METHODS:** A retrospective cohort study using claims data of a sickness fund, analysed beneficiaries who received at least one SNRI prescription during the observation period from January 1, 2004 until December 31, 2004. ICD-10 Codes from the field of depression, anxiety and panic patients, as well as affective disorders were clustered into diagnosis groups which represented potential fields of indication for SNRI therapy. The distribution of diagnoses groups over the indication spectrum was broken down into health care sectors and represented and analyzed with the help of Venn diagrams. **RESULTS:** From 1,478,978 beneficiaries n = 2,481 (0.17%) had at least one prescription of Venlafaxin as the only available SNRI in 2004. A total of 75.7% of them had a depression diagnoses, 39.9% received SSRI for relapse prevention. From n = 2,252 beneficiaries with a depression diagnosis and SNRI prescriptions, A total of 22.8% have been treated due to indications (depression in combination with anxiety) for which only Venlafaxin has been approved. 39.7% have been treated due to an indication (maintenance therapy and relapse prevention of depressive disorders) for which besides Venlafaxin only Sertralin was approved. **CONCLUSIONS:** One out of four depressive patients treated currently with Venlafaxine could not be treated with SSRIs due to the specific pharmacological profile. Maintaining the full spectrum of pharmacotherapy, in this example Venlafaxine for treating depression, will enable physicians treating patients as adequate as possible to the individual patient's condition.

PMH55

A COMPARISON OF PERSISTENCE AND HEALTH CARE COSTS RELATED TO DIFFERENT TREATMENT STRATEGIES AFTER INITIAL ESCITALOPRAM 10MG IN MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: When patients do not respond to their initial treatment, the physician can increase the initial dose, switch to another treatment or add another treatment. This analysis aims at comparing the different strategies after initiation of escitalopram 10mg in patients treated for Major Depressive Disorder (MDD). **METHODS:** Adult MDD patients initiated on escitalopram 10mg, who either increased to 20mg (dose-increased patients) or switched to (switchers) or were added another anti-

depressant (combination patients), were identified in the PharMetrics US claims Database (2003–2006). Patients with early dose increase (before 14 days) were excluded as it was considered as a scheduled dose titration. Patients' characteristics at treatment initiation and treatment outcomes three months after treatment initiation were compared: treatment persistence or change, health care resource use and associated costs. Multivariate regression analyses were performed to adjust for patient characteristics and baseline resource use. **RESULTS:** A total of 8811 patients started with escitalopram 10 mg of which 51% increased to 20 mg, 29% switched and 20% had a combination. Mean time to treatment change was 42 days for dose increase, 36 days for switch (p < 0.001) and 30 days for combination (p < 0.001). Three months after treatment initiation, dose-increased patients had higher 3-month persistence compared with switchers or combination patients, even when considering a time-event interaction. Switchers and combination patients had a higher rate of subsequent/second switch and/or combination (17.7% and 71.1% respectively), compared with dose-increased patients (9.6%). Costs of both switchers and combination patients were higher than those of dose-increased patients (respectively: +US$124, adjusted RR = 1.1, 95%CI = [1.0–1.2]; and +US$1060, adjusted RR = 1.3, 95%CI = [1.2–1.5]). **CONCLUSIONS:** Increasing the dose of escitalopram from 10 to 20mg was associated with fewer further changes in treatment and with lower costs than switching or adding another antidepressant. For patients who do not respond well to their initial dose, dose increase should be considered before any other strategy.

PMH56

PATTERNS OF FIRST VISITS TO PSYCHIATRIC CLINICS IN TAIWAN: A NATIONWIDE STUDY, 2006

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OBJECTIVES: The study of new patients in a specific specialty offered another insight into the epidemiology of diseases and the mode of health care delivery. The aim of the study was to investigate the spectrum of diagnoses and medications among the patients who visited the psychiatric clinics for the first time in Taiwan. **METHODS:** The data sources came from the historical claims datasets of 1,000,000-person cohort from 1996 to 2006, offered by the National Health Insurance Research Database in Taiwan. The focus was on the patients who had never visited any psychiatric clinic from 1996 to 2005 and had visited one in 2006. The analyses of these patients' first visits included the distributions of the age, sex, primary diagnosis in codes of ICD-9-CM (the International Classification of Diseases, 9th Revision, Clinical Modification) and prescribed drugs classified into ATC (Anatomical Therapeutic Chemical) codes. **RESULTS:** Among the 1,000,000-person cohort, 8,226 patients (4,393 females and 3,833 males; mean age 39.4 ± 22.5 [SD] years) had their first visits to one of 330 psychiatric clinics in 2006. Among these new patients, 1460 were under age 18 and 1352 over age 65. Neurotic disorders (ICD-9-CM: 300) were most frequently seen diagnoses in 3117 visits, followed by affective psychoses (296) in 918 visits and adjustment reaction (309) in 629 visits. The top 10 diagnostic groups accounted for 83.5% of all new visits. Medications had been prescribed in 6610 (80.3%) visits with an average of 2.4 ± 1.2 drug items. The most frequently prescribed drug groups were antidepressants (ATC: N06A) in 3651 visits, anxiolytics (N05B) in 3212 visits, hypnotics and sedatives (N05C) in 3125 visits and antipsychotics (N05A) in 979 visits. **CONCLUSIONS:** The people in Taiwan seemed unafraid of