of 26.95%. The most frequently prescribed drugs were oxybutynin (4.54%), solifenacine (4.15%), paroxetine (2.81%), tolterodine (2.47%) and promethazine (2.41%). Multivariable analysis revealed that fair/poor general health status (Odds Ratio, OR: 5.09; 95% CI: 1.36-19.08), anxiety (OR: 3.02; 95% CI: 1.21-7.54) and mood disorder (OR: 4.15; 95% CI: 1.87-9.22) increased the likelihood of receiving inappropriate anticholinergic medications, whereas age between 70-79 years (OR: 0.35; 95% CI: 0.15-0.81) decreased the likelihood of receiving inappropriate anticholinergic medications in elderly dementia patients. CONCLUSIONS: The study found that approximately one in four patients receiving anticholinergic medications used inappropriate anticholinergic medications. Given the significant cognitive effects of anticholinergic medications, there is an urgent need to monitor and optimize the use of anticholinergic medications in this vulnerable elderly population.

PMH21 PATTERN AND PREDICTORS OF AMBULATORY CARE VISITS FOR SUBSTANCE USE DISORDER IN ADOLESCENTS AND YOUNG ADULTS
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OBJECTIVES: To determine the pattern and predictors of ambulatory care visits for Substance Use Disorder (SUD) in adolescents and young adults. METHODS: A retrospective cross-sectional study was conducted using the 2008-2010 National Ambulatory Medical Care Survey (NAMCS) data. Annual visits for SUD were estimated using the ICD-9-CM codes 303-305; descriptive statistics were performed on the weighted sample. Logistic regression was used to determine the predictors of SUD visits identified based on previous literature. Adolescents and young adults were defined as individuals 12-25 years of age. RESULTS: An estimated 23.45 million visits (95% CI: 20.46-26.43 million) were attributable to SUD during 2008-2010. About 15.47% of these visits were by adolescents and young adults. Majority of these visits were by male (65.21%), white (89.33%), and had comorbid anxiety (23.43%), or bipolar disorder (28.78%) and the proportion of SUD related visits decreased by 5.3% (95% CI: 0.93-9.55) with each year increase in age. Males had twice the odds of SUD visit than females (OR=2.193, CI-1.285-3.742). No racial differences were found, although literacy and PMH were not found to be associated with SUD visits. Logistic regression analyses showed that smoking status, mental health, substance use, and rural/remote residence were key factors associated with higher visit rates in patients with mood or anxiety disorders.

PMH22 DEPRESSIVE SYMPTOMS IN SCHIZOPHRENIA: EUROSC FINDINGS
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OBJECTIVES: Depressive symptoms are frequent clinical features in patients with schizophrenia. They contribute substantially to the burden of disease, and are associated with poor outcomes (deaths, non-adherence). Based on previous research and fairly consistent findings, the main objective of this study was to describe prevalence and key risk factors associated with depressive symptoms, using data from a longitudinal cohort study. METHODS: We used data from EuroSC, a multicenter 2-year cohort study conducted in France, England, and Germany. The Depressive Symptoms Scale for Schizophrenia was developed to assess the level of depressive symptoms in schizophrenia, was completed every 6 months, as well as other clinical outcomes (severity of symptoms, functioning, etc.) and quality of life. First, prevalence of depressive symptoms was described using several CDSS cut-offs. Correlations with other negative symptoms measures were also described. Then bivariate analyses were conducted to describe clinical outcomes and quality of life among patients with and without depressive symptoms. Finally, a repeated logistic model was implemented to identify key factors associated with depressive symptoms. RESULTS: Our sample consisted in 1208 patients with schizophrenia. The mean CDSS score at baseline was 0.93 (1.22). Prevalence of depressive symptoms ranged from 5% to 27.6% depending on CDSS cut-offs used. Correlations with negative symptoms measures were all significant. Bivariate analyses suggested a higher clinical burden and a decreased quality of life for depressive patients. The multivariate model identified functioning, mental total composite score of SF36 and non-compliance level as key factors associated with depressive symptoms. CONCLUSIONS: This study shows that depressive symptoms associated with the antipsychotics have a significant impact on clinical outcomes and quality of life, independently of the CDSS cut-off used. Key factors associated with depressive symptoms are functioning, quality of life and non-compliance.

PMH23 SYMPTOMATIC REMISSION IN SCHIZOPHRENIA
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OBJECTIVES: The typical course of schizophrenia starts with a premorbid phase, followed by a first psychotic episode, a symptomatic phase, and acute exacerbations with or less partial remission phases in between. The objective of this study is to describe patients with symptomatic remission in an observational longitudinal study of patients with schizophrenia and to identify potential risk factors. METHODS: We used data from EuroSC, a European 2-year cohort study, with assessments of clinical outcomes every 6 months. Remission was defined as a mild or lower level on 8 key items of Positive And Negative Symptoms Scale (PANSS) - P1, P2, P3, N1, N4, N6, G5 and G9 - for at least 6 months. Symptomatic remission was described at each visit. Bivariate analyses were then conducted to compare groups in terms of symptoms severity, functioning, quality of life and economic burden. A repeated logistic model was finally used to identify risk factors associated with symptomatic remission. RESULTS: The proportion of patients achieving symptomatic remission within 2 years was 36%. This outcome was found to be stable over time: 72% of patients achieving symptomatic remission at any visit remained in remission at the next visit. Significant differences were found between groups in terms of severity (p < 0.001), functioning (p < 0.001), quality of life (p < 0.0001) and most of the resource use components (p < 0.001). Factors associated with remission included baseline depression level (p = 0.005), baseline severity of symptoms (p < 0.001), baseline functioning (p < 0.0001), and compliance level (p ≤ 0.0001). CONCLUSIONS: This research indicates that symptomatic patients in remission: improve functioning, better quality of life and lower resource use than other patients. Achieving symptomatic remission should be an important treatment goal in the treatment of schizophrenia.