from a common Normal distribution of treatment effects with an overall SSI class effect size, and an average treatment within class heterogeneity. RESULTS: There were 55 eligible studies identified in the systematic review: The term with the greatest decrease in YBOCS was behavioural therapy ("exposure and response prevention") showing a decrease of 13.86 (95% CI 3.34 to 18.31). The second and third greatest decrease in YBOCS were for cognitive therapy (12.20, 95% CI 7.02 to 17.38) and behavioral therapy plus clomipramine (12.47, 95% CI 8.09 to 16.84) respectively. The SSI class effect showed a relative decrease in mean YBOCS of 2.07 (95% CI 0.32 to 3.81) compared to pharmacotherapy. The results of the pairwise meta-analysis in the treatment of social anxiety with a decrease of 2.49 (p < 0.001) and 3.10 (fluvoxamine). CONCLUSIONS: This analysis showed a combination of behavioural therapy plus clomipramine has the greatest decrease in YBOCS. There is little evidence to show a difference between SSRIs.

PMH9

SYSTEMATIC REVIEW AND MIXED-TREATMENT COMPARISON OF LITHIUM OR OTHER TYPICAL OR ATYPICAL ANTI-PSYCHOTIC (AAP) vs. SEROTONIN REUPTAKE INHIBITOR (SSRI) IN TREATMENT RESISTANT DEPRESSION (TRD)

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OBJECTIVES: To estimate the clinical effectiveness of augmentation with either lithium or an aAP in TRD, defined as failure to respond to two or more antidepressants in the current episode of depression. METHODS: Systematic review of CENTRAL, EMBASE, MEDLINE, and PsychNFO was completed in August 2011. Additional data were obtained from manufacturers. Studies were assessed for quality using the Cochrane Risk of Bias Tool. Pairwise meta-analysis and random-effects meta-analysis (MTE) were undertaken based on intention-to-treat (ITT) and mixed treatment (MT). RESULTS: A total of 28 RCTs were included. The primary outcome measured was clinical remission (HAM-D score < 7) and various other outcomes including response (HAM-D score < 17), remission of anxiety, and remission of fatigue. In the 13 studies directly comparing the clinical effectiveness of augmentation with either an aAP or an SSRI (9 SSRI, 4 aAP), no significant difference was found between the two augmentation strategies. 49% of the 28 RCTs were of high methodological quality. 18 studies included patients with unipolar depression, 9 with bipolar disorder. The mean age of the participants across studies was 51 years. The majority of participants were male (56%). The mean follow-up time was 12 weeks (range 4-52 weeks). The mean percentage of patients who achieved remission of depression was 30% in the SSRI group and 28% in the aAP group. The mean percentage of patients who achieved response was 36% in the SSRI group and 31% in the aAP group. CONCLUSIONS: These results suggest that augmented SSRI treatment is comparable to aAP augmentation therapy for treatment resistant depression. Further research is needed to determine the factors associated with treatment response and non-response in this population.

PMH10

RELATIONSHIP OF INSIGHT WITH MEDICATION ADHERENCE AND THE IMPACT ON OUTCOMES IN PATIENTS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER: RESULTS FROM A 1-YEAR EUROPEAN OUTPATIENT OBSERVATIONAL STUDY

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OBJECTIVES: Many patients with schizophrenia and bipolar disorder have impaired insight and low medication adherence. The aim of this post-hoc analysis was to examine the relationship between insight, adherence, and their impact on the outcomes of patients with schizophrenia or bipolar disorder. METHODS: We included 903 patients with schizophrenia or bipolar disorder in an observational study conducted in Europe on the outcomes of patients treated with two oral formulations of olanzapine over a 1-year period. Evaluations included Clinical Global Impression (CGI), Global Assessment of Functioning (GAF), Insight (Scale to Assess Unawareness of Mental Disorder, SUA), adherence (Medication Adherence Rating Scale, MARS), and therapeutic alliance (Working Alliance Inventory, WAI). Correlations between variables were assessed by Spearman Correlation Coefficient (SCC). A path analysis was used to understand the relationship between insight, adherence, therapeutic alliance and outcomes. RESULTS: 67.8% of patients had schizophrenia. GAF score was higher in bipolar vs schizophrenia patients (median (SD) 58 (15.6) vs 51.9 (15.7), p < 0.001). Medication adherence was also higher in bipolar patients (mean MARS score (SD) 6.5 (2.8) vs 5.5 (2.7), p < 0.001). Patients with schizophrenia had lower insight (r (SUA) = -0.37, p < 0.001) and lower therapeutic alliance (r (WAI) = -0.35, p < 0.001) compared to bipolar patients. CONCLUSIONS: Higher insight and adherence were associated with lower CGI score. Higher therapeutic alliance was related to higher medication adherence and lower CGI score. CONCLUSIONS: Higher insight and adherence were related to lower CGI score and stronger therapeutic alliance was related to lower social anxiety (lower CGI). The study was designed as a prospective study of PIP using medication reviews. Patients who were admitted during a 4 month period (August 2013 - November 2013) to a psychiatric hospital were included (n=219). The mediation reviews, including an assessment of potential severity of care, were carried out by clinical pharmacologists after admission and after the attending physician had seen the patient. Frequencies and categories of PIP were analyzed in absolute numbers and as percentages. Severity of PIP was assessed using four categories. Logistic regression analysis was used to identify possible predictive factors of PIP. RESULTS: The proportion of patients with one or more PIPs was 123/219 (56%). “Interaction between drugs” was the most common category for potential serious and potentially fatal PIPs with 49/123 (40%) and 32/45 (71%), respectively. Of 32 identified potentially fatal drug-drug interactions 15/32 (47%) involved two or more antipsychotic drugs and 12/32 (37%) involved antipsychotic drugs in combination with antidepressants. The remaining 5/32 (16%) potentially fatal drug-drug interactions involved propranolol, erythromycin, simvastatin and promethazine. After adjusting for age, gender, alcohol/substance abuse, number of prescriptions, number of somatic diagnoses and level of kidney function, polypharmacy was associated with the odds for a PIP significantly, OR=4.82 (95%CI: 2.33-9.98), p < 0.001. CONCLUSIONS: PIP is frequent and might have serious or fatal consequences. Special attention should be given to drug-drug interactions occurring among psychiatric medicines and their interactions but also other somatic medications and polypharmacy threatens medication safety. There is a pressing need to improve the quality in prescribing for psychiatric patients.

PMH14

THE PREVALENCE AND DISEASE BURDEN OF TREATMENT-RESISTANT DEPRESSION - A SYSTEMATIC REVIEW OF THE LITERATURE

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OBJECTIVES: In schizophrenia, negative symptoms are associated with negative factors of QoL, such as decreased attention, learning and memory. The aim of this systematic review was to: 1) verify in a large cohort of European patients with schizophrenia that: 2) We used data from the EuroSc study, a longitudinal cohort of 1208 patients with schizophrenia treated for 2 years without social contacts at baseline who would predict greater EW and lower QLs after 2 years when adjusted on baseline level. Finally, random-effects regression analyses were performed to test the longitudinal effect of social contact, adjusting with potential confounders. RESULTS: The overall mean QOL score was 79.2 (SD 24.9) and all-cause withdrawals (OR 0.74; 95% CrI: 0.10 to 2.66). The second and third of the RCTs included in the primary analyses used fluoxetine as the SSRI and olanzapine as the AAP. Results of the MTC showed a non-significant trend in favour of olanzapine as the AAP. CONCLUSIONS: Given consistent effects of social contacts on reduction of negative symptoms and improvement of QoL in schizophrenic patients, social contacts should be used as a therapeutic tool. A higher frequency of social contacts could be obtained by regular therapeutic groups offered to these patients.

PMH12

OUTPATIENT TREATMENT OF ADOLESCENTS IN JAPAN WITH DRUGS FOR ATTENTION DEFICIT DISORDERS

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OBJECTIVES: To examine prescription patterns of drugs for the treatment of attention deficit disorders in Japanese children and adolescents. METHODS: We conducted a cross-sectional survey during October 2013 on adolescents aged 19 years or less in 34 participating centers. RESULTS: Among the 357 samples, 247 (73.2%) were prescribed OROS methylphenidate (OROS-MPH), a psycho-stimulant, while 141 (41.8%) received atomoxetine (ATOMX), a selective noradrenalin reuptake inhibitor. The treatment of ADHD was considered to 53 (15.1%) of 337 patients. Antipsychotics were concurrently prescribed in 80 (23.7%) cases. Mood stabilizers were co-prescribed in 20 (5.9%) cases. Antidepressants were co-prescribed in 19 (5.6%) cases. Anxiolytics/hypnotics were concurrently prescribed OROS-MPH/ATOMX combination therapy. CONCLUSIONS: In Japan, nearly one-sixth of the patients with attention deficit disorders received OROS-MPH/ATOMX combination therapy.