that adjunctive treatment with aripiprazole provides health benefits compared to quetiapine and olanzapine in patients with MDD that fail to respond to conventional antidepressants. With country specific cost-data, this model is also suited to assess the cost-effectiveness of different adjunctive strategies in MDD in different countries.

**PMH12**

**THE COMPARATIVE EFFICACY OF INJECTABLE AND ORAL ATYPICAL ANTIPTSYCHOTICS IN REDUCING RELAPSES IN ADULT SCHIZOPHRENIA PATIENTS: A SYSTEMATIC REVIEW AND MIXED TREATMENT COMPARISON ANALYSIS**

Blume S1, Naci H1, Green J1, Fleischmann R2, Gaugl M2

1United BioSource Corporation, Bethesda, MD, USA, 2United BioSource Corporation, London, MD UK, 3United BioSource Corporation, Lexington, MA, USA

**OBJECTIVES:** To compare injectable and oral atypical antipsychotics in reducing relapses in adult schizophrenia patients. METHODS: A systematic review of literature was conducted in MEDLINE and EMBASE (January 1995-August 2009) to identify randomized controlled trials and comparative open-label studies of atypical antipsychotics performed on adult schizophrenia outpatients. Proceedings of the American Psychiatric Association Conference from 2006 to 2009 and bibliographies of identified studies and relevant reviews were also searched. Included studies had to have a clear definition of relapse (e.g. hospitalization or return to symptomatic condition), and a minimum follow-up period of 6 months. Comparators included atypical antipsychotics, typical antipsychotics, or placebo. Data extraction was validated by a second reviewer. A Bayesian mixed treatment comparison (MTC), enabling indirect comparisons and pooling, while respecting randomization, was performed on the rate of relapse assuming random study effects. RESULTS: Ten articles were identified and included in the systematic review and MTC. The odds ratio (OR) [95% credible interval (CI)] of relapse relative to placebo ranged from 0.13 [0.04, 0.47] (oral risperidone) to 1.50 [0.91, 2.49] (oral aripiprazole) to 2.39 [0.07, 1.12] for typical antipsychotic haloperidol. The OR [95% CI] of relapse of injectable risperidone relative to oral formulations of atypicals ranged from 0.28 [0.05, 1.24] (aripiprazole) to 0.41 [0.12, 1.01] (olanzapine). Injectable risperidone had lower odds of relapse than oral risperidone, olanzapine, quetiapine, aripiprazole, combination therapy, haloperidol, and placebo with probabilities > 95% and quetiapine XR, clozapine, and ziprasidone with probabilities of 85%, 90%, and 91%, respectively. Findings were robust to varying trial durations and responder definitions. CONCLUSIONS: This study identified 5 distinct clusters of patients with schizophrenia based on symptom severity. Functional level reflected patient-reported productivity and occupational role functioning. Resource utilization of psychiatric hospitalization and emergency services was systematically abstracted from medical records. A patient was classified as having a favorable long term outcome if their outcome values had the closest distance to the defined “best baseline cluster” at each point over the 3-year follow-up; stepwise logistic regression was used to determine baseline predictors. RESULTS: Of 1404 patients with sufficient data to assess 3-year outcomes, only 191 (12%) experienced favorable outcomes. Overall, 7 distinct outcome clusters were identified. The cluster containing the most favorable outcomes sustained over the 3-year period included better quality of life, more daily activities, patient-reported clearer thinking, less severe positive symptoms, lower AIMS score, higher level of global functioning, being employed, not having health insurance, being female, and not having help with shopping, leisure, or social activities. CONCLUSIONS: This study identified 7 distinct clusters of patients with schizophrenia based on their baseline clinical, functional, and resource utilization factors. Current findings suggest that clinicians could make early projections of long-term outcome, thus enabling early tailored therapeutic interventions that could enhance patient’s likelihood of achieving more favorable long-term outcomes.

**PMH15**

**THE COMPARATIVE EFFICACY AND SAFETY OF ADJUNCTIVE ANTIPTSYCHOTICS IN MAJOR DEPRESSIVE DISORDER PATIENTS THAT FAILED TO RESPOND TO CONVENTIONAL ANTIDEPRESSANTS**

Treur M1, Postema R1, Laros JY2, Hoving NJ3, Drost P1, Pitchot W4

1Pharmerit Europe, Rotterdam, -, The Netherlands, 2Otsuka Pharmaceutical Co., Ltd., Tokyo, Japan, 3University of Illinois, Chicago, IL, USA

**OBJECTIVES:** Augmentation with atypical antipsychotics are effective in treating patients suffering from major depressive disorder (MDD) and that respond insuffi-
ciently to conventional antidepressants. Recent double-blind trials comparing these agents are lacking. An indirect comparison was conducted to assess the comparative efficacy and safety of augmentation with atypical antipsychotics in MDD. METHODS: A systematic literature search was conducted of Medline/PubMed (1966-September 2009). Eligible trials enrolled patients diagnosed with unipolar depression in order with resistance to at least one prior antidepressant. Trials had to be double-blind placebo controlled assessing the efficacy and/or safety of augmentation therapy with aripiprazole, quetiapine, or olanzapine during an acute depressive episode. Response