< 0.05 level. **CONCLUSIONS:** The likelihood of refilling an SSRI varies by the specific SSRI and may vary by age, gender, and copayment amount. Patients are more likely to refill the first prescriptions for sertraline or citalopram than for paroxetine.

DEPRESSION DIAGNOSIS IN PRIMARY CARE VISITS NOT FOR MENTAL HEALTH REASONS

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OBJECTIVE: To examine factors associated with diagnosis of depression at a primary care visit for reasons unrelated to depression. **METHODS:** We used the 1998–2000 National Ambulatory Medical Care Survey for office-based physician visits. We included visits to their primary care physician for patients with no indication of prior episodes of depression. We excluded patients under 15 years old and visits where the major reason for the visit was for mental health or social problems. We created a multivariate logistic regression model to examine which factors were associated with a depression diagnosis. Study variables included: age, race, sex, geographic region, urban setting, payment source, time spent with physician, new patient, HMO status, capitated visit, and major reason for the visit. **RESULTS:** There were 18,612 patients meeting study criteria, of whom 11,365 (61%) were female, 2,037 (11%) black, 1,940 (10%) were under age 25 and 5,629 (30%) were at least 65 years old. A total of 234(1.5%) patients received a depression diagnosis. Multivariate analysis showed that younger (age 15–24; OR = 0.486, $p = 0.0177$) and older patients (age 65+; OR = 0.517, $p < 0.0001$) were less likely to receive a depression diagnosis. Factors associated with increased likelihood of depression diagnosis: female (OR = 1.81, $p < 0.0001$), self-pay (OR = 1.64, $p = 0.329$), and major reason for visit a chronic problem, both routine (OR = 2.24, $p < 0.0001$) and flareup (OR = 1.58, $p = 0.0349$). There were non-significant trends towards reduced rate of diagnosis in blacks (OR = 0.645, $p = 0.0811$) and visits related to surgery/injury(OR = 0.343, $p = .0620$), and towards higher rates in the West(OR = 1.38, $p = 0.0847$). There was no association between diagnosis of depression and urban setting, new patient, capitated visit, HMO enrollment. Association of time spent with the physician and depression diagnosis was marginal, though statistically significant. **CONCLUSIONS:** When seeing their primary care physician for reasons unrelated to mental health or social problems, patients who were age 25–64, female, self-pay or visiting for a chronic illness were substantially more likely to be diagnosed with depression.

TRENDS IN PHARMACOLOGIC TREATMENT FOR PATIENTS WITH BIPOLAR: 1992–2002

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OBJECTIVE: Assess trends in pharmacologic treatment for patients with bipolar disorder. **METHODS:** A large claims database of insured individuals from October 1992 to September 2002 was analyzed to identify patients diagnosed with bipolar disorder (ICD9-CM: 296.4x–296.8x). Treatment regimens were examined for six-classes of psychotropics (antidepressants, mood-stabilizers, atypical and typical antipsychotics, anxiolytics and hypnotics). **RESULTS:** Of 13,407 patients, the percent untreated remained stable around 10% over the 10-year period. Among treated patients, about 65% received mood stabilizers and/or antidepressants. The two agents most frequently used were valproate (39.7%) and olanzapine (24.2%) in 2002. Overall, mood stabilizers increased slightly from 59.5% to 64.2%, and atypical antipsychotics increased from 4.5% to 45.1% usage. Antidepressants and anxiolytics remained stable at around 65% and 50% respectively, although the products chosen shifted with new market introductions. Typical antipsychotics decreased from 34.5% to12.4%, and hypnotics decreased from 13.2% to around 7% usage. **CONCLUSIONS:** Although about two-thirds of patients with bipolar illness receive mood stabilizers, there continues to be opportunity for improvement in pharmacotherapy. It is also important to understand outcomes associated with changing treatment patterns for bipolar patients.

PATTERNS OF PHARMACOLOGIC TREATMENT FOR PATIENTS WITH BIPOLAR DISORDER

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OBJECTIVE: Assess recent pharmacologic treatment patterns for patients with bipolar disorder. **METHODS:** A large claims database of insured individuals from October 1998 to September 2002 was analyzed to identify patients diagnosed with bipolar disorder (ICD9-CM: 296.4x–296.8x). Treatment regimens were examined for six-classes of psychotropics (antidepressants, mood-stabilizers, atypical and typical antipsychotics, anxiolytics and hypnotics) during the year post-diagnosis. Differences in medication use among sub-types of bipolar were compared. **RESULTS:** Of 6373 patients (56.4% female, mean age 49.2 years), 19.4% were depressed, 14.2% manic, 21.2% mixed, and 45.1% other episodes; 9.1% didn't receive psychotropic treatment. Among treated patients, 66.0% received antidepressants, 64.0% mood-stabilizers, 48.2% anxiolytics, and 42.1% atypical antipsychotics. Valproate (40.3%) and olanzapine (22.0%) were top two most commonly prescribed psychotropics. Only 22.7% received single-class therapy, 44.2% received ≥3 classes and 19.8% received ≥5 classes of psychotropics. Among depressed patients, 76.7% received antidepressants, 59.2% received mood-stabilizers and 39.9% received atypical antipsychotics versus 45.4%, 71.2% and 54.4% in manic patients, respectively. Surprisingly, 52.3% of depressed patients received anxiolytics—the highest percentage among all sub-types of bipolar patients. **CONCLUSIONS:** Pharmacotherapy for bipolar patients is complex. Nearly half of bipolar patients were treated with[3] classes of psychotropics. Depressed patients were more likely to receive antidepressants and anxiolytics but less likely to receive mood-stabilizers.

PHARMACOLOGIC TREATMENT PATTERNS FOR BIPOLAR DISORDER

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OBJECTIVE: To examine managed-care treatment patterns for patients diagnosed with bipolar disorder. **METHODS:** We examined the PharMetrics Integrated Outcomes Database of adjudicated medical and pharmaceutical claims for over 3 million patients from 11 U.S. health plans. We identified 4,455 bipolar patients based on the following criteria: two claims with ICD-9-CM diagnosis for bipolar disorder (296.0, 296.1, 296.4–296.8), age between 10 and 64, and 1 year of continuous eligibility prior to and following the initial bipolar diagnosis with claims beginning January 1, 1999. **RESULTS:** Of the 4455 bipolar patients, 80% (3555) received medication-based treatment in a 13-month window around the index diagnosis (12 months post and 1 month pre). A total of 38% of bipolar patients used 4 or more medications during the 13 months. On average each patient