perceived health status was assessed by the case manager of each hospital. Health

METHODOLOGY: We applied descriptive and regression analyses to a large administrative claims database of antipsychotic users to examine the association between SGAs (aripiprazole, ziprasidone, risperidone, quetiapine, and olanzapine) and MetS, as well as the effects of psychiatric comorbidity and polypharmacy. Select psychiatric comorbidities included schizophrenia, bipolar, depression, and other psychiatric disorders. Psychiatric polypharmacy was defined as concomitant use of antipsychotics with other psychiatric drugs (with metabolic effects), serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), or other antipsychotics, and mood stabilizers). RESULTS: Of 50,128 antipsychotic users, the prevalence of MetS was lower in SGA users than non-SGA users (7.6% vs. 12.8%; P < 0.0001). In addition, older and had higher prevalence of MetS components. SGA users exhibited more indicators of psychiatric severity, as evidenced through higher prevalence of psychiatric disorders and higher concomitant use of other psychiatric drugs. Multivariable regression analysis showed the odds of MetS was lower in SGA users (OR = 0.86; P < 0.001) than non-SGA users. Concomitant use of SSRIs and TCAs significantly increased the odds of having MetS (OR = 1.26 and 1.29, respectively), as did diagnoses of schizophrenia, bipolar or depression disorders (OR = 1.18, 1.12, 1.12, respectively) (all P < 0.001). CONCLUSIONS: Psychiatric comorbidity and polypharmacy significantly increase the odds of MetS in antipsychotic users. Findings indicate the need for action to consider patients’ psychiatric comorbidity and polypharmacy burdens when prescribing SGAs. Results suggest that prescribers of SGAs may be aware of metabolic effects and therefore prescribe non-SGAs to their more metabolically-vulnerable patients. Further research into the complexities of treatment patterns and outcomes in this comorbid population is warranted.

EARLY RESPONSE PREDICTS SUBSEQUENT RESPONSE TO OLANZAPINE LONG-ACTING INJECTIONS IN THE TREATMENT OF SCHIZOPHRENIA

METHODS: We applied descriptive and regression analyses to a large administrative claims database of antipsychotic users to examine the association between SGAs (aripiprazole, ziprasidone, risperidone, quetiapine, and olanzapine) and MetS, as well as the effects of psychiatric comorbidity and polypharmacy. Select psychiatric comorbidities included schizophrenia, bipolar, depression, and other psychiatric disorders. Psychiatric polypharmacy was defined as concomitant use of antipsychotics with other psychiatric drugs (with metabolic effects), serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs), or other antipsychotics, and mood stabilizers). RESULTS: Of 50,128 antipsychotic users, the prevalence of MetS was lower in SGA users than non-SGA users (7.6% vs. 12.8%; P < 0.0001). In addition, older and had higher prevalence of MetS components. SGA users exhibited more indicators of psychiatric severity, as evidenced through higher prevalence of psychiatric disorders and higher concomitant use of other psychiatric drugs. Multivariable regression analysis showed the odds of MetS was lower in SGA users (OR = 0.86; P < 0.001) than non-SGA users. Concomitant use of SSRIs and TCAs significantly increased the odds of having MetS (OR = 1.26 and 1.29, respectively), as did diagnoses of schizophrenia, bipolar or depression disorders (OR = 1.18, 1.12, 1.12, respectively) (all P < 0.001). CONCLUSIONS: Psychiatric comorbidity and polypharmacy significantly increase the odds of MetS in antipsychotic users. Findings indicate the need for action to consider patients’ psychiatric comorbidity and polypharmacy burdens when prescribing SGAs. Results suggest that prescribers of SGAs may be aware of metabolic effects and therefore prescribe non-SGAs to their more metabolically-vulnerable patients. Further research into the complexities of treatment patterns and outcomes in this comorbid population is warranted.

A DIRECT MEDICAL COST ANALYSIS OF GEROPSychiatric PATIENTS IN Taiwan

OBJECTIVES: The aims of this study are to estimate the direct medical costs and utilization of psychiatric services among older people (aged 65 and over) in Taiwan, and to evaluate the costs of the top five geriatric mental disorders. METHODS: This study was based on the National Health Insurance Research Database of Taiwan’s National Health Insurance (NHI) program. Detailed data was extracted from the Psychiatric Inpatient Medical Claim (PMIC) dataset. The PMIC included 96,013 psychiatric inpatients’ data from 1996 to 2007. RESULTS: From 2002 through 2007, the sample included 15,109 (16% of all psychiatric inpatients) geropsychiatric inpatients. The total admissions were 19,137 and the hospitalization rate was 1.27 per person per year. The average LOS (length of stay) was 35.05 days (acute bed), 78.71 days (chronic bed), and average ambulatory visits were 9.48 per patient per year. The mean total hospital-related cost was USD 7.2 million and the mean cost for each patient was USD 2828 per year. The top five ranking mental disorders and their average costs per year were dementia (987 patients, USD 2.6 million), mood disorders (616, USD 1.6), schizophrenia (276, USD 1.0), other organic brain disorders (254, USD 0.6), and delusional disorders (149, USD 0.9). CONCLUSIONS: From 2002 through 2007, the direct medical costs and utilization of psychiatric facilities by geropsychiatric inpatients increased annually in Taiwan. The direct medical costs of dementia, mood disorder and schizophrenia were significantly higher than those of the other mental disorders. The direct medical expenditures estimated in this study have implications for assessment of financial impact on future insurance budget planning in Taiwan.