home residents 65 years or older from four states. New typical and atypical users in
nursing homes were followed for up to six months after the exposure without cen-
soring. The risk of death was modeled using Cox proportional model and extended
Cox hazard model stratified on matched pairs based on propensity score. RESULTS: The
vital status was known for 60% of deaths. The annual all-cause mortality rate was 19.22% for
typical antipsychotics. Cox proportional hazard model revealed significant increased risk of death [Hazard Ratio (HR) 1.35, 95%; Confidence Interval (CI): 1.30-1.63] among typical users when compared to atypical users. The extended
Cox model, used due to the violation of proportional hazards assumption, revealed
that risk of death is twice greater among typical antipsychotic users during the
initial 40 days after the start of antipsychotic treatment [HR 2.06, 95%; CI 1.82-2.32] when compared to atypical users. However, no significant differences were found
after 40 days of antipsychotic exposure. CONCLUSIONS: The use of typical antipsy-
chotic agents was associated with increased risk of death among aged dual eligible
beneficiaries when compared to atypical use, especially within 40 days of treat-
ment, possibly due to their underlying health status.

PMH10
THE INFLUENCE OF COMORBID ANXIETY ON MEDICATION USE AND SERVICE UTILIZATION AMONG PATIENTS WITH MAJOR DEPRESSIVE DISORDER: RESULTS FROM A RETROSPECTIVE CLAIMS DATABASE
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OBJECTIVES: The objectives are to estimate the prevalence of comorbid anxiety and to examine its impact on medication adherence, health service utilization and
health resource utilization among privately insured individuals with Major Depres-
sive Disorder (MDD). METHODS: Patients with MDD between 18 and 64 years of age
newly initiating an antidepressant between July 1, 2005, and December 31, 2006, were
identified from the MarketScan Commercial Claims database. MDD patients were
defined as having comorbid anxiety if they were concurrently diagnosed with
generalized anxiety disorder (GAD), panic disorder (PD), or social anxiety disorder
(SAD). We used a retrospective cohort study design to compare the effect of comor-
bid anxiety disorder on antidepressant adherence measured as proportion of days
covered (PDC), adherence (PDC > 80%), and presence of emergency room (ER) visit or
inpatient encounters. Student-t tests were used to compare adherence rates and
logistic regressions were used to compare health service utilization (ER visit and
hospitalization) between patients with and without comorbid anxiety disorder.
RESULTS: The prevalence of GAD, PD, and SAD was 68.58%, 54.11%, and 73.12% for
PDC, 71.1% PD, and 71.1% SAD. The mean value of PDC among the study population was 0.56. MDD patients with comorbid anxiety had significantly higher PDC value than patients without comorbid anxiety (0.58 vs. 0.56, p<0.01). MDD patients with comorbid anxiety were more likely to have mental health-related ER visits and inpatient encounters than patients without anxiety after adjusting for age, gender, Charlson comorbidity index, and covariates associated with prior health care utilization (OR = 1.16, 95%CI:1.10-1.22). However, there was no difference between patients with and without comorbid anxiety in the probability of hospitalization. CONCLUSIONS: MDD patients with comorbid anxiety had higher mental health-related ER visits and inpatient encounters than MDD patients with no comorbid anxiety. The risk of death was modeled using Cox proportional model and extended
Cox hazard model stratified on matched pairs based on propensity score. RESULTS: The annual all-cause mortality rate was 19.22% for atypical antipsychotics. Cox proportional hazard model revealed significant increased risk of death [Hazard Ratio (HR) 1.35, 95%; Confidence Interval (CI): 1.30-1.63] among typical users when compared to atypical users. However, no significant differences were found
after 40 days of antipsychotic exposure. CONCLUSIONS: The use of typical antipsy-
chotic agents was associated with increased risk of death among aged dual eligible
beneficiaries when compared to atypical use, especially within 40 days of treat-
ment, possibly due to their underlying health status.

PMH11
PERFORMANCE OF RISK ADJUSTMENT SCALES IN PREDICTING RISK OF HOSPITALIZATION AMONG DEMENTIA PATIENTS: A MEPS STUDY
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OBJECTIVES: To evaluate performances of various risk adjustment scales in pre-
dicting risk of hospitalization in patients diagnosed with dementia. METHODS: This cross-sectional study was conducted using the household and medical pro-
vider component files of Medical Expenditure Panel Survey (MEPS) data from 2000 to 2003 (panel 5, 6, and 7). Dementia patients were identified using ICD-9CM and International Classification of Diseases, 9th Revision, Clinical Modification (ICD-
9CM) codes, and all cause hospitalizations were recorded from the inpatient files.
Risk adjustment scales evaluated in this study were diagnosis based scales (identified using ICD-9CM codes: D’Hoore’s adaptation of Charlson comorbidity index modified from CDS-1 to efficiently model healthcare utiliz-
ation and cost performed superiorly. Among the combinations of diagnosis and prescription based scales CDS-2-Elixhauser predicted hospitalization risk most effi-
ciently.

PMH12
THE PROFILE OF IMPAIRMENTS TO IMPAIRMENT AND EPIPSY DOCIC RECOGNITION MEMORY IN MILD COGNITIVE IMPAIRMENT AND ALZHEIMER’S DISEASE
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OBJECTIVES: Automated tests can assess aspects of cognitive function which can-
not be assessed using traditional non-automated techniques. To build on previous
findings that patients with minimal cognitive impairment show slower informa-
tion retrieval (80% and 95%), the present analysis compared 74 patients with am-
nesic Mild Cognitive Impairment (MCI) to healthy controls (n=409), and pa-
tients with mild, moderate and moderately-severe Alzheimer’s disease (AD; n=764).
METHODS: Three CDR State tests of attention were administered (digit vigilance task and choice reaction time) and two episodic memory tests (word and picture recognition). For attentionPower of Attention (the ability to focus at-
tention) and Continuity of Attention (the ability to sustain attention) were used. For
recognition, the abilities to correctly identify previous stimuli and reject novel
stimuli were analyzed. Performance was assessed using agreement and coverage.
RESULTS: For Power of Attention, and Word and Picture Recognition Speed, there was a clear continuum of decline from normals through AD. For Continuity of Attention, Word Recognition Accu-
racry, and the ability to recognise previous pictures, MCI subjects demonstrated
preserved functioning equivalent to controls. For the ability to reject novel pic-
tures, MCI patients showed deficits comparable to moderate AD patients. The abil-
ity to reject novel pictures is related to activity in the cingulate gyrus, and the
impairment in MCI suggests disruptions to this area, which may have conse-
quences for neurogenesis. Overall, the pattern of decline is not consistent across
task types as constructed. CONCLUSIONS: These findings will be discussed in
terms of the likelihood that amnesic MCI is a prodrome of AD, which may be
the case for episodic memory as assessed by delayed word recall, but not necessar-
ily for aspects of episodic recognition memory or the ability to sustain attention.
This may have implications for treatment of early disease, as well as prevention
strategies.