and no change to modest improvement from admission to follow-up (0–1 points). CONCLUSIONS: Antidepressant agents in this analysis were associated with modest improvement in maladaptive behavior as assessed by the PDGCRS. New treatment modalities that improve maladaptive behavior along with depressive symptomatology in older patients would be beneficial. Further controlled studies are needed to better understand these findings.

**PMH8**

**IMPACT OF CURRENT ANTIDEPRESSANTS ON COGNITION IN OLDER PATIENTS WITH DEPRESSION**

Adams BE1, Mayo KW2, Sandoval RI3, Bailey KL4, Jensik SE5, Edell WS6

1Mental Health Outcomes, Lewisville, TX, USA; 2Pharmacia Corporation, Peapack, NJ, USA

**OBJECTIVES:** An array of antidepressant agents are available in the treatment of geropsychiatric patients with depression. While most current agents, such as the selective serotonin reuptake inhibitors (SSRIs) (e.g., fluoxetine; sertraline) and agents acting upon both serotonin and norepinephrine (e.g., mirtazapine; venlaxafine), are reasonably effective in ameliorating depressive symptomatology, less is known about the impact of these agents on other common areas of deficit in older depressed patients, such as cognition. This study examines change in cognitive functioning in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 269), mirtazapine (n = 275), sertraline (n = 713), or venlaxafine (n = 259).

**METHODS:** Data were obtained from the CQI+SM Outcomes Measurement System, a Joint Commission of Accredited Hospital Organizations (JCAHO) ORYX accepted performance improvement system, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. Cognitive functioning was measured at admission and discharge using the Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975). A Medication Usage Questionnaire was used to track medications prescribed to patients just prior to admission and at discharge. One-way Analyses of Variance and if significant, Tukey’s pairwise comparisons, were used to compare medication groups. **RESULTS:** At admission, patients exhibited moderate evidence of cognitive impairment (Mean MMSE score of 21 out of 30). Medication groups were indistinguishable on change scores in cognitive functioning from time of admission to discharge (average length of stay around 16 days). The average change score on the MMSE was 1.1 to 1.6 points, suggesting very mild improvement. **CONCLUSIONS:** Antidepressant agents in this analysis were associated with modest improvement in cognitive functioning as assessed by the MMSE. New treatment modalities that improve cognition along with depressive symptomatology in older patients would be beneficial.

**PMH9**

**HEALTH CARE UTILIZATION AND COSTS IN SCHIZOPHRENIC PATIENTS TAKING RISPERIDONE VERSUS OLANZAPINE IN A VETERANS ADMINISTRATION POPULATION**

Shermock KM1, Fuller MA2, Secic M1, Laich JS1, Durkin MB2

1The Cleveland Clinic Foundation, Cleveland, OH, USA; 2Louis Stokes Department of Veterans Affairs Medical Center, Brecksville, OH, USA; 3Janssen Pharmaceutica, Titusville, NJ, USA

**OBJECTIVES:** To compare the change in health care utilization and costs from one year before (preperiod) and one year after (postperiod) starting treatment with risperidone or olanzapine in schizophrenia patients in a Veterans Administration population. **METHODS:** Patients with a diagnosis of schizophrenia (ICD-9 CM code 295) in the preperiod, who had an initial prescription for risperidone or olanzapine dispensed between 3/97 and 3/99, were included. Patients who received any atypical antipsychotic in the preperiod were excluded. Comparisons of average change in utilization and cost from the preperiod to the postperiod were made between the groups for: inpatient hospitalizations, outpatient clinic visits, medications, and total health care cost. Analysis of covariance was used to analyze the data using age, gender, and race as covariates. **RESULTS:** 304 patients in the olanzapine group and 344 in the risperidone group were included. The olanzapine group had significantly more inpatient admissions per patient (0.09 vs. −0.24, p = 0.026), longer inpatient lengths of stay (4.3 days vs. −4.2 days, p = 0.004), and higher cost of inpatient admissions ($2735 vs. −$3226, p = 0.003) than the risperidone group. There was a significantly lower cost of antipsychotic for the risperidone group than for the olanzapine group ($650 vs. $1660, p < 0.001). The mean daily doses were 3.4 mg of risperidone and 12.0 mg of olanzapine. The olanzapine group also had a significantly higher change in cost for all drugs ($1492 vs. $683, p < 0.001) and all health care costs ($5,665 vs. −$1,167, p < 0.001) than the risperidone group. **CONCLUSIONS:** The changes in total health care costs, number, length of stay, and cost of inpatient admissions, and medication costs for risperidone-treated patients were significantly lower compared with olanzapine-treated patients.

**PMH10**

**HEALTH OUTCOMES OF CHILDHOOD ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD): HEALTH CARE USE AND WORK STATUS OF CAREGIVERS**

Noe L1, Hankin CS2

1Ovation Research Group, Highland Park, IL, USA; 2ALZA Corporation, Mountain View, CA, USA

**OBJECTIVES:** Attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed psychiatric disorder among children in the US. However, the social
and economic costs of ADHD are not well understood. We sought to examine the impact of childhood ADHD on caregivers’ work status and work productivity, and patients’ health care use. METHODS: We conducted a telephone survey of 154 caregivers of ADHD-diagnosed children. Caregivers were identified from membership in CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder). RESULTS: The mean number of ADHD-diagnosed children per caregiver was 1.3 (range 1–4); 60% of children were in 6th grade or lower. The reported mean number of prior year ADHD-related visits to pediatricians, psychiatrists, psychologists, and counselors was 2.0, 3.7, 2.9, and 6.6 visits, respectively. In the 3 months prior to telephone survey, 18% of visits were for unscheduled emergencies—63% of caregivers reported some change in their work status as a result of their child’s ADHD. Of these, 15% changed type of job, 46% reduced hours worked per week, and 11% stopped working completely. During the 4 weeks prior to survey, caregivers reported having lost an average of 0.8 days from work and being 25% less productive, for an average of 2.4 days attributed to their child’s ADHD—this is equivalent to 39 days reduced caregiver productivity per year. CONCLUSIONS: Childhood ADHD adversely affects caregiver work status and work productivity. ADHD also results in frequent unscheduled emergency visits. Effective disease management of childhood ADHD may ultimately mitigate substantial costs borne by employers and health care systems.

**PMH11**

SCHIZOPHRENIA CARE AND ASSESSMENT PROGRAM (SCAP): THE IMPACT OF CLINICAL SYNDROME, ANTIPSYCHOTIC MEDICATION TREATMENT AND ADHERENCE ON OUTPATIENT PSYCHIATRIC UTILIZATION

Russo P, Smith M
The MEDSTAT Group, Inc, Washington, DC, USA

OBJECTIVE: To examine the impact of clinical syndrome, type of medication and adherence on outpatient utilization. METHODS: Baseline data predicted 6-month outpatient utilization (n = 985). Psychotherapy, clinic visits (specimen collection), and total number of outpatient visits were examined. Presence of medication (15 first-generation; 5 novel; both) was coded. Adherence reflected the 4-weeks prior to assessment. Clinical syndrome variables: deficit, hallucinations/delusions, and disorganization. Negative binomial regression (adjusted standard errors). RESULTS: Psychotherapy Visits: Positive effect observed for higher hallucinations/delusions and use of both first- and second-generations. Clinic Visits: The probability of visit was positively impacted by higher disorganization, adherence, education less than high school graduation, and CHAMPUS. Negative effect noted for use of novel agents and having Medicare only. Number of visits higher for those with higher disorganization. Total Outpatient Visits: Positive effect observed for adherence at both periods and treatment with novel agents alone or in combination with first-generation agents. The clinical syndrome variables did not achieve significance. CONCLUSIONS: The positive correlation of medication adherence at both baseline and 6 months with clinic visits and total visits is an important driver in outpatient services utilization. The type of medication positively impacts the number of visits, however, a negative association was observed between type of medication and the probability of a clinic visit. It may be possible that some persons using novel agents achieve improvement through outpatient medication management (psychotherapy visits) and may require less frequent clinic visits (for specimen collection), suggesting that the favorable adverse event profile of second-generation agents may promote community functioning. Positive symptoms and disorganization drive the occurrence and number of visits while the presence of deficit syndrome did not achieve significance. These findings suggest that as treatment costs vary by method, payers could benefit by assessing clinical syndrome in order to estimate disease-related payments accurately.

**PMH12**

PREVALENCE OF COMORBID ANXIETY AND DEPRESSION AMONG PATIENTS PRESCRIBED SSRI MONOTHERAPY

Grotzinger KM, Chang LL
GlaxoSmithKline PLC, Collegeville, PA, USA

OBJECTIVE: To examine the distribution of mental health conditions comorbid to depression, especially anxiety, among patients treated for 1–6 months or 7–12 months with an SSRI. METHODS: The study comprised a retrospective review of integrated medical and pharmacy claims from a national managed care organization. Continuously enrolled patients between the ages of 18 and 65 years were identified from the 1.9M claims underlying six IPA model plans for 1997–1998. Patients placed on SSRI therapy following a 4 month period without drugs were stratified according to underlying mental health conditions and length of SSRI monotherapy. RESULTS: Overall, between 47% and 52% of patients placed on SSRI monotherapy had a history of depression; an additional 5–12% had histories of anxiety without depression. Greater proportions of patients for whom paroxetine was prescribed rather than either fluoxetine or sertraline had anxiety comorbid to depression in the year prior to initiating drug therapy(11.5%, 6.5%, 7.9%, respectively)(Chi-square <.001). The 40 or more percent of patients without depression or anxiety in their histories—12 months preceding initiation of drug therapy and month of initiation—but treated with SSRIs often had diagnoses for other mental health conditions, specifically neurotic disorders, affective psychoses, nondependent abuse of drugs and adjustment reaction. These diagnoses patterns persisted when patients were subset according to persistence of therapy, i.e., SSRI therapy for greater or