Resource use (pharmacy claims, outpatient claims, emergency room admission and hospital admission) and corresponding costs over twelve months after index date were compared between groups. **RESULTS:** Each group included 362 patients. Patient characteristics at baseline, resource use, and health care costs before index date were comparable between the two groups. At twelve months after the index date, the net ingredient cost per patient was £199.2 million, with no significant difference (p = 0.67). Patients with pharmacological treatment had a higher pharmacy cost, but this was offset by the higher cost of outpatient visits in patients with no pharmacological treatment. These visits were mostly related to mental disorders, nervous system, skin and musculoskeletal disorders and injuries and poisonings. **CONCLUSIONS:** While appropriate treatment of opioid dependence with buprenorphine/naloxone associated with higher medication acquisition cost, it is outweighed by cost savings in other categories, especially outpatient care. Patients without pharmacological treatment use more health care resources and have higher total costs.

**PMH62**

**COMPARISON OF RESOURCE USE AND HEALTH CARE COSTS IN NEW INITIATORS OF LONG-ACTING INJECTABLE (LA) AND ORAL SECOND GENERATION ANTIPSYCHOTICS**

Seethaih A1, Burudpakde C2

1Market Access Solutions LLC, Raritan, NJ, USA, 2MTRX, LLC, Raritan, NJ, USA

**OBJECTIVES:** To measure health care utilization and costs among new initiators of LA and oral second generation antipsychotics with schizophrenia or bipolar disorder.

**METHODS:** A large database of a commercially insured US population was used to index patients on their first treatment between 1/1/2011 and 12/31/2011. Patients were required to have ≥ 12 months pre-index and ≥ 12 months post-index, were new users of a second generation antipsychotic, and diagnosed with schizophrenia or bipolar disorder during their pre-index period. LAI and oral patients were matched 1:3 using propensity scores. Mean differences in annual resource use and costs were compared across groups in an unadjusted difference-in-difference analysis. **RESULTS:** Initial selection identified 250 LAI and 8,356 oral treatment patients. Matching resulted in balanced cohorts of 204 LAI and 8,356 oral treatment patients. LAI patients had a net reduction of 4.05 annual hospitalizations per patient in the LAI cohort, compared to oral cohort. Mean annual hospitalizations per LAI patient reduced from 1.09 to 0.51 (p < 0.001) while mean annual hospitalizations per oral patient reduced from 1.26 to 1.05 (p < 0.05). This resulted in a net reduction of 4.05 annual hospitalizations per patient in the LAI cohort, compared to oral cohort.

**CONCLUSIONS:** Initiating treatment different an LAI resulted in greater reductions, in hospitalization and ER visits compared to oral second generation antipsychotic medications in patients with schizophrenia or bipolar disease.

**PMH63**

**ANTIDEPRESSANT USE AND SUICIDE RATE IN ENGLAND: THE GEOGRAPHIC DIVIDE**

A464

Adlam M1, Wilson T, Griffiths M

Costello Medical Consulting Ltd., Cambridge, UK

**OBJECTIVES:** Mental illness is widespread, with 1 in 3 people worldwide reporting symptoms indicative of a psychiatric disorder at some point in their lives. The use of antidepressant treatments has risen globally and has been linked to a reduced suicide rate. The aim of this research is to analyse the use of antidepressants in England and identify any trends. **METHODS:** Antidepressant prescription data from the National Health Service England conformed to the Electronic Prescription Service. Data were obtained from all Primary Care Trusts (2010/11–2012/13) and Clinical Commissioning Groups (2013/14) were compared across groups in an unadjusted difference-in-difference analysis: [LAI post - LAI pre] - [oral post - Oral pre]. **RESULTS:** Initial selection identified 250 LAI and 8,356 oral treatment patients. Matching resulted in balanced cohorts of 204 LAI and 8,356 oral treatment patients. LAI patients had a net reduction of 4.05 annual hospitalizations per patient in the LAI cohort, compared to oral cohort. Mean annual hospitalizations per LAI patient reduced from 1.09 to 0.51 (p < 0.001) while mean annual hospitalizations per oral patient reduced from 1.26 to 1.05 (p < 0.05). This resulted in a net reduction of 4.05 annual hospitalizations per patient in the LAI cohort, compared to oral cohort.

**CONCLUSIONS:** Initiating treatment different an LAI resulted in greater reductions, in hospitalization and ER visits compared to oral second generation antipsychotic medications in patients with schizophrenia or bipolar disease.

**PMH61**

**UTILIZATION PATTERNS OF ANTIPSYCHOTICS USAGE IN TERTIARY CARE HOSPITAL PATIENTS WITH SCHIZOPHRENIA**

Pelletier A1, Nair S1, Kushikatta V1, Sharma FS1, Thunga C1

1Manipal College of Pharmaceutical Sciences, Manipal University, Manipal, India

**OBJECTIVES:** The main objective of the study was to find the utilization pattern of antipsychotics in schizophrenia patients in a tertiary care hospital in India.

**METHODS:** A retrospective study was carried out on schizophrenia patients admitted in a tertiary care teaching hospital for a period of one year. The diagnosis of schizophrenia was based on ICD-10 (Tenth revision) criteria. Patients of both the sexes with diagnosed schizophrenia were included in the study. The mental illness or drug induced psychosis patients were excluded from the study. All demographic and clinical characteristic including treatment pattern were collected and entered. Data was analyzed in SPSS 20.0. **RESULTS:** Out of 230 patients, 144 (63%) were males and the majority of patients were 65 (28%) in the age group of 21 - 30 years. In study population 141 (61.3%) were married and majoritily were housewives 57 (24.8%) followed by Govt. service 28 (12.2%). Among study population 136 (59.1%) patients received the second generation antipsychotics and 8 (3.5%) patients received first generation antipsychotics. Resperidone was the most commonly prescribed antipsychotic given to 36.5% of the patients followed by Olanzapine. Mean daily dose across patients of 42 mg in both panels.

**CONCLUSIONS:** The antipsychotic drugs prescribed more commonly were clozapine and typical antipsychotics. Among the atypical antipsychotics, Resperidone was commonly used during Schizophrenia as compared to other atypical antipsychotic drugs.