

risk prediction methods, estimate a predicted risk of diabetes and CHD. The economic evaluation thus captured patient-relevant outcomes of MetS or diabetes/CHD events avoided. **METHODS:** MetS was defined according to NCEP (ATPIII) guidelines, with modifications reflecting clinically meaningful changes in risk factors. Lab measures were derived from a randomised double-blind, head-to-head trial. The cumulative incidence of MetS was computed using Kaplan-Meier analysis and compared across treatment arms for 6 months of follow-up. The 5-year diabetes and CHD risks were estimated from each individual patient's risk factor profile for diabetes and CHD using a published logistic regression and Weibull model, respectively. Resource utilisation and costs were derived from the underlying trial and published data. Cost analysis was based on a Swedish third party payer perspective. **RESULTS:** The results showed a 65% relative risk reduction (RRR) in MetS incidence at 6 months, a 30% RRR in diabetes and 22% RRR in CHD incidence at 5 years for Aripiprazole versus Olanzapine. For a hypothetical cohort of 1000 patients switched from Olanzapine to Aripiprazole, at study endpoint 124 events of MetS, 37 events of diabetes and 6 events of CHD are avoided, showing cost savings due to reduced medical treatment of side-effects of SEK 101.360 for MetS, 3.035.000 SEK for Diabetes and 880.000 SEK for CHD. **CONCLUSIONS:** The results highlight a medical and economic benefit from maintenance therapy of Aripiprazole versus Olanzapine, reflected by lower costs and a reduced incidence of MetS, Diabetes and CHD.

MENTAL HEALTH—Quality of Life Studies

PMH 17

HEALTH-RELATED QUALITY OF LIFE IN OUTPATIENTS WITH SCHIZOPHRENIA IN SINGAPORE

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OBJECTIVE: Although schizophrenia is a common and disabling medical condition, little is known about its impact on health-related quality of life (HRQoL) in Asians. We therefore characterized HRQoL in outpatients with schizophrenia in Singapore, and identified factors that influenced HRQoL in these patients. **METHODS:** A consecutive sample of outpatients with schizophrenia seen in the Institute of Mental Health in Singapore completed a standardized English or Chinese questionnaire containing the Schizophrenia Quality of Life Scale (SQLS), the Short Form 36 Health Survey (SF-36) and the Health Utilities Index Mark 3 (HUI3) classification system. Patients were assessed for psychiatric symptoms using a standard checklist, and socio-economic and clinical variables were collected through patient interviews and data extraction from medical records. Subjects' SF-

36 scores were compared with adjusted Singaporean population norms. Factors influencing HRQoL measured by these instruments were identified using stepwise multiple linear regression models. **RESULTS:** Two hundred two outpatients with schizophrenia completed survey questionnaires (English-speaking: n = 140). Mean (SD) age of the subjects was 37.8 (10.2) years, and 52% were female. The majority of the subjects were ethnic Chinese (83.7%). The mean (SD) duration of schizophrenia was 8.4 (7.4) years, and 30.7% of subjects reported hospitalization in a psychiatric ward in the 3 months preceding the survey. Mean SF-36 scores of the subjects were 4.7 to 37.2 points lower than adjusted Singaporean population norms ($p < 0.01$ for all comparisons, one-sample t-tests). Better HRQoL in these subjects (in stepwise regression models) was associated with less psychiatric symptoms, increasing age and duration of illness, less years of education, presence of chronic medical conditions and usage of English questionnaires. **CONCLUSIONS:** Outpatients with schizophrenia in Singapore experienced clinically important reductions in HRQoL; both disease related and other variables influenced HRQoL in these patients.

PMH 18

ZIPRASIDONE VS OLANZAPINE: CHANGE IN CHD RISK DURING A SIX-WEEK TRIAL

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OBJECTIVES: In a 6-week randomized, double-blind trial, olanzapine was associated with significant increases in triglycerides, low-density lipoprotein cholesterol (LDL), and total cholesterol (TC), while ziprasidone was not. We compared changes in risk of coronary heart disease (CHD) in olanzapine- and ziprasidone-treated patients in this trial. **METHODS:** We analyzed data from trial participants aged ≥ 30 years using a Framingham data-based algorithm (Circulation 1998; 97: 1837–1847) that calculates percentage risk of CHD over 10 years from age, gender, smoking status, presence of diabetes, high-density lipoprotein cholesterol (HDL), LDL or TC, and diastolic and systolic blood pressures. Changes from baseline to endpoint in percentage age-adjusted risk of CHD for men and women in ziprasidone and olanzapine treatment groups were compared using ANCOVA. **RESULTS:** Mean age was approximately 42 years for both the ziprasidone (range 30 to 55) and olanzapine (range 30 to 59) groups. In olanzapine-treated men (n = 55), risk of CHD increased by 0.8% from a baseline of 4.2% while in ziprasidone-treated men (n = 44) risk decreased by 0.2% from a baseline of 4.5% ($p < 0.05$). Olanzapine-treated females (n = 18) had a 0.2% decrease in risk (baseline, 3%) while ziprasidone-treated females (n = 21) had a 0.4% increase (baseline, 2.5%) ($p = \text{NS}$). Analysis of treatment-associated changes in lipids in patients of all ages by gender found significant changes in TC, LDL, and triglycerides in olanzapine-treated men of all ages (n = 82) versus ziprasidone-treated men (n = 69) ($p < 0.005$), with

changes in triglycerides in olanzapine-treated women ($n = 32$) versus ziprasidone-treated women ($n = 44$) trending toward significance ($p = 0.09$). **CONCLUSIONS:** In a six-week trial, men treated with olanzapine experienced an increase in CHD risk that was significant versus a decrease in men treated with ziprasidone, while changes in risk did not differ significantly between olanzapine- and ziprasidone-treated women. These results paralleled changes in lipid profile. Investigation is warranted into effects of long-term treatment with atypical antipsychotics on risk of CHD.

PMH19

CLIENT AND STAFF INVOLVEMENT IN FORMAT DESIGN OF A HEALTH-RELATED QUALITY OF LIFE SURVEY FOR INDIVIDUALS WITH SCHIZOPHRENIA, THE SCHIZOPHRENIA OUTCOMES ASSESSMENT PROJECT (SOAP) SURVEY

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OBJECTIVES: Since end-users of survey may have design format preferences that are undetected by survey developer/administrators, we elicited client and staff input and preferences for three survey formats of a 51-item health-related quality of life survey for community-residing individuals with schizophrenia. **METHODS:** Using cognitive interviews and visual analogue preference ratings (0–100 scale), we sought qualitative and quantitative input from 29 community-residing clients with schizophrenia and 33 staff members at four sites concerning their preferences for three formats of the 51-item Schizophrenia Outcomes Assessment Project (SOAP-51) Survey: a 6-page booklet with responses horizontally listed below each item, a 4-page version with responses to the right of each item, and a compressed 2-page version of the former. Survey formats were presented in randomized order. Staff was also asked their preference for four versus five-response format. Clients were individually interviewed in 15–20 minutes sessions; staff had individual (20–30 minutes) or group (45–60 minute) sessions. **RESULTS:** Clients preferred the booklet and 4-page format over the 2-page version; respective VAS values of 70.1, 68.9, and 47.0 ($p = 0.012$). Qualitatively, clients indicated that the 2-page was too compressed and that the 4-page format made it easier to link the response to the question. Staff preferred 4 responses to 5 (84.0 versus 46.1, $p < 0.0001$) because they perceived little distinction between two of the five response levels. Staff had a preference trend toward the 4-page format over the booklet or 2-page (68.6, 58.6, and 58.9 respectively, $p = 0.22$). When asked their first choice, 47% of staff indicated 4-page; 34%, 2-page; and 19%, booklet. **CONCLUSIONS:** Clients preferred booklet and 4-page formats; staff preferred 4-page and 2-page formats. Based on this input, we have selected the 4-page format, the common preference of both groups. Survey developers should incorporate end-users

to provide insight into format preferences and cognitive processing.

PMH20

TREATMENT WITH PSYCHOSTIMULANTS IS ASSOCIATED WITH DECREASED RATES OF SUBSTANCE ABUSE AND IMPROVED SCHOOL OUTCOMES AMONG CHILDREN WITH AD/HD

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OBJECTIVES: To study the long-term impact of psychostimulant treatment on substance abuse and school outcomes in a population-based cohort of AD/HD cases. **METHODS:** Subjects included 282 AD/HD research identified cases treated with psychostimulant medication and 81 AD/HD cases that were never treated with psychostimulants. These subjects are subsets of the 363 research identified cases from a population-based birth cohort, born in Rochester, MN 1976–1992 who remained in Rochester after age 5 ($N = 5,718$). All 363 cases were followed from age 5 until emigration, death, school graduation, drop out. Among 282 treated with stimulants, 85% ($N = 239$) of cases were treated with methylphenidate. Data on type of psychostimulant, dosage prescribed (Methylphenidate Equivalent Units), start/stop dates were collected from medical and school records. The same resources were retrospectively and longitudinally examined for the documentation of substance abuse and school outcomes. Associations between psychostimulant treatment and outcomes were evaluated using general linear and logistic regression models. **RESULTS:** Of the AD/HD cases treated with stimulants, 16.3% had documented substance abuse compared to 23.5% cases not treated ($OR = 0.6$; 95% $CI = 0.3–1.2$; $p = 0.14$). Cases treated at an earlier age were less likely to have documented substance abuse ($p = 0.025$) as well as those treated for a longer duration ($p = 0.17$). Cases with higher average daily psychostimulant dosage had higher reading scores ($r = 0.14$, $p = 0.025$). Cases treated with psychostimulants were absent significantly less than those who were not treated ($p = 0.024$). Furthermore, cases treated longer were absent less ($r = -0.18$, $p = 0.003$). **CONCLUSIONS:** Our large, longitudinal, population-based, study demonstrates that psychostimulant treatment is associated with decreased substance abuse and improved school outcomes among AD/HD cases. Our study confirms the positive impact and importance of long-term treatment with psychostimulants and reflects an improvement in the lives of children with AD/HD.

PMH21

PSORIASIS AND DEPRESSIVE SYMPTOMATOLOGY: SPANISH RESULTS

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