lafaxine or sustained release venlafaxine. The results of this study lend insight useful in making prescribing/formulary decisions for patients with newly diagnosed depression.

PMH3

IS DEPRESSION THE MAJOR CAUSE OF IMPAIRED QUALITY OF LIFE IN SCHIZOPHRENIC PATIENTS?
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OBJECTIVES: Schizophrenia is a complex and invalidating disease with a wide range of symptoms and often social exclusion. Patients’ quality of life is heavily impaired. The associations between the different symptoms and the QoL, as well as the possible impact of the patient management are still not well known. Our objective was to study the associations between health status, quality of life, general functioning and patient management in schizophrenic patients. METHODS: 238 schizophrenic patients were assessed in a cross sectional study with the Lehman QoL scale, EuroQoL, SF-36, Calgary Depression Scale, CGI, GAF and PANSS. At the same time the patient management was assessed. A progressive approach using graphical chain models was adopted to determine the strength of the associations between the different variables. RESULTS: Depression was strongly associated with the subjective dimensions of QoL, the utility of EuroQoL and with the mental health sub-score of SF-36. The schizophrenic symptoms (PANSS) seem to have no direct impact on the QoL, but only through their association to depression and impaired functioning (GAF). Other factors that seem to have and impact on the QoL are recent hospitalisation and the type of antipsychotic drug prescribed, atypical antipsychotics seem more favourable compared to typical. CONCLUSIONS: Depression seems to be the major factor impairing the quality of life of schizophrenic patients.

PMH4

ASSESSMENT OF PATIENTS’ ATTITUDES TOWARD ANTIPSYCHOTIC TREATMENT IN A 40-WEEK RANDOMIZED, CONTROLLED TRIAL
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OBJECTIVES: Pharmacotherapy can reduce or prevent symptom relapse among schizophrenics, thereby providing long-term benefits. Relapse is common following noncompliance or discontinuation of antipsychotic medication, and dissatisfaction with medication may lead to noncompliance resulting in symptom relapse and increased health care expenditures. We assessed how schizophrenic patients view the use of antipsychotics. METHODS: The Drug Attitude Inventory (DAI), comprised of 10 “yes/no” questions about efficacy, side effects and satisfaction, was used to characterize patients’ attitudes and subjective responses to antipsychotic treatment. The DAI was administered to subjects with chronic or subchronic schizophrenia or schizoaffective disorder in a forty-week, double-blind, randomized, parallel-group, flexible-dose study of two regimens of ziprasidone (80 to 120 mg QD or 40 to 80 BID) and one regimen of haloperidol (5 to 20 mg daily). A score was calculated as the sum of the responses to all questionnaire items, and the subsets of six subjective and four attitudinal questions. A categorical linear model was used to analyze the marginal probabilities of favorable responses to the questions. RESULTS: For total, subjective and attitudinal items, DAI scores at baseline were comparable between treatment groups. Overall item response significantly favored ziprasidone at week 40 (p = 0.0016; 7/10 questions showed a higher percentage of positive responses for ziprasidone, and the magnitude of differences per question ranged from +14.2% to −3.7%). This difference was primarily due to positive responses to the subjective questions (p = 0.0006; 4/6 questions showed a higher percentage of positive responses for ziprasidone, and the magnitude of differences per question ranged from +14.2% to −3.2%). CONCLUSIONS: Patients in the ziprasidone groups had a significantly more positive attitude regarding their medication than those in the haloperidol group over 40 weeks of treatment. These findings have implications for greater patient compliance with ziprasidone treatment, which may lead to decreases in relapse rates, hospitalizations, and other health care resource use.

PMH5

FROM FIRST TO SECOND: IMPACT OF PARTICIPANT CHARACTERISTICS ON THE TIME TO FIRST SWITCH IN A SCHIZOPHRENIA POPULATION
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OBJECTIVE: Examine which participant level factors impact the time to switch from first- to second-generation agents among participants in the Schizophrenia Care and Assessment Project (SCAP). METHODS: Baseline data identified participants not receiving second generation agents (n = 520). Accelerated failure time (AFT) modeling (Weibull distribution error) applied. Number of years between disease onset and study initiation included. Dependent variable: days between study initiation and first switch to second-generation. Right censoring addressed through dichotomous censor variable (1 = switch during window). RESULTS: About one-fourth (n = 133) experienced switch (mean time to switch = 171.08 days). Working hypothesis: persons with higher side effect and symptom scores and lower functioning would exhibit shorter time to switch. Persons with higher side effect scores (AIMS) experienced longer interval until...
switch (1.08; p = 0.01) and those with higher depression scores (MADRS) experienced shorter time to switch (0.97; p = 0.02). Those receiving service through university hospital experienced longer interval (3.19; p = 0.01). The computed hazard rate (−0.68) indicates the risk of switch is decreasing over time. CONCLUSIONS: Findings indicate that symptoms and type of service delivery site are significant in determining the switch from older to newer agents. The shorter interval for those with higher depression scores is expected and is probably reflective of clinical intervention aimed toward the amelioration of negative symptoms. Interestingly, the longer interval for those with higher side effect scores was contrary to expectation and may indicate that the motivating influence to change is more related to the presentation of primary disease state, rather than the reduction of secondary symptoms associated with the first generation medications. The longer interval for those receiving care in a university hospital setting is perplexing since it is usually expected that medication adjustment will occur during hospital stays. Further investigation of this phenomenon may be aided by the inclusion of physician level information, which is anticipated in upcoming analyses.

**PMH6**

**CHANGE IN INSTRUMENTAL ACTIVITIES OF DAILY LIVING ASSOCIATED WITH ANTIDEPRESSANTS IN OLDER DEPRESSED PATIENTS**

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OBJECTIVES: While most current antidepressant agents, such as SSRIs and dual action agents are reasonably effective in ameliorating depressive symptomatology in older patients, less is known about their impact on concurrent instrumental activities of daily living (IADL’s). This study examines change in IADL’s, such as the capacity to use the telephone, travel, shop, cook, do housework, handle money, or take medicine, from admission to three-month post-discharge follow-up in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 292), mirtazapine (n = 36), sertraline (n = 145), or venlafaxine (n = 56). METHODS: Data were obtained from the CQI+SM Outcomes Measurement System, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. Maladaptive behaviors were measured by the Psychogeriatric Dependency Rating Scale (PGDRS) (Wilkinson & Graham-White, 1980) and a Medication Usage Questionnaire was used to track medications prescribed at admission, discharge, and follow-up. One-way Analyses of Variance and if significant, Tukey’s pairwise comparisons were used to compare medication groups. RESULTS: At admission, patients exhibited mild to moderate evidence of maladaptive behaviors (Mean PGDRS overall score of 20 out of 48). Medication groups were indistinguishable on change scores in overall IADL’s from time of admission to follow-up. On average, patients showed no change in their ability to carry out IADL’s during this time period, despite an improvement in level of depression, as measured by the collateral version of the Geriatric Depression Scale (Nitcher, Burke, Roccaforte, & Wengel, 1993). CONCLUSIONS: Antidepressant agents in this analysis were associated with modest improvement in IADL’s as assessed by the Duke OARS Multidimensional Functional Assessment in Older Adults. New treatment modalities that improve IADL’s along with depressive symptomatology in older patients would be beneficial. Further controlled studies are needed to better understand these findings.

**PMH7**

**CHANGE IN MALADAPTIVE BEHAVIORS ASSOCIATED WITH ANTIDEPRESSANTS IN OLDER DEPRESSED PATIENTS**

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OBJECTIVES: Numerous antidepressant agents are available to treat geropsychiatric patients with depression. While most current agents are reasonably effective in ameliorating depressive symptomatology, less is known about the impact of these agents on concurrent maladaptive behaviors. This study examines change in sixteen such behaviors from admission to discharge to three-month post-discharge follow-up in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 292), mirtazapine (n = 288), sertraline (n = 744), or venlafaxine (n = 289). METHODS: Data were obtained from the CQI+SM Outcomes Measurement System, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. Maladaptive behaviors were measured by the Psychogeriatric Dependency Rating Scale (PGDRS) (Wilkinson & Graham-White, 1980) and a Medication Usage Questionnaire was used to track medications prescribed at admission, discharge, and follow-up. One-way Analyses of Variance and if significant, Tukey’s pairwise comparisons were used to compare medication groups. RESULTS: At admission, patients exhibited moderate to severe inability to independently carry out IADL’s (Mean score of 14 to 15 out of 21). Medication groups were indistinguishable on change scores in overall IADL’s from time of admission to follow-up. On average, patients showed no change in their ability to carry out IADL’s during this time period, despite an improvement in level of depression, as measured by the collateral version of the Geriatric Depression Scale (Nitcher, Burke, Roccaforte, & Wengel, 1993). CONCLUSIONS: Antidepressant agents in this analysis were associated with modest improvement in IADL’s as assessed by the Duke OARS Multidimensional Functional Assessment in Older Adults. New treatment modalities that improve IADL’s along with depressive symptomatology in older patients would be beneficial. Further controlled studies are needed to better understand these findings.