weighted metric. METHODS: Data were pooled from two identical ten-week, multicenter, randomized, double-blind, placebo-controlled studies of flexible-dose venlafaxine XR (37.5–300 mg/day; mean daily doses in the individual studies were 132 mg and 130 mg) and sertraline (50–200 mg/day; mean daily doses in the individual studies were 89 mg and 88 mg) in the treatment of DSM-IV MDD (1352 ITT patients). Three health states were defined using HAM-D, scores: remission = HAM-D ≤ 7; response = HAM-D between eight and 15; no response = HAM-D > 15. The extended individual model of Quality-Adjusted Time Without Symptoms and Toxicity (QTWiST) method was applied to develop quality-adjusted remission days (QUARE), which evaluates treatment trade-offs by incorporating the duration and patient preference (ie, utility) associated with each health state. Effectiveness was measured by the treatment difference on average QUARE days using an ANOVA model with center as a covariate. Threshold utility analysis was applied to address the utility uncertainty as a sensitivity analysis. RESULTS: Over the ten-week acute treatment period, venlafaxine XR was associated with significantly more QUARE days than placebo at all possible utility scenarios (P < 0.05). Sertraline was also associated with significantly more QUARE days than placebo at majority of possible utility scenarios. CONCLUSIONS: QUARE is a utility-based measure that could be used as QALY (Quality Adjusted Life Years) directly in cost-effectiveness studies. Different definitions of health states can be applied to derive QUARE in MDD. Venlafaxine XR and sertraline were associated with significantly more QUARE days than placebo in ten-week acute treatment of MDD.

PMH41
QUALITY OF LIFE, EMOTIONAL AND PHYSICAL SYMPTOMS IN DEPRESSION: A LITERATURE REVIEW OF SYMPTOMATOLOGY AND PATIENT REPORTED OUTCOME (PRO) INSTRUMENTS
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Depression is ranked as having the fourth greatest disease burden worldwide measured by Disability Adjusted Life Years (DALYs). Despite the impact of depression on overall morbidity, a significant proportion of patients go undiagnosed because the presence of somatic and painful physical symptoms masks depression.
OBJECTIVES: The aim of this literature review is 1) to assess existing Patient Reported Outcome (PRO) instruments validated for use in depression; and 2) to identify to what extent they cover the whole range of symptoms, especially those somatic and painful physical symptoms that might hinder recognition of depression. METHODS: A systematic literature review of published studies was conducted using MEDLINE (1951–2004), EMBASE (1974–2004), and the Mapi Research Trust databases. Only studies with named, referenced PRO instruments used in depressed patients were reviewed. The search was restricted to idiopathic depression. RESULTS: Fifty-nine PRO instruments were identified and of those with sufficient data on psychometric properties, 22 retained for review. Of these, six covered primarily emotional symptoms, three covered somatic symptoms and 13 both. Excluding the six PRO instruments focused on emotional symptoms, 16 instruments (eight Quality of Life, two Activities-of-Daily-Living, four Utility, one Satisfaction and one Work Productivity) were included in the review. Despite the variety of PRO instruments covering a wide range of domains, only a small number presented comprehensive psychometric validation. Indeed, only five instruments were studied for their responsiveness to clinical change. CONCLUSION: No single instrument provides comprehensive coverage of all symptoms of depression (including emotional, somatic and painful physical symptoms) and a well documented psychometric validation status. This literature review suggests the need for additional work on the responsiveness of instruments in assessing physical symptoms of depression, as well as further development of patient satisfaction and work productivity questionnaires.

MENTAL HEALTH—Psychosis

PMH42
HOSPITALIZATION AND EMERGENCY ROOM VISITS BEFORE AND AFTER TREATMENT WITH ATYPICAL ANTIPISYCHOTICS
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OBJECTIVE: Examine the mean difference in hospitalization and emergency room (ER) visit rates pre and post-initiation on olanzapine, quetiapine or risperidone. METHODS: Retrospective analysis of a commercial claims database capturing inpatient, outpatient and prescription drug services. Individuals having a mental illness diagnosis, and initiated with olanzapine (N = 8730), quetiapine (N = 5709) or risperidone (N = 9339) between July 1, 1998 and July 2, 2002 were identified. Mean differences in the hospitalization or ER visit rates between the pre- and post- six month periods across the three-treatments were examined using ANCOVA, controlling for age, gender, region, and type of mental illness diagnosis. RESULTS: Individuals initiated with olanzapine or risperidone were found to have a significantly higher difference in the hospitalization (2.19%, p < 0.0001; 1.72%, p < 0.0001) or ER visit rates (3.80, p < 0.0001; 4.60%, p < 0.0001) post initiation of medication compared to the six months prior to initiation of medication. In contrast, individuals who were initiated with quetiapine had a significantly lower difference in the hospitalization (~4.37%, p < 0.0001) or ER visit rates (~2.89%, p < 0.0001) post-initiation of quetiapine compared to the six months prior-initiation of quetiapine. CONCLUSION: Quetiapine, unlike olanzapine or risperidone, may be associated with fewer hospitalizations and ER visits after medication initiation. These results may be suggestive of a more favorable side effect profile and/or better compliance with Quetiapine, and needs further investigation.

PMH43
IMPACT OF A PSYCHOEDUCATION PROGRAM ON HEALTH STATUS OF SEVERE AND PERSISTENTLY MENTALLY ILL
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OBJECTIVE: The severe and persistently mentally (SPMI) have greater rates of metabolic disorders than the general population (GP). Wellness programs have demonstrated a reduction in health care costs for the GP. A program designed to reduce the rate of metabolic disorders and their risk factors may prove to significantly reduce annual health care cost in the SPMI. The study goal was to evaluate the effect on metabolic syndrome risks of a psychoeducation program designed for SPMI. METHOD: Overweight patients were randomly selected for participation in the study. A psychoeducation program which included modules on nutrition and active exercise was developed and tested. The study had a acute(1 hr. 3 X week) phase for three-months and a maintenance phase (1 hr. 1 X month) for three-months. Vitals and lab tests were taken every