OBJECTIVES: Major depressive disorder (MDD) is an important public health problem in South Korea, with a lifetime prevalence of 6.7%. Current antidepressants do not fully meet needs in depression, so additional options are required. We assessed the cost-utility of vortioxetine (a new antidepressant with multimodal activity) versus venlafaxine XR in MDD patients initiating these antidepressants or switching to them due to inadequate response to previous treatment. A one-year cost-utility analysis from a societal perspective was performed using an initial decision-tree model, which included suicide risk, followed by a Markov model with subsequent treatment options. Deterministic and probabilistic sensitivity analyses were conducted. 

RESULTS: Vortioxetine dominated venlafaxine XR, with QALY gains of 0.0155 and a cost difference of KRW 57,443 (US$33 [KRW 3,134] [US$1] per patient). Costs were applied. Deterministic and probabilistic sensitivity analyses were conducted. 

CONCLUSIONS: Vortioxetine remained dominant in 97% of probabilistic simulations.

PMH43

HEALTH RESOURCE AND CRIMINAL JUSTICE SYSTEM COSTS FOR YOUNG CLINICAL TRIAL PATIENTS WITH SCHIZOPHRENIA AND PRIOR INCORPORATION BY TREATMENT FAILURE STATUS

A122


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OBJECTIVES: To elicit caregivers’ preferences for evidence-based treatment options for their child’s attention deficit hyperactivity disorder (ADHD), and to identify segment preferences among caregivers using conjoint analysis with a child aged 4–14 and in care for ADHD were recruited from outpatient clinics and advocacy groups. All caregivers completed a self-administered survey that included socio-demographic information, and a worst-best scaling (WBS) instrument assessing treatment preferences. The WBS instrument comprised 18 choice tasks, each
displaying seven treatment attributes: medication, therapy, school involvement, caregiver behavior training, physician management, provider communication, and out-of-pocket costs. Every attribute was operationalized into 3 possible levels. Within each task, caregivers selected one best and one worst attribute. A scale-adjusted latent-class (SALC) analysis was conducted to account for variability in the construct of the attribute. RESULTS: Our study population of 164 caregivers were on average 42 years old (SD 8.7), predominantly female (95%), white (65%), married (61%), college-educated (73%), and 20% had a child who was diagnosed with ADHD for <4 years. Our full regression equation everyday was the most preferred treatment attribute (coefficient = 2.41, p < 0.001). Three latent classes (i.e., segments) that best described the data were identified, and the scale factor included in the model was significant (p < 0.001). The 3 segments comprised 28%, 27%, and 45% of our study population. Segment 1 has the lowest preference for medication (coefficients = -3.6.9 – 4.3.4, all p < 0.001) while Segment 2 displayed the lowest preference for medication (coefficients = -1.4.9 – 3.3.6, all p < 0.001). Segment 3 was most cost-avoidant (coefficients = -3.6 – 11.1, all p < 0.001) and had the most preference for ‘school involvement’ (coefficients =0.63 – 2.58, all p < 0.05). CONCLUSIONS: This study demonstrated variation in caregivers’ priorities for ADHD treatment attributes. A better understanding of preferences for evidence-based treatment options can enhance patient-centered care. By utilizing SALC, our study reduces the likelihood of classification error.

PMH46
QUALITATIVE STUDY OF PATIENTS’ PREFERENCES FOR BIPOLAR DEPRESSION TREATMENT
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OBJECTIVES: Patient focus groups were conducted to identify the most important clinical considerations for bipolar patients when choosing a therapy, focusing on factors influencing patients’ treatment adherence decisions. Qualitative results will guide the development of a quantitative discrete choice experiment to determine patients’ preferences for evidence-based treatment options for bipolar disorder (MDD), including staggering to illness factors (caregiver behavior training, physician management, provider communication) that can enhance patient-centered care. By utilizing SALC, our study reduces the likelihood of classification error.

PMH47
RELATIVE EFFICACY AND TOLERABILITY OF VORTOXETINE VERSUS APPROVED ANTIDEPRESSANTS FOR MAJOR DEPRESSIVE DISORDER: A META-RESEARCH OF CLINICAL TRIALS
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OBJECTIVES: Vortioxetine, a novel antidepressant exhibiting a multiformal mechanism of action, was approved for the treatment of adults with major depressive disorder (MDD). This extension study of a recently published meta-analysis (Llorca et al. Curr Med Res Opin 2014,30(12):2589-606) compares the efficacy and tolerability of vortioxetine with seven commonly used antidepressants marketed in the US. METHODS: Indirect comparisons using meta-regression, an extension of random-effects meta-analysis, were performed using data from 54 double-blind, placebo-controlled Phase 3 pivotal trials identified in a systematic review (N = 18,312 patients). To ensure study comparability, only experimental drug and placebo groups were included. Level standardized ObsROs were regressed on active treatment to compare efficacy and tolerability of vortioxetine with branded (levomilnacipran, vilazodone, desvenlafaxine) and generic (duloxetine, escitalopram, sertraline, vilazodone) antidepressants. ObsROs were defined as change from baseline on the Montgomery-Asberg Depression Scale or Hamilton Depression Rating Scale after 2 months (6-12 weeks) of treatment. Tolerability was defined as the withdrawing rate due to any adverse event. RESULTS: Standardized mean differences for vortioxetine compared with the selected antidepressants (negative estimates favors vortioxetine) were: duloxetine, 0.10 (95% confidence interval [CI] -0.12, 0.32), escitalopram, -0.04% (95% CI -0.32, 0.24), sertraline, -0.01% (95% CI -0.38, 0.34), vilazodone, 0.14 (95% CI -0.11, 0.39), levomilnacipran, -0.05% (95% CI -0.28, 0.19), vilazodone, -0.23% (95% CI -0.53, 0.06), and desvenlafaxine, 0.04% (95% CI -0.16, 0.23). Significantly lower withdrawal rates were observed for vortioxetine versus sertraline, vilazodone, and desvenlafaxine (all p < 0.05). No statistically significant difference in withdrawal rates was observed between vortioxetine and duloxetine, escitalopram, levomilnacipran, or vilazodone. CONCLUSIONS: These findings show that vortioxetine offers a comparable combination of efficacy and tolerability in MDD to other antidepressants marketed in the US.

PMH48
A REVIEW OF CLINICAL OUTCOME ASSESSMENTS USED IN FDA APPROVED DRUG LABELS FOR MENTAL HEALTH CONDITIONS
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OBJECTIVES: Clinical outcome assessments (COAs) are clinician-reported outcomes (PROs) that include patient-reported outcomes (PROMs), objective performance outcomes (PerfROs), and performance outcomes (PerROs) used to assess the patient’s symptom, impact, and overall mental state. PRO measures, specifically developed to capture the patients’ perspectives without clinician interpretation, are considered approved means to support labeling by the Food and Drug Administration (FDA). This study aims to identify the extent to which COAs were used to support label claims and to identify the prevalence of PRO specific measures in mental health drugs approved by the FDA in the period 2006-2014. METHODS: New drugs used to treat mental health conditions approved by the FDA from 2006-2014 were identified and labels were retrieved from using the Drugs@FDA database. The “Indications and Usage” and “Clinical Studies” sections of each label were reviewed. The relevant indications and concordant COA data was extracted and categorized by type using FPROQOL. RESULTS: A total of 20 FDA-approved drugs for use in mental health conditions were identified. Of these, 18 labels included clinical study data and the results used the labels of COAs to support 19 indications (major depressive disorder, (m) schizoaffective disorder (n)5, schizoaffective disorder (m)5, attention deficit hyperactivity disorder (n)5, bipolar mania (n)2, seasonal affective disorder (n)1, depressive episodes associated with bipolar I disorder (n=1). Clinical studies included 32 COAs used 47 different times to support drug/indication labeling; 39 ClinROs, 4 ObsROs, and 4 PerfROs (none employed PRO measures). COAs were used to measure primary efficacy endpoints (77%) and to determine study eligibility (p=7) not mutually exclusive). Thirteen out of 14 labels demonstrated efficacy by using COAs: CONCLUSIONS: All mental health drug labels approved by the FDA since 2006 utilize clinical study data and PROs to support drug efficacy and labeling, however, PROs were underutilized.

PMH49
IMPACT OF MAJOR DEPRESSIVE DISORDER ON PATIENT FUNCTIONALITY AND WORK PERFORMANCE IN EMERGING MARKETS
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OBJECTIVES: This review was designed to synthesize information about the impact of major depressive disorder (MDD) on functionality, work performance, and potential stigma in the emerging markets of Brazil, China (including Taiwan) and Russia. METHODS: Studies indexed in MEDLINE (2004-2014) and abstracts from relevant conferences were screened with search terms including “depression/MDD,” “psychosocial,” “work productivity/employment,” “quality of life,” “functionality,” and potential stigma in the emerging markets of Brazil, China (including Taiwan) and Russia. RESULTS: Twenty-three studies were extracted for Brazil, 18 for China (including Taiwan) and 5 for Russia. There was significant study heterogeneity in the study populations and outcome measures in the literature. The negative implication of MDD was associated with 34% reduced work productivity, 6–24% reduced working hours, 17.1% became unemployed and 24.4% took an average 74 ± 54 sick-leave days annually. Stigma caused by cultural and social factors was an obstacle to help-seeking, MDD diagnosis and treatment in China and Russia but not in Brazil. CONCLUSIONS: MDD is correlated with impaired functionality and work performance in Brazil, China and Russia. Stigma specific to national environment should be addressed to remove barriers to MDD treatment. Future longitudinal inquiry is needed to comprehensively evaluate the consequences of MDD. New research investigating the impact of MDD and its treatment on functionality and work performance is needed to address work outcomes among working adults without comorbidities is needed in emerging markets.

PMH50
FACTORS AFFECTING HEALTH-RELATED QUALITY OF LIFE IN INDIVIDUALS WITH DEPRESSION
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OBJECTIVES: It has been known that depression is associated with significant impairments in health-related quality of life (HRQoL). However, few studies have evaluated the effects of physical activity and social support on HRQoL in individuals suffering from depression. METHODS: This retrospective, observational cross-sectional study used data from the 2011 Medical Expenditure Panel