vant articles, the final articles that were considered for review were 82 for treatment with risk factors. Fifty-one studies examined non-genetic factors, serotonin-related genetic factors and variety of genes and polymorphism biomarkers to determine their association with MDD treatment response. Thirty-one studies focused on the role of biomarkers in MDD risk. And, 11 studies focused on treatment outcomes. A total of 234-item questionnaire. The questionnaire responses were fairly even and captured 92% of variation in dose. The first stage of statistical analysis used multinomial logistic regression to predict dosage with pre-treatment variables while adjusting for characteristics influencing both dose and treatment outcome. Propensity scores were then created for each dosage category. The dose response relationship was assessed using a bimodal logistic regression including the four dose categories as dummy variables (lowest dose category as reference).

RESULTS: The overall pattern of dose and outcome was significant (p=0.01) as were outcome improvements over the four doses. Improvements were significant (p<0.001) decreasing as dose increased—Exp(B) was 204.12 (1.2 times more likely to abate) for one month, 1.532 two months, 1.643 three months, and 1.794 for four months (% correctly classified=94.2; 2–LL=44.72; Cox and Snell R2=0.08; Nagelkerke R2=0.094). This pattern could explain 5% of the variation in treatment response between treatment length and treatment outcome with response diminishing on the margin.

PMH4 COMPREHENSIVE REVIEW OF EPIEDEMOLOGY AND ECONOMIC STUDIES FOR PATIENTS DIAGNOSED WITH NON-PSYCHOTIC MAJOR DEPRESSIVE DISORDER

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OBJECTIVES: To conduct a systematic review of literature in epidemiology and economic studies for patients diagnosed with Non-Psychotic Major Depressive Disorder (MDD). METHODS: The initial search strategy was developed in the PubMed/Medline database, and was then translated for the Cochrane and Embase database searches. Search strings for epidemiology and economics studies for MDD were constructed using varied approaches that included the use of MeSH terms, as well as keywords that would afford the best retrieval. Search statements were then combined to produce a final search set. Additional parameters were placed on the final search strategy to limit the retrieval to articles written in English, involving subjects and published between 2000 and 2010. The search revealed 289 articles for epidemiology and 200 articles for economics studies on MDD from PubMed/Medline/Embase/Cochrane databases. After removing duplicates and non-relevant articles, 17 for epidemiology and 26 for economic studies were excluded. The final set of studies for MDD prevalence, one study was on cumulative incidence. Prevalence estimates were higher for lifetime than past year and ranged between 3.1% and 26.6% for lifetime prevalence and between 1.5% and 11.7% for past-year prevalence. Two studies examined burden of illness, one study budgetary impact of MDD, 14 studies examined cost effectiveness of MDD treatments, 3 studies examined cost utility analysis and 6 other studies examined retrospective claims analysis. CONCLUSIONS: MDD prevalence was higher in the lifetime estimates, when compared to the estimates reflecting shorter time frames, although there appeared to be greater variability in the lifetime estimates. Overall, the cost of treating MDD varied with type of study, study design, and data source. In the year in which the costs were calculated, and the pharmacotherapy prescribed.

PMH5 EVALUATION OF ASSOCIATIONS AMONG BIOMARKERS, CORRELATES AND TREATMENT EFICACY IN CLINICAL STUDIES IN PATIENTS DIAGNOSED WITH NON-PSYCHOTIC MAJOR DEPRESSIVE DISORDER: A LITERATURE REVIEW

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OBJECTIVES: To perform a systematic review of literature in peer-reviewed journals on clinical biomarkers, correlates and treatment efficacy in clinical studies on patients diagnosed with Non-Psychotic Major Depressive Disorder (MDD). METHODS: The initial search strategy was developed in the PubMed/Medline database, and was then translated for the Cochrane and Embase database searches. Search strings for biomarkers, correlates and treatment efficacy in patients with MDD were constructed using varied approaches that included the use of MeSH terms, as well as keywords that would afford the best retrieval. Additional parameters were placed on the final search strategy to limit the retrieval to articles written in English, involving subjects and published between 2000 and 2010. The initial search revealed 871 articles from PubMed/Medline/Embase/Cochrane databases. After removing duplicates and non-relevant articles, the final articles that were included in the review were 91. Forty-three studies examined biomarkers and primarily focused on the relationship between biomarkers and MDD treatment response. Only 29 of the 48 studies found a significant association between a biomarker and treatment response. Twenty-nine studies examined MDD correlates such as comorbidity or demographic variables. A poorer response to treatment was found for those patients who experienced comorbid anxiety, irrespective of the type of treatment. Fifty-four studies found that treatment efficacy and are divided into 3 groups: SSRI only, SNRI only, and a comparison across SSRI, SNRI, and bupropion. Overall, the SSRIs showed comparable efficacy when compared to each other or placebo. CONCLUSIONS: Most of the biomarker studies examined associations between the serotonin transporter and response to various MDD treatments. The majority of efficacy studies found that the treatments that are within the class had comparable efficacy.

MENTAL HEALTH – Cost Studies

PMH6 THE IMPACT OF ANTI精神病ICS POLYPHARMACY ON HEALTH CARE COSTS OF PEOPLE WITH MENTAL DISORDERS IN SÃO PAULO CITY, BRAZIL

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OBJECTIVES: Antipsychotics polypharmacy (AP) has been associated with more adverse drug effects, higher treatment costs, worse clinical outcomes and sudden death. Though, the frequency of such practice may reach 50 % in some clinical settings, there is a lack of studies that evaluate AP costs and their impact on health care costs in a sample of people with mental disorders in São Paulo city, Brazil. METHODS: We used a bottom-up approach for the estimation of direct and indirect costs of AP. For the direct costs, we studied costs of health care package in a sample of people with mental disorders in São Paulo city, Brazil. We evaluated quality of life and productivity loss. We conducted the analysis using microsimulation with demographic characteristics and pattern of health service use. RESULTS: AP was found in 38% of the sample and it was not related with gender, age, severity of psychiatric symptoms, quality of life and social behavior problems. Antipsychotics monotherapy costs were related with the type of antipsychotic. Atypical antipsychotics...