sion diagnosis, while SF-12 PCS and KS were not associated (p > 0.05). CONCLU-
SIONS: Routinely collected patient reported health status may be useful to providers
and payers as an aid in diagnosing depression in CMD patients.

DIFFICULT TO SWALLOW: PATIENT PREFERENCES REGARDING ALTERNATIVE VALPROATE PHARMACEUTICAL FORMULATIONS
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OBJECTIVES: Characteristics such as tablet size and ease-of-swallowing can affect patients’ treatment preference, and could in turn affect patient medication compliance. The purpose of this research was to determine the degree to which swallowing Valproate (VP) tablets is an issue, and the predictors of patient preference. METHODS: We conducted a quantitative telephone survey of adults (N = 400, ≥18 years old) who currently take (n = 236) or previously took (n = 164) VP tablets within the past 6 months (125 mg, 250 mg, or 500 mg). After online recruitment and screening, eligible participants completed a structured interview about medication use, perceived tablet characteristics, and preferences. Multivariate regression analyses were conducted to determine predictors of treatment preference. RESULTS: Respondents took an average 2.5 (SD = 1.23) VP tablet/day primarily to treat bipolar disorder (65.0%, n = 260), migraine (12.5%, n = 50), or epilepsy (11.7%, n = 47). More than half of the participants indicated that VP tablets were ‘uncomfortable to swallow’ (68.5%, n = 274) and were ‘very interested’ (63.8%, n = 263) in medications that were easier to swallow. When choosing between taking that VP tablet without swallowing or an equally safe but significantly smaller soft gel capsule twice/day, the majority (82.8%, n = 331) preferred the soft gel capsule. In the multivariate regression analysis, perceiving soft gel capsules to be easier to swallow (OR = 73.34; 95% CI = 15.01-360.40) and taking VP more frequently (OR = 2.02; 95% CI = 1.13-3.61) were significant predictors of soft gel capsule treatment preference. CONCLUSIONS: In this survey-based study, users of VP would prefer a formulation that is easier to swallow. A higher patient preference may improve medication compliance. When choosing between medications with similar efficacy and safety, physicians can consider patient preferences for specific tablet characteristics to optimize conditions for medication compli-
ance. Further research is warranted to examine compliance with medications that are easier to swallow.

OUTCOMES ASSESSMENT OF AN ANTI精神病IC DRUG ALGORITHM: EFFECTS OF THE MISSISSIPPI STATE HOSPITAL ALGORITHM PROJECT
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OBJECTIVES: To evaluate use of an optional anti精神病ic drug algorithm for treating
inpatients with schizophrenia or schizoaffective disorder at a state psychiatric hospital. METHODS: Clinical outcomes were compared in patients who followed a specific anti精神病ic drug algorithm versus those whose did not. First step oral anti精神病ic options in the algorithm were risperidone and ziprasidone. Doca-
mentation of a clinical rationale for use of a non-preferred drug was acceptable for deviating from preferred choices. Anti精神病ic polytherapy was the least preferred treatment. Steps for using injectable and non-preferred drugs were also specified. Primary and secondary outcomes were length of hospitalization and patient achieve-
ment of “much improved” or “very much improved”, defined by CGI-S score, respec-
tively. Describes reviewed patient records documentation to compare those who were adherent vs non-adherent to the algorithm. RESULTS: The total cohort was 401 patients (263 algorithm adherent and 138 non-adherent). Three algorithm adherent patients were dropped due to a CGI-S score of 7 therefore, 260 were used in the analysis. The mean observation period was 6 months. Sixty-seven percent were male. The average age was 39. The median number of past hospitalizations was 2. The modai rating of severity on the Clinical Global Impression—Severity was 5, markedly ill. There were no significant differences between groups on gender, number of past hospitalizations and severity of illness. No significant between group differences were observed for mean length of stay (adherent 49 days, non-adherent 45 days), p = 0.12, least squares means (adjusted for CGI-S, gender and exacerbations) or time to improvement, p = 0.31, log-rank test. CONCLU-
SIONS: Use of an optional algorithm for inpatients, designed to improve cost efficiency witho-
out denying access to non-preferred medications, did not prolong length of stay or delay time to desired improvement.

THE IMPACT OF THE FDA ANTIDEPRESSANT BLACK BOX WARNING ON THE CONTINUITY OF ANTIDEPRESSANT TREATMENT IN CHILDREN WITH DEPRESSION
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OBJECTIVES: To assess the impact of the FDA antidepressant Black Box warning on treatment continuity of antidepressants in children with depression. METHODS: The study was a retrospective cohort analysis using 2003–2004 Texas Medicaid claims data obtained from Center for Medicare and Medicaid Services. Study cohort included patients who were 11 continuously enrolled for Texas Medicaid from January 2003 to December 2004; 2) at age of 6 to 18; 3) receiving at least two outpatient diagnoses with depressive disorders (ICD-9-CM codes: 296.xx, 293.xx, 298.xx, 300.xx, 301.xx, 309.xx, 311.xx) and 4) using Selective Serotonin Re-uptake Inhibitors (SSRIs) pre-
scriptions. Initiation of SSRi therapy was defined as first prescription BI during January 1, 2003–January 30, 2003 for the pre-policy cohort and January 1, 2004 – January 30, 2004 for the policy cohort. Both cohorts were followed till the end of the year to observe treatment discontinuation. The discontinuation of SSRi treatment was defined as a gap of 30 days or more between prescriptions. Cox proportional hazard model was applied to examine the risk of treatment discontinuity due to FDA public advisory on antidepressants in March 2004. RESULTS: A total of 7184 children who met all inclusive criteria were identified, out of which 3367 were in pre-policy cohort and 1817 were in policy cohort. Mean age of cohort was 13.75 (SD = 3.81). The average duration pre-policy and policy period were 61.83 days and 55.65 days respectively. After FDA issued the public advisory on antidepressants in March 2004, the risk of antidepressant discontinuation did not change (HR = 1.148, 95% CI = 0.993–1.333, p = 0.062) compared to the pre-policy period after controlling patient demographics. CONCLUSIONS: The FDA public advisory on antidepressants was not associated with increased risk of SSRi antidepressant treatment discontinua-
tion. Further study is warranted to assess the long term effects of the Black Box warning on the use of antidepressants.