OBJECTIVES: To assess total and disease-related healthcare costs among patients diagnosed with MDD. METHODS: This retrospective cohort study used administrative claims from a large health plan. Patients aged 18-64 with ≥ 1 medical claim for MDD and ≥ 1 pharmacy claim for branded formulations of escitalopram, duloxetine, venlafaxine, or desvenlafaxine were identified between January 1, 2009 and November 30, 2009. Patients were excluded if they had a claim for bipolar disorder or were not continuously enrolled during the study period. Proportion of days covered (PDC), healthcare utilization and cost were assessed using descriptive statistics. Generalized linear model (GLM) with the log link function and a gamma distribution were also used to examine the association between healthcare cost while controlling for demographic and clinical characteristics. RESULTS: A total of 45,913 patients were identified. Almost half initiated on escitalopram (47%), with the remaining patients on duloxetine (25%), venlafaxine (21%), and desvenlafaxine (7%). MDD-specific health care cost was lowest for desvenlafaxine ($1948) followed by escitalopram ($2065), duloxetine ($2867), and venlafaxine ($3078). Likewise, total cost of care was lowest for desvenlafaxine ($11,480), followed by escitalopram ($11,588), duloxetine ($12,389) and duloxetine ($12,389) followed by desvenlafaxine ($1948) for variables including age, gender, region, pre-index total all-cause related health care costs, PDC and use desvenlafaxine as reference group, indicated a significant difference in MDD-related cost (duloxetine: cost ratio (CR)=1.270; venlafaxine: CR=1.388, p=0.0001 for both; escitalopram: CR=0.986, p=0.3994) and total cost (duloxetine: CR=1.199, venlafaxine: CR=1.03, p=0.005 for both; escitalopram: CR=0.946, p=0.0017). CONCLUSIONS: In this population, there appears to be an association between use of desvenlafaxine and lower post-index MDD specific and total cost of care, compared to duloxetine and venlafaxine. There may be unobserved factors that were not accounted for influencing these results. MPM42 UTILIZATION OF PALPERIDONE LONG-ACTING INJECTION AMONG MEDITERRANEAN ADVANCE AND MEDICARE PRESCRIPTION DRUG PLAN MEMBERS Suhel B1, Li Y1, Howe D2, Pasquale M3, Uribe C3, Patel N1 1Competitive Health Analytics, LLC, Louisville, KY, USA, 2Janssen Scientific Affairs, LLC, Titusville, NJ, USA, 3Humana Health Analytics, Humana, Louisville, KY, USA, OBJECTIVES: To describe the demographics, prescription drug utilization, medication adherence, and pharmacy costs for Medicare Advantage and Medicare Prescription Drug Plan members initiated on palperidone palmitate (PALI-PALM), a long-acting antipsychotic for treating schizophrenia. METHODS: The Humana pharmacy claims database was used to identify Medicare Advantage and Medicare Prescription Drug Plan members with a pharmacy claim for PALI-PALM between September 1, 2009, and December 31, 2010. Six-month preindex and postindex observation periods were used to assess medication utilization and medication-related costs for patients starting PALI-PALM. Medication possession ratio (MPR) for PALI-PALM was calculated using a fixed denominator of six months. RESULTS: Four hundred forty-one patients met the inclusion criteria. Mean (±SD) age was 46.9 (± 12.6) years. Three hundred ninety-seven patients (90.0%) had a low-income subsidy (LIS), and 331 (75.1%) were dually eligible for Medicaid. Patients initiated on PALI-PALM received a mean of 1.9 (± 1.0) unique antipsychotics during the preindex period. One hundred six patients (24%) who had initiated on PALI-PALM had received 1 antipsychotic during the index period (56.9%), anticonvulsant (49.2%), and antipsychosism (39.0%) drugs were the most frequently observed nonantipsychotic mental health medications during the preindex period. Compared with the preindex period, use of benzodiazepines and nonbenzodiazepine anxiolytics decreased during the postindex period (benzodiazepines: 10.0% versus 7.3%, McNemar’s test, p=0.004; nonbenzodiazepine anxiolytics: 12.5% versus 8.4%, McNemar’s test, p=0.007). Two hundred forty-one patients (54.6%) displayed an MPR for PALI-PALM ≤ 0.80 during the 6-month postindex period. Analysis regarding medication-related costs will be presented in the poster. CONCLUSIONS: A majority of Medicare members who had initiated on PALI-PALM had a LIS and dual eligibility. Use of multiple antipsychotics during the preindex period was common among members initiated on PALI-PALM. We observed a reduction in the use of benzodiazepines and nonbenzodiazepine anxiolytics among members receiving PALI-PALM.
In the context of comparative research, the World Health Organisation (WHO) proposed to categorize the risk for alcohol-related acute and chronic harm according to the following alcohol consumption levels: abstinent, low, medium, high and very high. The proposed method was based on WHO drinking risk-level classification: abstinent, low, medium, high and very high. Other measures included the number of alcoholic drinks consumed per day and number of days per week. The method was used to estimate the number of alcohol-related acute and chronic harm. The study examined the differences between patients treated for major depressive disorder (MDD) and those who did not realize they had major depressive disorder (MDD). The study included a 12-month follow-up period, following the assessment at 1318 person-months. At baseline, the majority of patients was male (63.6%). Using repeated measures analysis, utility scores decreased with increasing drinking levels, ranging from 0.80 in abstinent patients to 0.62 in patients with very high drinking level (p<0.001).

### RESULTS:

Patients who had MDD according to PHQ-9 but did not report depression, had less severe depression and a higher mental QoL than treated patients (25.5% vs. 22.2%), had lower mental HRQoL (28.5 vs. 37.3), and more activity impairment (60.5% vs. 47.4%) (p<0.001). However, fewer treated patients visited the emergency room in the past 6 months (25.0% vs. 21.3%, p<0.01). Patients who did not report depression were more likely to have completed college (36.4% vs. 30.6%) and had higher incomes (37.6% with incomes over $50,000 vs. 32.4%), but were less likely to have insurance (70.5% vs. 75.7%), and were more likely to be on prescription drugs less likely to have prescription drug coverage (60.2% vs. 74.4%) (p<0.001).

### CONCLUSIONS:

- Patients who had MDD according to PHQ-9 but did not report depression, were more likely to have severe depression according to PHQ-9 scores (32.5% vs. 22.2%), had lower mental HRQoL (28.5 vs. 37.3), and more activity impairment (60.5% vs. 47.4%) (p<0.001), however, fewer treated patients visited the emergency room in the past 6 months (25.0% vs. 21.3%, p<0.01). Patients who did not report depression were more likely to have completed college (36.4% vs. 30.6%) and had higher incomes (37.6% with incomes over $50,000 vs. 32.4%), but were less likely to have insurance (70.5% vs. 75.7%), and were more likely to be on prescription drugs less likely to have prescription drug coverage (60.2% vs. 74.4%) (p<0.001).

### METHODS:

Data were collected from the US National Health and Wellness Survey (n=75,000), a cross-sectional Internet-based survey representative of US adults. Patients with MDD were identified using the Patient Health Questionnaire (PHQ-9). Health-related quality of life (HRQoL) was assessed with the SF-12 Health Survey (SF-12v2), and quality of life (HRQoL) was assessed with the SF-12 Health Survey (SF-12v2). The survey was administered at outpatient clinics operated by CMHCs in Kentucky. The validity and reliability of the tool were examined between age, gender, education, insurance status and patient satisfaction. Scale reliability was assessed using Cronbach’s alpha and construct validity using factor analysis. Scale reliability was assessed using Cronbach’s alpha and construct validity using factor analysis.

### OBJECTIVES:

The study assessed the impact of severe autism spectrum disorders (ASD) on caregiver burden and satisfaction with school district services. METHODS: Survey data was collected from 301 primary caregivers of children with ASD. Caregiver burden was measured using the Caregiver Strain Questionnaire (CSQ) and ASD severity in children was measured using the Childhood Autism Rating Scale-Patient version (CARS-P) for functional impairments and Developmental Behavior Checklist-Parent version (DBC-P) for behavior problems. Children with ASD were classified into high and low severity subgroups based on the scores received on CARS-P and DBC-P, respectively. One-way analysis of variance (ANOVA) was performed to assess differences in caregiver burden scores and satisfaction with seven types of school district services between high and low severity subgroups. One-way ANCOVA was performed to determine the mediating effect of caregiver burden between ASD severity and satisfaction with school district services. RESULTS: An overall significant effect of caregiver burden scores was observed for both behavior problems (F (1,299) = 55.4, p<0.001) and functional impairments (F (1,299) = 42.5, p<0.001) sub-groups. Higher scores were reported for the high behavior problems group (CARS-P: F (5, 55) = 12.9, p<0.01), and the high functional impairments group (Mean: 4.4, S.E = 0.15). Satisfaction with all school district services except for occupational therapy differed significantly between the severity sub-groups. Caregivers of children with ASD in high behavior problems and high functional impairments groups reported lower satisfaction with services. The ANCOVA, however, showed no significant differences in service satisfaction between the severity groups. Clinical diagnosis of ASD severity alone may not predict the extent of unmet school service needs.

### RESULTS:

- Thirty-five participants completed the survey. Mean age was 41 years (Mean S.D. = 8.2). The majority of caregivers were female (88.6%), and the majority of children had moderate or severe autism (74.3%). Caregivers reported that their children had a variety of co-occurring conditions, including medical (31.4%) and educational (54.3%) challenges. Caregivers reported that their children had a variety of co-occurring conditions, including medical (31.4%) and educational (54.3%) challenges. Caregivers were asked to rate their children’s level of functioning on a scale from 1 (least functioning) to 5 (most functioning) on a variety of domains, including communication, socialization, and daily living skills. Caregivers were asked to rate their children’s level of functioning on a scale from 1 (least functioning) to 5 (most functioning) on a variety of domains, including communication, socialization, and daily living skills.

### CONCLUSIONS:

- Severity of a child’s ASD as defined by a combination of the extent of functional impairments and behavior problems was found to be associated with higher caregiver burden and greater dissatisfaction with services. Clinical diagnosis of ASD severity alone may not predict the extent of unmet school service needs.