and no change to modest improvement from admission to follow-up (0–1 points). CONCLUSIONS: Antidepressant agents in this analysis were associated with modest improvement in maladaptive behavior as assessed by the PDGIRS. New treatment modalities that improve maladaptive behavior along with depressive symptomatology in older patients would be beneficial. Further controlled studies are needed to better understand these findings.

**PMH8**

**IMPACT OF CURRENT ANTIDEPRESSANTS ON COGNITION IN OLDER PATIENTS WITH DEPRESSION**

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OBJECTIVES: An array of antidepressant agents are available in the treatment of geropsychiatric patients with depression. While most current agents, such as the selective serotonin reuptake inhibitors (SSRI’s) (e.g., fluoxetine; sertraline) and agents acting upon both serotonin and norepinephrine (e.g., mirtazapine; venlaxafine), are reasonably effective in ameliorating depressive symptomatology, less is known about the impact of these agents on other common areas of deficit in older depressed patients, such as cognition. This study examines change in cognitive functioning in geropsychiatric patients (age 55 and older) with major depression (ICD-9-CM codes 296.20-296.36) treated with fluoxetine (n = 269), mirtazapine (n = 275), sertraline (n = 713), or venlaxafine (n = 259). METHODS: Data were obtained from the CQI+SM Outcomes Measurement System, a Joint Commission of Accredited Hospital Organizations (JCAHO) ORYX accepted performance improvement system, which tracked patients admitted to geropsychiatric inpatient programs in 111 general hospitals across 33 states between 1997–1999. Cognitive functioning was measured at admission and discharge using the Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975). A Medication Usage Questionnaire was used to track medications prescribed to patients just prior to admission and at discharge. One-way Analyses of Variance and if significant, Tukey’s pairwise comparisons, were used to compare medication groups. RESULTS: At admission, patients exhibited moderate evidence of cognitive impairment (Mean MMSE score of 21 out of 30). Medication groups were indistinguishable on change scores in cognitive functioning from time of admission to discharge (average length of stay around 16 days). The average change score on the MMSE was 1.1 to 1.6 points, suggesting very mild improvement. CONCLUSIONS: Antidepressant agents in this analysis were associated with modest improvement in cognitive functioning as assessed by the MMSE. New treatment modalities that improve cognition along with depressive symptomatology in older patients would be beneficial.

**PMH9**

**HEALTH CARE UTILIZATION AND COSTS IN SCHIZOPHRENIC PATIENTS TAKING RISPERIDONE VERSUS OLANZAPINE IN A VETERANS ADMINISTRATION POPULATION**

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OBJECTIVES: To compare the change in health care utilization and costs from one year before (preperiod) and one year after (postperiod) starting treatment with risperidone or olanzapine in schizophrenia patients in a Veterans Administration population. METHODS: Patients with a diagnosis of schizophrenia (ICD-9 CM code 295) in the preperiod, who had an initial prescription for risperidone or olanzapine dispensed between 3/97 and 3/99, were included. Patients who received any atypical antipsychotic in the preperiod were excluded. Comparisons of average change in utilization and cost from the preperiod to the postperiod were made between the groups for: inpatient hospitalizations, outpatient clinic visits, medications, and total health care cost. Analysis of covariance was used to analyze the data using age, gender, and race as covariates. RESULTS: 304 patients in the olanzapine group and 344 in the risperidone group were included. The olanzapine group had significantly more inpatient admissions per patient (0.09 vs. −0.24, p = 0.026), longer inpatient lengths of stay (4.3 days vs. −4.2 days, p = 0.004), and higher cost of inpatient admissions ($2735 vs. −$3226, p = 0.003) than the risperidone group. There was a significantly lower cost of antipsychotic for the risperidone group than for the olanzapine group ($650 vs. $1660, p < 0.001). The mean daily doses were 3.4 mg of risperidone and 12.0 mg of olanzapine. The olanzapine group also had a significantly higher change in cost for all drugs ($1492 vs. $683, p < 0.001) and all health care costs ($5,665 vs. −$1,167, p < 0.001) than the risperidone group. CONCLUSIONS: The changes in total health care costs, number, length of stay, and cost of inpatient admissions, and medication costs for risperidone-treated patients were significantly lower compared with olanzapine-treated patients.

**PMH10**

**HEALTH OUTCOMES OF CHILDHOOD ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD): HEALTH CARE USE AND WORK STATUS OF CAREGIVERS**

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OBJECTIVES: Attention-deficit/hyperactivity disorder (ADHD) is the most commonly diagnosed psychiatric disorder among children in the US. However, the social